

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER

2009 JUL -2 A 11:28
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 ▲

000407098

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:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

Election on

MM/DD/YYYY

in the State of

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

MM/DD/YYYY

in the State of

5. Covering Period

04 01 2009

through

06 30 2009

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

David M. Hamrick

Date

07 01 2009

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

FEC FORM 3X
Rev. 12/2004

29030104883

**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: 04 / 01 / 2009 To: 06 / 30 / 2009

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2009</u>		14,127.54
(b) Cash on Hand at Beginning of Reporting Period.....	14,858.54	
(c) Total Receipts (from Line 19)	750.00	1,631.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	15,608.54	15,758.54
7. Total Disbursements (from Line 31).....	150.00	300.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	15,458.54	15,458.54
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	-0-	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	-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

29030104884

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: 04 01 2009 To: 06 30 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).....	750.00	1,631.00
(ii) Unitemized.....	-0-	-0-
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	750.00	1,631.00
(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).....▶	750.00	1,631.00
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)).....▶	750.00	1,631.00
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	150.00	300.00
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)) ..	150.00	300.00
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)	750.00	1,631.00
34. Total Contribution Refunds (from Line 28(d))	-0-	-0-
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	750.00	1,631.00
36. Total Federal Operating Expenditures (add Line 21(a)(1) 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-

29030104887

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

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. **Brubkaer, Steve**
 Full Name (Last, First, Middle Initial)
 Mailing Address
75 Burton Drive
 City State Zip Code
Munroe Falls OH 44262
 FEC ID number of contributing federal political committee.
C 00407098
 Name of Employer Occupation
InfoCision Management Corp. Sr. VP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
650.00

Date of Receipt
06 / 30 / 2009
 Amount of Each Receipt this Period
300.00

B. **Talabec, Andrew**
 Full Name (Last, First, Middle Initial)
 Mailing Address
451 Rockglen Drive
 City State Zip Code
Wadsworth, OH 44281
 FEC ID number of contributing federal political committee.
C 00407098
 Name of Employer Occupation
InfoCision Management Corp. Account Executive
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
260.00

Date of Receipt
06 / 30 / 2009
 Amount of Each Receipt this Period
120.00

C. **Hoffman, Nina**
 Full Name (Last, First, Middle Initial)
 Mailing Address
1686 26th Street
 City State Zip Code
Cuyahoga Falls OH 44223
 FEC ID number of contributing federal political committee.
C 00407098
 Name of Employer Occupation
InfoCision Management Corp. Director Fulfillment Operations
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
260.00

Date of Receipt
06 / 30 / 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).....▶

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**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"/>
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	11c	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	12	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	15	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	16	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>		<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) A. Campbell, Wayne		Date of Receipt 06 / 30 / 2009
Mailing Address 6603 Valleyvista Drive		Amount of Each Receipt this Period 60.00
City Mayfield Heights	State Zip Code OH 44124	
FEC ID number of contributing federal political committee. C 00407098		
Name of Employer InfoCision Management Corp.	Occupation Product Support Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 130.00	

Full Name (Last, First, Middle Initial) B. Kingsburg, Fred		Date of Receipt 06 / 30 / 2009
Mailing Address 1309 Perry Drive NW		Amount of Each Receipt this Period 60.00
City Canton	State Zip Code OH 44708	
FEC ID number of contributing federal political committee. C 00407098		
Name of Employer InfoCision Management Corp.	Occupation Sr. Program Supervisor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 130.00	

Full Name (Last, First, Middle Initial) C. Sun, Roy		Date of Receipt 06 / 30 / 2009
Mailing Address 1227 Meadow Run		Amount of Each Receipt this Period 12.00
City Copley	State Zip Code OH 44321	
FEC ID number of contributing federal political committee. C 00407098		
Name of Employer InfoCision Management Corp.	Occupation Application Developer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 26.00	

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

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**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	<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
InfoCision Management Corporation PAC

Full Name (Last, First, Middle Initial) A. Bennington, Lois		Date of Receipt 06 / 30 / 2009
Mailing Address 7447 Jimmie Street SW City: Massillon State: OH Zip Code: 44646		Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. C: 0-0-4-0-7-0-9-8		
Name of Employer InfoCision Management Corp.	Occupation Sr. Data Analyst	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 65.00	

