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**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

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 00407088

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        /        /        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        /        /        in the State of       

5. Covering Period        /        /        through        /        /       

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 01 / 26 / 2010

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

10030224778

**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:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2009"/>	<input type="text" value="14,127.54"/>	<input type="text" value="14,127.54"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="15,751.54"/>	
(c) Total Receipts (from Line 19).....	<input type="text" value="768.00"/>	<input type="text" value="3,292.00"/>
(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="16,519.54"/>	<input type="text" value="17,419.54"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="6,100.00"/>	<input type="text" value="10,419.54"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="10,419.54"/>	
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

10030224779

**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:

-10 / 01 / 2009

To:

12 / 31 / 2009

**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).....

768.00

3,292.00

(ii) Unitemized.....

-0-

-0-

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

768.00

3,292.00

(b) Political Party Committees.....

-0-

-0-

(c) Other Political Committees (such as PACs).....

-0-

-0-

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

768.00

3,292.00

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)).....▶

768.00

3,292.00

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

-0-

-0-

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**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	6,100.00	7,000.00
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))..	6,100.00	7,000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	-0-	-0-

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**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	768.00	3,292.00
34. Total Contribution Refunds (from Line 28(d)) .....	-0-	-0-
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	768.00	3,292.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	-0-	-0-
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	-0-	-0-
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-0-	-0-

10030224782

**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 Munroe Falls State OH Zip Code 44262

FEC ID number of contributing federal political committee. C 00407098

Name of Employer InfoCision Management Corp. Occupation Sr. VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date 1,300.00

Date of Receipt 12/31/2009

Amount of Each Receipt this Period 300.00

Full Name (Last, First, Middle Initial)  
**B. Talabec, Andrew**

Mailing Address  
451 Rockglen Drive

City Wadsworth, State OH Zip Code 44281

FEC ID number of contributing federal political committee. C 00407098

Name of Employer InfoCision Management Corp. Occupation Account Executives

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date 520.00

Date of Receipt 12/31/2009

Amount of Each Receipt this Period 120.00

Full Name (Last, First, Middle Initial)  
**C. Hoffman, Nina**

Mailing Address  
1686 26th Street

City Cuyahoga Falls State OH Zip Code 44223

FEC ID number of contributing federal political committee. C 00407098

Name of Employer InfoCision Management Corp Occupation Director Fulfillment Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date 520.00

Date of Receipt 12/31/2009

Amount of Each Receipt this Period 120.00

SUBTOTAL of Receipts This Page (optional)..... 540.00

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

10030224783

**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 type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) <b>A. Campbell, Wayne</b>		Date of Receipt <b>12 31 2009</b>
Mailing Address <b>6603 Valleyvista Drive</b>		Amount of Each Receipt this Period <b>60.00</b>
City <b>Mayfield Heights</b>	State Zip Code <b>OH 44124</b>	
FEC ID number of contributing federal political committee. <b>C 00407098</b>		
Name of Employer <b>InfoCision Management Corp.</b>	Occupation <b>Product Support Engineer</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>260.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Kingsburg, Fred</b>		Date of Receipt <b>12 31 2009</b>
Mailing Address <b>1309 Perry Drive NW</b>		Amount of Each Receipt this Period <b>60.00</b>
City <b>Canton,</b>	State Zip Code <b>OH 44708</b>	
FEC ID number of contributing federal political committee. <b>C 00407098</b>		
Name of Employer <b>InfoCision Management Corp.</b>	Occupation <b>Sr. Program Supervisor</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>260.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Sun, Roy</b>		Date of Receipt <b>12 31 2009</b>
Mailing Address <b>1227 Meadow Run</b>		Amount of Each Receipt this Period <b>12.00</b>
City <b>Copley</b>	State Zip Code <b>OH 44321</b>	
FEC ID number of contributing federal political committee. <b>C 00407098</b>		
Name of Employer <b>InfoCision Management Corp.</b>	Occupation <b>Application Developer</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>52.00</b>	

