

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS
For Other Than An Authorized Committee

RECEIVED
2011 OCT 14 AM 11:31
FEC MAIL CENTER
Office Use Only

1. NAME OF COMMITTEE (In full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

InfoCision Management Corporation PAC

ADDRESS (number and street) 325 Springside Drive

Check if different than previously reported. (ACC)
Akron OH 44333

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 00407098

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on M M M / D D D / Y Y Y Y Y Y in the State of

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 07 / 01 / 2011 through 09 / 30 / 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer David M. Hamrick

Signature of Treasurer  Date 10 / 11 / 2011

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only									
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11030672711

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

InfoCision Management Corporation PAC

Report Covering the Period:

From:

To:

11030672712

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>		<input type="text" value="10,262.63"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="11,627.63"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="735.00"/>	<input type="text" value="2,100.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<input type="text" value="12,362.63"/>	<input type="text" value="12,362.63"/>
7. Total Disbursements (from Line 31)	<input type="text" value="250.00"/>	<input type="text" value="250.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<input type="text" value="12,112.63"/>	<input type="text" value="12,112.63"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="-0-"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="-0-"/>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

InfoCision Management Corporation PAC

Report Covering the Period: From: 07 / 01 / 2011 To: 09 / 30 / 2011

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

- (a) Individuals/Persons Other Than Political Committees
 - (i) Itemized (use Schedule A).....
 - (ii) Unitemized.....
 - (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

735.00
-0-
-0-
-0-

2,100.00
-0-
-0-
-0-

- (b) Political Party Committees.....
- (c) Other Political Committees (such as PACs).....
- (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

735.00

2,100.00

12. Transfers From Affiliated/Other Party Committees.....

-0-

-0-

13. All Loans Received.....

-0-

-0-

14. Loan Repayments Received.....

-0-

-0-

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

-0-

-0-

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

-0-

-0-

17. Other Federal Receipts (Dividends, Interest, etc.).....

-0-

-0-

18. Transfers from Non-Federal and Levin Funds

- (a) Non-Federal Account (from Schedule H3).....

-0-

-0-

- (b) Levin Funds (from Schedule H5).....

-0-

-0-

- (c) Total Transfers (add 18(a) and 18(b))..

-0-

-0-

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

735.00

2,100.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

-0-

-0-

11030672713

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	-0-	-0-
(ii) Non-Federal Share	-0-	-0-
(b) Other Federal Operating Expenditures	-0-	-0-
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	-0-	-0-
22. Transfers to Affiliated/Other Party Committees	-0-	-0-
23. Contributions to Federal Candidates/Committees and Other Political Committees	-0-	-0-
24. Independent Expenditures (use Schedule E)	-0-	-0-
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	-0-	-0-
26. Loan Repayments Made	-0-	-0-
27. Loans Made	-0-	-0-
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	-0-	-0-
(b) Political Party Committees	-0-	-0-
(c) Other Political Committees (such as PACs)	-0-	-0-
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	-0-	-0-
29. Other Disbursements	-0-	-0-
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	-0-	-0-
(ii) "Levin" Share	-0-	-0-
(b) Federal Election Activity Paid Entirely With Federal Funds	-0-	-0-
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	-0-	-0-
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	250.00	250.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	-0-	-0-

11030672714

**DETAILED SUMMARY PAGE
of Disbursements**

FEC Form 3X (Rev. 02/2003)

Page 5

**III. Net Contributions/Operating Ex-
penditures**

**COLUMN A
Total This Period**

**COLUMN B
Calendar Year-to-Date**

- 33. Total Contributions (other than loans)
(from Line 11(d), page 3)
- 34. Total Contribution Refunds
(from Line 28(d))
- 35. Net Contributions (other than loans)
(subtract Line 34 from Line 33)
- 36. Total Federal Operating Expenditures
(add Line 21(a)(i) and Line 21(b))
- 37. Offsets to Operating Expenditures
(from Line 15, page 3).....▶
- 38. Net Operating Expenditures
(subtract Line 37 from Line 36)