Full Name (Last, First, Middle Initial) B. Rothrock, Diane		Date of Receipt 06 / 30 / 2009
Mailing Address 641 Hampton Ridge Drive City: Akron State: OH Zip Code: 44313		Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. C: 0-0-4-0-7-0-9-8		
Name of Employer InfoCision Management Corp.	Occupation Executive Assistant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 65.00	

Full Name (Last, First, Middle Initial) C. Parker, Tina		Date of Receipt 06 / 30 / 2009
Mailing Address 3475 Breeze Knoll Drive City: Youngstown State: OH Zip Code: 44505		Amount of Each Receipt this Period 18.00
FEC ID number of contributing federal political committee. C: 0-0-4-0-7-0-9-8		
Name of Employer InfoCision Management Corp.	Occupation Call Center Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 39.00	

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

29030104890

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

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NAME OF COMMITTEE (In Full)
InfoCision Management Corporation PAC

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

Mailing Address
3098 Creekview Drive

City State Zip Code
Cuyahoga Falls OH 44223

FEC ID number of contributing federal political committee.
C 00407098

Name of Employer Occupation
InfoCision Management Copr. Account Rep.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
6.00

Date of Receipt
06 30 2009

Amount of Each Receipt this Period
-0-

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ▶ **-0-**

TOTAL This Period (last page this line number only)..... ▶ **750.00**

29030104891

**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) A. ATA PAC		Date of Disbursement 06 / 30 / 2009
Mailing Address 3815 River Crossing Parkway, Suite 20		Amount of Each Disbursement this Period 150.00
City Indianapolis	State IN	
Zip Code 46240		Category/ Type 0-1-1
Purpose of Disbursement Attend ATA PAC event		
Candidate Name		
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.		Date of Disbursement
Mailing Address		
City	State	
Zip Code		Amount of Each Disbursement this Period
Purpose of Disbursement		
Candidate Name		Category/ Type
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) C.		Date of Disbursement
Mailing Address		
City	State	
Zip Code		Amount of Each Disbursement this Period
Purpose of Disbursement		
Candidate Name		Category/ Type
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).....▶	150.00
TOTAL This Period (last page this line number only).....▶	150.00

29030104892

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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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:
		% (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> 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)	

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

29030104893

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? No 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?
 No 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?
 No Yes If yes, specify: _____

What is the value of this collateral?

Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No 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	Title	DATE ____/____/____
--	-------	------------------------

29030104894

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-

29030104895

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

PAGE OF
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) InfoCision Management Corporation PAC	FEC IDENTIFICATION NUMBER ▼ C
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	
City State Zip Code	Amount
Purpose of Expenditure	Category/Type
Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure:	
Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

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

(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 _____

29030104896

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 <input type="checkbox"/> 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
--	--

29030104897

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: _____
Aggregate General Election Expenditure for this Candidate ▶	Amount	<input type="checkbox"/> 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: _____
Aggregate General Election Expenditure for this Candidate ▶	Amount	<input type="checkbox"/> 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: _____
Aggregate General Election Expenditure for this Candidate ▶	Amount	<input type="checkbox"/> 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

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

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

29030104898

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

PAGE OF

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.

29030104899

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
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

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-

29030104900

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

29030104901

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**

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-

29030104902

**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	Date
Purpose of Disbursement		Category/Type	

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT
				-0-

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	Date
Purpose of Disbursement		Category/Type	

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	Date
Purpose of Disbursement		Category/Type	

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-
TOTAL This Period for the Levin Share				
				-0-

29030104903

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

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

29030104904

	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) 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

A. Mailing Address

____/____/____

City State Zip Code

Amount of Each Receipt this Period

Name of Employer or Principal Place of Business

Occupation

Aggregate Year-to-Date

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

Date of Receipt

B. Mailing Address

____/____/____

City State Zip Code

Amount of Each Receipt this Period

Name of Employer or Principal Place of Business

Occupation

Aggregate Year-to-Date

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

Date of Receipt

C. Mailing Address

____/____/____

City State Zip Code

Amount of Each Receipt this Period

Name of Employer or Principal Place of Business

Occupation

Aggregate Year-to-Date

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

Date of Receipt

D. Mailing Address

____/____/____

City State Zip Code

Amount of Each Receipt this Period

Name of Employer or Principal Place of Business

Occupation

Aggregate Year-to-Date

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

_____ -0-

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

_____ -0-

29030104905

**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

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		
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		
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		
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		
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		