SUBTOTAL of Receipts This Page (optional).....▶	<b>132.00</b>
TOTAL This Period (last page this line number only).....▶	

10030224784

**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"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

Full Name (Last, First, Middle Initial) <b>A. Bennington, Lois</b>		Date of Receipt <b>12 / 31 / 2009</b>
Mailing Address <b>7447 Jimmie Street SW</b>		Amount of Each Receipt this Period <b>30.00</b>
City <b>Massillon</b>	State Zip Code <b>OH 44646</b>	
FEC ID number of contributing federal political committee. <b>C 0-0407-098</b>		
Name of Employer <b>InfoCision Management Corp.</b>	Occupation <b>Sr. Data Analyst</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>130.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Rothrock, Diane</b>		Date of Receipt <b>12 / 31 / 2009</b>
Mailing Address <b>641 Hampton Ridge Drive</b>		Amount of Each Receipt this Period <b>30.00</b>
City <b>Akron</b>	State Zip Code <b>OH 44313</b>	
FEC ID number of contributing federal political committee. <b>C 0-0407-098</b>		
Name of Employer <b>InfoCision Management Corp.</b>	Occupation <b>Executive Assistant</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>130.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Parker, Tina</b>		Date of Receipt <b>12 / 31 / 2009</b>
Mailing Address <b>3475 Breeze Knoll Drive</b>		Amount of Each Receipt this Period <b>18.00</b>
City <b>Youngstown</b>	State Zip Code <b>OH 44505</b>	
FEC ID number of contributing federal political committee. <b>C 0-0407-098</b>		
Name of Employer <b>InfoCision Management Corp.</b>	Occupation <b>Call Center Manager</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>78.00</b>	

SUBTOTAL of Receipts This Page (optional).....▶	<b>78.00</b>
TOTAL This Period (last page this line number only).....▶	

10030224785

**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 type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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

**A.** Full Name (Last, First, Middle Initial)  
Nikic, Frank  
Mailing Address  
3098 Creekview Drive  
City Cuyahoga Falls, State OH Zip Code 44223

Date of Receipt  
12-31-2009

Amount of Each Receipt this Period  
-0-

FEC ID number of contributing federal political committee.  
C 00407098

Name of Employer  
InfoCision Management Corp. Occupation  
Account Rep.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
6.00

**B.** Full Name (Last, First, Middle Initial)  
Johnson, Irvin  
Mailing Address  
549 Wedgemere Ave  
City Akron, State OH Zip Code 44313

Date of Receipt  
12-31-2009

Amount of Each Receipt this Period  
18.00

FEC ID number of contributing federal political committee.  
C 00407098

Name of Employer  
InfoCision Management Corp. Occupation  
Account Rep.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
18.00

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

Mailing Address

City State Zip Code

Date of Receipt

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.  
C

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**SUBTOTAL** of Receipts This Page (optional).....▶ 18.00

**TOTAL** This Period (last page this line number only).....▶ 768.00

10030224786

**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"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a	<input checked="" type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <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) <b>A. ATA</b>		Date of Disbursement MM / DD / YYYY <b>11 / 18 / 2009</b>
Mailing Address <b>3815 River Crossing Pkwy, Suite 20</b>		Amount of Each Disbursement this Period <b>4,100.00</b>
City <b>Indianapolis,</b>	State <b>IN</b>	
Zip Code <b>46240</b>		Amount of Each Disbursement this Period <b>4,100.00</b>
Purpose of Disbursement		
Candidate Name		Amount of Each Disbursement this Period <b>4,100.00</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. National Republican Congressional Committee</b>		Date of Disbursement MM / DD / YYYY <b>12 / 16 / 2009</b>
Mailing Address <b>320 First St SE</b>		Amount of Each Disbursement this Period <b>2,000.00</b>
City <b>Washington, DC</b>	State <b>DC</b>	
Zip Code <b>20003</b>		Amount of Each Disbursement this Period <b>2,000.00</b>
Purpose of Disbursement		
Candidate Name		Amount of Each Disbursement this Period <b>2,000.00</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		Amount of Each Disbursement this Period
Purpose of Disbursement		
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	<b>6,100.00</b>
TOTAL This Period (last page this line number only).....▶	<b>6,100.00</b>