735.00
-0-
-0-
-0-
-0-
-0-

2,100.00
-0-
-0-
-0-
-0-
-0-

11030672715

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE	OF
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

InfoCision Management Corporation PAC

Full Name (Last, First, Middle Initial)

A. Brubkaer, Steve

Mailing Address
75 Burton Drive

City State Zip Code
Munroe Falls OH 44262

FEC ID number of contributing federal political committee. C 0-0-407-098

Name of Employer Occupation
InfoCision Management Corp. Sr. VP

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1,000.00

Date of Receipt

09 / 30 / 2011

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Talabec, Andrew

Mailing Address
451 Rockglen Drive

City State Zip Code
Wadsworth, OH 44281

FEC ID number of contributing federal political committee. C 0-0-407-098

Name of Employer Occupation
InfoCision Management Corp. Account Executive

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
400.00

Date of Receipt

09 / 30 / 2011

Amount of Each Receipt this Period

140.00

Full Name (Last, First, Middle Initial)

C. Hoffman, Nina

Mailing Address
1686 26th Street

City State Zip Code
Cuyahoga Falls OH 44223

FEC ID number of contributing federal political committee. C 0-0-407-098

Name of Employer Occupation
InfoCision Management Corp. Director Fulfillment Operations

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
-0-

Date of Receipt

09 / 30 / 2011

Amount of Each Receipt this Period

-0-

SUBTOTAL of Receipts This Page (optional).....▶

490.00

TOTAL This Period (last page this line number only).....▶

11030672716

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
InfoCision Management Corporation PAC

11030672717

A. Full Name (Last, First, Middle Initial)
Campbell, Wayne

Mailing Address
6603 Valleyvista Drive

City Mayfield Heights State OH Zip Code 44124

FEC ID number of contributing federal political committee. C 00407098

Name of Employer InfoCision Management Corp. Occupation Product Support Engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date 200.00

Date of Receipt
09 / 30 / 2011

Amount of Each Receipt this Period
70.00

B. Full Name (Last, First, Middle Initial)
Kingsburg, Fred

Mailing Address
1309 Perry Drive NW

City Canton State OH Zip Code 44708

FEC ID number of contributing federal political committee. C 00407098

Name of Employer InfoCision Management Corp. Occupation Sr. Program Supervisor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date 200.00

Date of Receipt
09 / 30 / 2011

Amount of Each Receipt this Period
70.00

C. Full Name (Last, First, Middle Initial)
Sun, Roy

Mailing Address
1227 Meadow Run

City Copley State OH Zip Code 44321

FEC ID number of contributing federal political committee. C 00407098

Name of Employer InfoCision Management Corp. Occupation Application Developer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date 40.00

Date of Receipt
09 / 30 / 2011

Amount of Each Receipt this Period
14.00

SUBTOTAL of Receipts This Page (optional).....▶	<u>154.00</u>
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE		OF
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
InfoCision Management Corporation PAC

A. Bennington, Lois

Full Name (Last, First, Middle Initial)
Mailing Address
7447 Jimmie Street SW
City Massillon State OH Zip Code 44646

Date of Receipt
09 / 30 / 2011

FEC ID number of contributing federal political committee. C 000407098

Amount of Each Receipt this Period
35.00

Name of Employer InfoCision Management Corp. Occupation Sr. Data Analyst

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date 100.00

B. Rothrock, Diane

Full Name (Last, First, Middle Initial)
Mailing Address
641 Hampton Ridge Drive
City Akron State OH Zip Code 44313

Date of Receipt
09 / 30 / 2011

FEC ID number of contributing federal political committee. C 000407098

Amount of Each Receipt this Period
35.00

Name of Employer InfoCision Management Corp. Occupation Executive Assistant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date 100.00