29030104906

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

0
0

29030104907

Month	Deposit	Donor	Amt
April	4/3/2009	Lois Bennington	10.00
April	4/3/2009	Steve Brubaker	100.00
April	4/3/2009	Wayne Campbell	20.00
April	4/3/2009	Nina Hoffman	40.00
April	4/3/2009	Fred Kingsbury	20.00
April	4/3/2009	Tina Parker	6.00
April	4/3/2009	Diane Rothrock	10.00
April	4/3/2009	Roy Sun	4.00
April	4/3/2009	Andrew L Talabac	40.00
May	5/3/2009	Lois Bennington	10.00
May	5/3/2009	Steve Brubaker	100.00
May	5/3/2009	Wayne Campbell	20.00
May	5/3/2009	Nina Hoffman	40.00
May	5/3/2009	Fred Kingsbury	20.00
May	5/3/2009	Tina Parker	6.00
May	5/3/2009	Diane Rothrock	10.00
May	5/3/2009	Roy Sun	4.00
May	5/3/2009	Andrew L Talabac	40.00
June	6/4/2009	Lois Bennington	10.00
June	6/4/2009	Steve Brubaker	100.00
June	6/4/2009	Wayne Campbell	20.00
June	6/4/2009	Nina Hoffman	40.00
June	6/4/2009	Fred Kingsbury	20.00
June	6/4/2009	Tina Parker	6.00
June	6/4/2009	Diane Rothrock	10.00
June	6/4/2009	Roy Sun	4.00
June	6/4/2009	Andrew L Talabac	40.00

750.00

InfoCision PAC Filing - Q2 2009
Employee Contribution Summary

Sum of Amt Donor	Month			Grand Total
	April	May	June	
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
Grand Total	250.00	250.00	250.00	750.00

InfoCision PAC Filing - YTD Q1 & Q2 2009
Employee Contribution Summary

Sum of Amt Donor	Month		Grand Total
	Q1	Q2	
Steve Brubaker	350.00	300.00	650.00
Andrew L Talabac	140.00	120.00	260.00
Nina Hoffman	140.00	120.00	260.00
Wayne Campbell	70.00	60.00	130.00
Fred Kingsbury	70.00	60.00	130.00
Lois Bennington	35.00	30.00	65.00
Diane Rothrock	35.00	30.00	65.00
Tina Parker	21.00	18.00	39.00
Frank Nikic	6.00	-	6.00
Roy Sun	14.00	12.00	26.00
Grand Total	881.00	750.00	1,631.00

InfoCision

THE highest quality call center company in the world!®

PAC Check

CHECK REQUEST

Date: 4/16/09 Requested by: Debbie Cochrane
Amount \$ 150.00 Department: Creative Services
Required When: 4/20/09 Mail Check: Yes No Send to Debbie Cochrane
Payable To: ATA PAC
Address: 3815 River Crossing Parkway, Suite 20
City: Indianapolis State: IN Zip: 46240
Contact: Keri Phone: (317) 816-9336

Reason for Check: For Kathleen Gadd to attend ATA PAC
event Monday, April 27 during ATA Washington Summit

Requested by: Debbie Cochrane Date: 4/16/09
Print Name: Debbie Cochrane Title: Admin. Asst.
Sr. VP Approval: [Signature] Date: Ben Thompson
4-17-09
(Signature)

INFOCISION MANAGEMENT CORP. PAC
325 SPRINGSIDE DR.
AKRON, OH 44333

06-04

1022

6-103/410
57071

DATE 04-16-09

PAY TO THE ORDER OF ATA PAC \$ 150.00

One hundred fifty dollars and 00/100- - - - - DOLLARS



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

FOR _____

[Signature]

⑈001022⑈ ⑆041001039⑆ 350711005990⑈

29030104903

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): *UPS* Shipping Date
7/1/05
 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

JWP
 PREPARER

7/2/05
 DATE PREPARED

29030104909