10030224787



**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

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). Date account established: _____		Location of account: _____ 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			

10030224789

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE	OF
	FOR LINE NUMBER: (check only one)	
	<input type="checkbox"/>	9
	<input type="checkbox"/>	10

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-

10030224790

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

PAGE \_\_\_\_\_ OF \_\_\_\_\_  
FOR LINE 24 OF FORM 3X

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

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

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

(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

10030224791

**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) <b>InfoCision Management Corporation PAC</b>		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	Category/Type
Mailing Address		Date	
City	State	Zip Code	
Name of Federal Candidate Supported	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: _____ District: _____	Amount
Aggregate General Election Expenditure for this Candidate ▶		Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)	

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

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

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

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**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

10030224793

**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.

10030224794

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	FEDERAL % _____% 0	NONFEDERAL % _____% 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	FEDERAL % _____% 0	NONFEDERAL % _____% 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	FEDERAL % _____% 0	NONFEDERAL % _____% 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	FEDERAL % _____% 0	NONFEDERAL % _____% 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	FEDERAL % _____% 0	NONFEDERAL % _____% 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	FEDERAL % _____% 0	NONFEDERAL % _____% 0

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

PAGE OF  
 FOR LINE 18a OF FORM 3X

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-

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**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)		Allocated Activity or Event:			
Mailing Address		<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC			
City	State	Zip Code	Allocated Activity or Event Year-To-Date		
Purpose of Disbursement:		Category/ Type	Date		
Activity or Event Identifier:			<table border="1" style="width:100%; text-align: center;"> <tr> <td style="width:33%;">M M M</td> <td style="width:33%;">D D D</td> <td style="width:33%;">Y Y Y Y Y Y</td> </tr> </table>	M M M	D D D
M M M	D D D	Y Y Y Y Y Y			
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT		
[ ]		[ ]	[ ] - 0 - [ ]		

B. Full Name (Last, First, Middle Initial)		Allocated Activity or Event:			
Mailing Address		<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC			
City	State	Zip Code	Allocated Activity or Event Year-To-Date		
Purpose of Disbursement:		Category/ Type	Date		
Activity or Event Identifier:			<table border="1" style="width:100%; text-align: center;"> <tr> <td style="width:33%;">M M M</td> <td style="width:33%;">D D D</td> <td style="width:33%;">Y Y Y Y Y Y</td> </tr> </table>	M M M	D D D
M M M	D D D	Y Y Y Y Y Y			
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT		
[ ]		[ ]	[ ]		

C. Full Name (Last, First, Middle Initial)		Allocated Activity or Event:			
Mailing Address		<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC			
City	State	Zip Code	Allocated Activity or Event Year-To-Date		
Purpose of Disbursement:		Category/ Type	Date		
Activity or Event Identifier:			<table border="1" style="width:100%; text-align: center;"> <tr> <td style="width:33%;">M M M</td> <td style="width:33%;">D D D</td> <td style="width:33%;">Y Y Y Y Y Y</td> </tr> </table>	M M M	D D D
M M M	D D D	Y Y Y Y Y Y			
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
[ ]		[ ]	[ ]

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**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

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**  
Total Amount Transferred for Voter Registration..... VOTER REGISTRATION
- II) **Voter ID**  
Total Amount Transferred for Voter ID ..... VOTER ID
- III) **GOTV**  
Total Amount Transferred for GOTV ..... GOTV
- IV) **Generic Campaign Activity**  
Total Amount Transferred for Generic Campaign Activity ..... GENERIC CAMPAIGN ACTIVITY