C. Parker, Tina

Full Name (Last, First, Middle Initial)
Mailing Address
3475 Breeze Knoll Drive
City Youngstown State OH Zip Code 44505

Date of Receipt
09 / 30 / 2011

FEC ID number of contributing federal political committee. C 000407098

Amount of Each Receipt this Period
21.00

Name of Employer InfoCision Management Corp. Occupation Call Center Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date 60.00

SUBTOTAL of Receipts This Page (optional).....	<u>91.00</u>
TOTAL This Period (last page this line number only).....	<u>735.00</u>

11030672718

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE	OF
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26		
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b		

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
InfoCision Management Corporation PAC

Full Name (Last, First, Middle Initial)

A.
Jim Renacci for Congress
 Mailing Address
150 Smokerise Drive
 City State Zip Code
Wadsworth, Ohio 44281
 Purpose of Disbursement
Fundraising Event
 Candidate Name
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify)
 State: District:

Date of Disbursement
 08 / 22 / 2011
 Amount of Each Disbursement this Period
 250.00
 Category/Type

B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 Purpose of Disbursement
 Candidate Name
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify)
 State: District:

Date of Disbursement
 Amount of Each Disbursement this Period
 Category/Type

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 Purpose of Disbursement
 Candidate Name
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify)
 State: District:

Date of Disbursement
 Amount of Each Disbursement this Period
 Category/Type

SUBTOTAL of Disbursements This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	250.00

11030672719

SCHEDULE C (FEC Form 3X)
LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE OF
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

InfoCision Management Corporation PAC

LOAN SOURCE Full Name (Last, First, Middle Initial)

Election:

- Primary
- General
- Other (specify) ▼

Mailing Address

City State ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

MM/DD/YYYY MM/DD/YYYY % (apr) Yes No

List All Endorsers or Guarantors (If any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)

TOTALS This Period (last page in this line only)

0.00
0.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

11030672720

SCHEDULE C-1 (FEC Form 3X)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for
 Information found on
 Page ____ of Schedule C

11030672721

NAME OF COMMITTEE (In Full) InfoCision Management Corporation PAC		FEC IDENTIFICATION NUMBER C	
LENDING INSTITUTION (LENDER) Full Name		Amount of Loan \$ 0	Interest Rate (APR) %
Mailing Address		Date Incurred or Established	
City	State	Zip Code	Date Due
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, date originally incurred	
B. If line of credit, Amount of this Draw:		Total Outstanding Balance:	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify:		What is the value of this collateral? Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify:		What is the estimated value? 	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).		Location of account:	
Date account established:		Address:	
		City, State, Zip:	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name Signature		DATE	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE	
Title			

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
InfoCision Management Corporation PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional).....▶	-0-
2) TOTALS This Period (last page this line number only).....▶	-0-
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶	-0-
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	-0-

11030672722

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE OF
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>InfoCision Management Corporation PAC</u>	FEC IDENTIFICATION NUMBER ▼ <u>C</u>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	Amount
City State Zip Code	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Purpose of Expenditure	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Category/Type	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate Supported or Opposed by Expenditure:	Calendar Year-To-Date Per Election for Office Sought

Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	Amount
City State Zip Code	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Purpose of Expenditure	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Category/Type	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate Supported or Opposed by Expenditure:	Calendar Year-To-Date Per Election for Office Sought

(a) SUBTOTAL of Itemized Independent Expenditures	-0-
(b) SUBTOTAL of Unitemized Independent Expenditures	-0-
(c) TOTAL Independent Expenditures	-0-

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Date

11030672723

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))

(To be used only by Political Committees in the General Election)

PAGE OF
 FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) InfoCision Management Corporation PAC	<input type="checkbox"/> Check if 24-hour notice
--	---

Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:	Full Name of Subordinate Committee Mailing Address City State ZIP Code
--	--

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	<input type="checkbox"/> Category/ Type
Mailing Address	Date	
City State Zip Code	<input type="checkbox"/> Amount <input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)	
Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:		
Aggregate General Election Expenditure for this Candidate ▶		

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	<input type="checkbox"/> Category/ Type
Mailing Address	Date	
City State Zip Code	<input type="checkbox"/> Amount <input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)	
Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:		
Aggregate General Election Expenditure for this Candidate ▶		

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	<input type="checkbox"/> Category/ Type
Mailing Address	Date	
City State Zip Code	<input type="checkbox"/> Amount <input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)	
Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:		
Aggregate General Election Expenditure for this Candidate ▶		

SUBTOTAL of Expenditures This Page (optional).....▶	-0-
TOTAL This Period (last page this line number only).....▶	0

11030672724

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)**
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)**

NAME OF COMMITTEE (in Full)

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- _____ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check
or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %

Nonfederal..... %

This ratio applies to (check all that apply):

Administrative

Generic Voter Drive

Public Communications Referencing Party Only

11030672725

**SCHEDULE H2 (FEC Form 3X)
ALLOCATION RATIOS**

NAME OF COMMITTEE (In Full)
InfoCision Management Corporation PAC

**RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT
ACTIVITIES APPEARING ON THIS REPORT.**

Methods of allocation:

I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.

II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. For PACs Only: Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

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ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	0%	0%
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	0%	0%
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	0%	0%
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	0%	0%
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	0%	0%
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	0%	0%

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOATED FEDERAL / NONFEDERAL ACTIVITY**

11030672727

NAME OF COMMITTEE (In Full)
 InfoCision Management Corporation PAC

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF TRANSFER RECEIVED

I) Total Administrative		-0-
II) Generic Voter Drive		-0-
III) Exempt Activities.....		-0-
IV) Direct Fundraising (List Activity or Event Identifier)		
a) _____		-0-
b) _____		-0-
c) Total Amount Transferred For Direct Fundraising		-0-
V) Direct Candidate Support (List Activity or Event Identifier)		
a) _____		-0-
b) _____		-0-
c) Total Amount Transferred For Direct Candidate Support.....		-0-
VI) Public Communications Referring Only to Party (Made by PAC)		-0-

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	-0-
TOTAL This Period (Generic Voter Drive)	-0-
TOTAL This Period (Exempt Activities)	-0-
TOTAL This Period (Direct Fundraising)	-0-
TOTAL This Period (Direct Candidate Support)	-0-
TOTAL This Period (Public Communications Referring Only to Party)	-0-
TOTAL This Period (Total Amount Transferred).....	-0-

SCHEDULE H4 (FEC Form 3X)
DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

InfoCision Management Corporation PAC

A. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/
Type

Allocated Activity or Event:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/
Type

Allocated Activity or Event:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/
Type

Allocated Activity or Event:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

11030672728

SCHEDULE H5 (FEC Form 3X)

**TRANSFERS OF LEVIN FUNDS RECEIVED FOR
ALLOCATED FEDERAL ELECTION ACTIVITY**

(To be used by State, District and Local Party Committees Only)

PAGE OF
FOR LINE 18b OF FORM 3X

11030672729

NAME OF COMMITTEE (in Full)
InfoCision Management Corporation PAC

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF THIS TRANSFER

i) Voter Registration	VOTER REGISTRATION
Total Amount Transferred for Voter Registration.....	
ii) Voter ID	VOTER ID
Total Amount Transferred for Voter ID.....	
iii) GOTV	GOTV
Total Amount Transferred for GOTV.....	
iv) Generic Campaign Activity	GENERIC CAMPAIGN ACTIVITY
Total Amount Transferred for Generic Campaign Activity.....	

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF THIS TRANSFER

i) Voter Registration	VOTER REGISTRATION
Total Amount Transferred for Voter Registration.....	
ii) Voter ID	VOTER ID
Total Amount Transferred for Voter ID.....	
iii) GOTV	GOTV
Total Amount Transferred for GOTV.....	
iv) Generic Campaign Activity	GENERIC CAMPAIGN ACTIVITY
Total Amount Transferred for Generic Campaign Activity.....	