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED

**BREAKDOWN OF THIS TRANSFER**

- I) **Voter Registration**  
Total Amount Transferred for Voter Registration..... VOTER REGISTRATION
- II) **Voter ID**  
Total Amount Transferred for Voter ID ..... VOTER ID
- III) **GOTV**  
Total Amount Transferred for GOTV ..... GOTV
- IV) **Generic Campaign Activity**  
Total Amount Transferred for Generic Campaign Activity ..... 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-

10030224797

**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)

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: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	
Purpose of Disbursement	Category/Type	Date	
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	
Purpose of Disbursement	Category/Type	Date	
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	
Purpose of Disbursement	Category/Type	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		LEVIN SHARE	TOTAL AMOUNT
-0-		-0-	-0-
TOTAL This Period for the Levin Share			
		-0-	

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

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)		

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**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)  1a  2

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) / Full Organization Name

Date of Receipt

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Amount of Each Receipt this Period

\_\_\_\_\_

Aggregate Year-to-Date

\_\_\_\_\_

A.

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

\_\_\_\_\_ -0-

\_\_\_\_\_ -0-

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

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

10030224800

**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"/> 4b	<input type="checkbox"/> 4c <input type="checkbox"/> 4d	<input type="checkbox"/> 5

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

<b>A.</b> Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
Mailing Address	MM / DD / YYYY
City State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	

<b>B.</b> Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
Mailing Address	MM / DD / YYYY
City State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	

<b>C.</b> Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
Mailing Address	MM / DD / YYYY
City State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	

<b>D.</b> Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
Mailing Address	MM / DD / YYYY
City State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	

<b>E.</b> Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
Mailing Address	MM / DD / YYYY
City State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	

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

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10030224802

Month	Donor	Amt
October	Lois Bennington	10.00
October	Steve Brubaker	100.00
October	Wayne Campbell	20.00
October	Nina Hoffman	40.00
October	Irvin W Johnson	6.00
October	Fred Kingsbury	20.00
October	Tina Parker	6.00
October	Diane Rothrock	10.00
October	Roy Sun	4.00
October	Andrew L Talabac	40.00
November	Lois Bennington	10.00
November	Steve Brubaker	100.00
November	Wayne Campbell	20.00
November	Nina Hoffman	40.00
November	Irvin W Johnson	6.00
November	Fred Kingsbury	20.00
November	Tina Parker	6.00
November	Diane Rothrock	10.00
November	Roy Sun	4.00
November	Andrew L Talabac	40.00
December	Lois Bennington	10.00
December	Steve Brubaker	100.00
December	Wayne Campbell	20.00
December	Nina Hoffman	40.00
December	Irvin W Johnson	6.00
December	Fred Kingsbury	20.00
December	Tina Parker	6.00
December	Diane Rothrock	10.00
December	Roy Sun	4.00
December	Andrew L Talabac	40.00
December	Total	768.00

InfoCision PAC Filing - Q4 2009  
Employee Contribution Summary

Sum of Amt Donor	Month			Grand Total
	October	November	December	
Steve Brubaker	100.00	100.00	100.00	300.00
Andrew L Talabac	40.00	40.00	40.00	120.00
Nina Hoffman	40.00	40.00	40.00	120.00
Wayne Campbell	20.00	20.00	20.00	60.00
Fred Kingsbury	20.00	20.00	20.00	60.00
Lois Bennington	10.00	10.00	10.00	30.00
Diane Rothrock	10.00	10.00	10.00	30.00
Tina Parker	6.00	6.00	6.00	18.00
Roy Sun	4.00	4.00	4.00	12.00
Irvin W Johnson	6.00	6.00	6.00	18.00
<b>Grand Total</b>	<b>256.00</b>	<b>256.00</b>	<b>256.00</b>	<b>768.00</b>