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

TOTAL This Period (Voter Registration).....	-0-
TOTAL This Period (Voter ID).....	-0-
TOTAL This Period (GOTV).....	-0-
TOTAL This Period (Generic Campaign Activity).....	-0-
TOTAL This Period (Total Amount of Transfers Received).....	-0-

**SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**
(To be used by State, District and Local Party Committees Only)

11030672730

NAME OF COMMITTEE (In Full)
InfoCision Management Corporation PAC

A. Full Name (Last, First, Middle Initial) / Full Organization Name
Type of Allocated Activity or Event:
 Voter Registration GOTV
 Voter ID Generic Campaign

Mailing Address
Allocated Activity or Event Year-To-Date

City State Zip Code Category/Type
 Purpose of Disbursement Date / /

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT
 -0-

B. Full Name (Last, First, Middle Initial) / Full Organization Name
Type of Allocated Activity or Event:
 Voter Registration GOTV
 Voter ID Generic Campaign

Mailing Address
Allocated Activity or Event Year-To-Date

City State Zip Code Category/Type
 Purpose of Disbursement Date / /

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name
Type of Allocated Activity or Event:
 Voter Registration GOTV
 Voter ID Generic Campaign

Mailing Address
Allocated Activity or Event Year-To-Date

City State Zip Code Category/Type
 Purpose of Disbursement Date / /

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

SUBTOTAL of Shared Federal and Levin Activity This Page
 FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT
 -0- -0- -0-

TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))
 FEDERAL SHARE TOTAL AMOUNT
 -0- -0-
 LEVIN SHARE TOTAL AMOUNT
 -0- -0-
TOTAL This Period for the Levin Share
 -0-

SCHEDULE L (FEC Form 3X)
AGGREGATION PAGE: LEVIN FUNDS

11030672731

NAME OF COMMITTEE (In Full)
InfoCision Management Corporation PAC
NAME OF ACCOUNT

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized (Use Schedule L-A)	-0-	-0-
(b) Unitemized	-0-	-0-
(c) Total	-0-	-0-
2. OTHER RECEIPTS	-0-	-0-
3. TOTAL RECEIPTS	-0-	-0-
(Add Lines 1c and 2)		
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration	-0-	-0-
(b) Voter ID	-0-	-0-
(c) GOTV	-0-	-0-
(d) Generic Campaign	-0-	-0-
(e) Total	-0-	-0-
5. OTHER DISBURSEMENTS	-0-	-0-
6. TOTAL DISBURSEMENTS	-0-	-0-
(Add Lines 4e and 5)		
7. BEGINNING CASH ON HAND	-0-	-0-
(for Column B, use cash as of January 1st)		
8. RECEIPTS	-0-	-0-
(from Line 3)		
9. SUBTOTAL	-0-	-0-
(Add Lines 7 and 8)		
10. DISBURSEMENTS	-0-	-0-
(From Line 6)		
11. ENDING CASH ON HAND	-0-	-0-
(Subtract Line 10 From Line 9)		

**SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s) for each category of the Aggregation Page	PAGE	OF
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 1a <input type="checkbox"/> 2	

11030672732

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
InfoCision Management Corporation PAC

A.

Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

Amount of Each Receipt this Period

Aggregate Year-to-Date

B.

Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

Amount of Each Receipt this Period

Aggregate Year-to-Date

C.

Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

Amount of Each Receipt this Period

Aggregate Year-to-Date

D.

Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

Amount of Each Receipt this Period

Aggregate Year-to-Date

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE L-B (FEC Form 3X)
ITEMIZED DISBURSEMENTS
OF LEVIN FUNDS**

Use separate schedule(s)
for each category of the
Aggregation Page

FOR LINE NUMBER: (check only one)	PAGE	OF
<input type="checkbox"/> 4a	<input type="checkbox"/> 4c	<input type="checkbox"/> 5
<input type="checkbox"/> 4b	<input type="checkbox"/> 4d	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
InfoCision Management Corporation PAC

11030672733

A. Full Name (Last, First, Middle Initial) / Full Organization Name
Date of Disbursement

Mailing Address
City State Zip Code
Purpose of Disbursement
Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial) / Full Organization Name
Date of Disbursement

Mailing Address
City State Zip Code
Purpose of Disbursement
Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial) / Full Organization Name
Date of Disbursement

Mailing Address
City State Zip Code
Purpose of Disbursement
Amount of Each Disbursement this Period

D. Full Name (Last, First, Middle Initial) / Full Organization Name
Date of Disbursement

Mailing Address
City State Zip Code
Purpose of Disbursement
Amount of Each Disbursement this Period

E. Full Name (Last, First, Middle Initial) / Full Organization Name
Date of Disbursement

Mailing Address
City State Zip Code
Purpose of Disbursement
Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0=

11030672734

Month	Donor	Amt
July	Lois Bennington	10.00
July	Steve Brubaker	100.00
July	Wayne Campbell	20.00
July	Fred Kingsbury	20.00
July	Tina Parker	6.00
July	Diane Rothrock	10.00
July	Roy Sun	4.00
July	Andrew L Talabac	40.00
August	Lois Bennington	15.00
August	Steve Brubaker	150.00
August	Wayne Campbell	30.00
August	Fred Kingsbury	30.00
August	Tina Parker	9.00
August	Diane Rothrock	15.00
August	Roy Sun	6.00
August	Andrew L Talabac	60.00
September	Lois Bennington	10.00
September	Steve Brubaker	100.00
September	Wayne Campbell	20.00
September	Fred Kingsbury	20.00
September	Tina Parker	6.00
September	Diane Rothrock	10.00
September	Roy Sun	4.00
September	Andrew L Talabac	40.00
	Total	735.00

InfoCision PAC Filing - July - Sept 2011
Employee Contribution Summary

Sum of Amt Donor	July - September Total			Grand Total
	July	August	September	
Lois Bennington	10.00	15.00	10.00	35.00
Steve Brubaker	100.00	150.00	100.00	350.00
Wayne Campbell	20.00	30.00	20.00	70.00
Fred Kingsbury	20.00	30.00	20.00	70.00
Tina Parker	6.00	9.00	6.00	21.00
Diane Rothrock	10.00	15.00	10.00	35.00
Roy Sun	4.00	6.00	4.00	14.00
Andrew L Talabac	40.00	60.00	40.00	140.00
Grand Total	210.00	315.00	210.00	730.00

Sum of Amt Donor	Qtr 1 - Qtr 3 Total			Grand Total
	Qtr 1	Qtr 2	Qtr 3	
Lois Bennington	35.00	30.00	35.00	100.00
Steve Brubaker	350.00	300.00	350.00	1,000.00
Wayne Campbell	70.00	60.00	70.00	200.00
Fred Kingsbury	70.00	60.00	70.00	200.00
Tina Parker	21.00	18.00	21.00	60.00
Diane Rothrock	35.00	30.00	35.00	100.00
Roy Sun	14.00	12.00	14.00	40.00
Andrew L Talabac	140.00	120.00	140.00	400.00
Grand Total	735.00	630.00	735.00	2,100.00

58-55/412
13370

DATE 8-18-11

PAY TO THE ORDER OF Jim Renacci for Congress

\$ 250⁰⁰

Two hundred fifty dollars ⁰⁰/₁₀₀

DOLLARS

FIRSTMERIT Tower Office
www.firstmerit.com

FOR

1103067273

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *fed. exp.* Shipping Date
10/12/11
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

John

PREPARER
 (3/2005)

10/14/11
 DATE PREPARED

11030672736