InfoCision PAC Filing - YTD Q1 - Q4 2009  
Employee Contribution Summary

Sum of Amt Donor	Q1	Q2	Q3	Q4	Grand Total
Steve Brubaker	350.00	300.00	350.00	300.00	1,300.00
Andrew L Talabac	140.00	120.00	140.00	120.00	520.00
Nina Hoffman	140.00	120.00	140.00	120.00	520.00
Wayne Campbell	70.00	60.00	70.00	60.00	260.00
Fred Kingsbury	70.00	60.00	70.00	60.00	260.00
Lois Bennington	35.00	30.00	35.00	30.00	130.00
Diane Rothrock	35.00	30.00	35.00	30.00	130.00
Tina Parker	21.00	18.00	21.00	18.00	78.00
Frank Nikic	6.00	-	0	-	6.00
Roy Sun	14.00	12.00	14.00	12.00	52.00
Irvin W Johnson	-	-	18.00	18.00	36.00
<b>Grand Total</b>	<b>881.00</b>	<b>750.00</b>	<b>893.00</b>	<b>768.00</b>	<b>3,292.00</b>

**INFOCISION MANAGEMENT CORP. PAC**

325 SPRINGSIDE DR.  
AKRON, OH 44333

06-04

1026

6-103/410  
57071

DATE 12-16-09

PAY TO THE ORDER OF National Republican Congressional Committee \$ 2,000.00

Two thousand dollars and 00/100- ----- DOLLARS 



KeyBank National Association  
Akron, Ohio 44333  
1-888-KEY4BIZ® Key.com®

FOR \_\_\_\_\_

*[Handwritten Signature]*

*[Handwritten Signature]*

© Charles American Co  
GUARANTEE SAFETY

10030224803

**CHECK REQUEST**

Date: 12/17/09 Requested by: Dan Chafin

Amount \$ 2,000.00 Department: Political

Required When: 12/17/09 Mail Check: Yes  No

Payable To: National Republican Congressional Committee

Address: \_\_\_\_\_

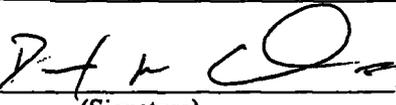
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Reason for Check: Donation

Requested by  Date: 12/17/09

Print Name Dan Chafin Title: \_\_\_\_\_

Sr. VP Approval  Date: 12/17/09  
(Signature)

Print Name \_\_\_\_\_ Title: \_\_\_\_\_

**Accounting Use Only**

Check No.: \_\_\_\_\_ Account Codes Amounts

Date: \_\_\_\_\_

Issued by: \_\_\_\_\_

10030224804

**CHECK REQUEST**

Date: 11.16.09

Requested by: Diane Rothrock

Amount \$4,100.00

Department: Corporate Affairs

Required When

Mail Check: Yes  XX No

Payable To: American Teleservices Association PAC

Address: 3815 River Crossing Parkway, Suite 20

City: Indianapolis State: IN Zip: 46240

Contact: Joshi Scism Phone: (317) 816-9336, Ext. 116

Reason for Check: Please cut a check for \$4,100 from IMC PAC to ATA PAC to make up the difference from what we have already sent them in 2009 to bring the total to \$5,000 maximum.

Requested by: Steve Brubaker Date: 11.16.09

Print Name Steve Brubaker Title: Sr. VP - Corporate Affairs

Sr. VP Approval *Steve Brubaker* Date: 11-17-09  
(Signature)

Print Name \_\_\_\_\_ Title: \_\_\_\_\_

*Accounting Use Only*

**INFOCISION MANAGEMENT CORP. PAC**

06-04

1025

325 SPRINGSIDE DR.  
AKRON, OH 44333

6-103/410  
57071

DATE 11-18-09

PAY TO THE ORDER OF American Teleservices Association PAC \$ 4,100.00

Four thousand one hundred dollars and 00/100 ----- DOLLARS



KeyBank National Association  
Akron, Ohio 44333  
1-888-KEY4BIZ® Key.com®

FOR \_\_\_\_\_

*Joshi Scism*

MP

10030224805

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Federal Election Commission  
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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>bps</i>	Shipping Date <i>1/26/10</i>
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*[Signature]*  
 PREPARER

*1/27/10*  
 DATE PREPARED

10030224806