

**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="2008"/>		<input type="text" value="12,445.54"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="13,169.54"/>	
(c) Total Receipts (from Line 19).....	<input type="text" value="792.00"/>	<input type="text" value="1,716.00"/>
(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="13,961.54"/>	<input type="text" value="14,161.54"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="800.00"/>	<input type="text" value="1,000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="13,161.54"/>	<input type="text" value="13,161.54"/>
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

28039832896

**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 / 2008 To: 06 / 30 / 2008

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).....	792.00-	1,716.00
(ii) Unitemized.....	-0-	-0-
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶		
(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).....▶	792.00	1,716.00
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)).....▶	792.00	1,716.00
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)

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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	800.00	1,000.00
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)) ..	800.00	1,000.00
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**

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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)	792.00	1,716.00
34. Total Contribution Refunds (from Line 28(d))	-0-	-0-
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	-0-	-0-
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-

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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"/> 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. Brubaker, Steve		Date of Receipt 06 / 30 / 2008
Mailing Address 75 Burton Drive		Amount of Each Receipt this Period 30.00
City Munroe Falls	State OH	
Zip Code 44262		Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. C 00407098		
Name of Employer Infocision M . . . Corp.	Occupation Sr. VP	Amount of Each Receipt this Period 650.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Talabec, Andrew		Date of Receipt 06 / 30 / 2008
Mailing Address 451 Rockglen Drive		Amount of Each Receipt this Period 120.00
City Wadsworth	State OH	
Zip Code 44821		Amount of Each Receipt this Period 120.00
FEC ID number of contributing federal political committee. C 00407098		
Name of Employer InfoCision Management Corp.	Occupation Account Executive	Amount of Each Receipt this Period 260.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Hoffman, Nina		Date of Receipt 06 / 30 / 2008
Mailing Address 1686 26th Street		Amount of Each Receipt this Period 120.00
City Cuyahoga Falls	State OH	
Zip Code 44223		Amount of Each Receipt this Period 120.00
FEC ID number of contributing federal political committee. C 00407098		
Name of Employer InfoCision Management Corp.	Occupation Director Fullfillment Operations	Amount of Each Receipt this Period 260.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

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:		PAGE	OF	
	(check only one)				
	<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

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NAME OF COMMITTEE (In Full)
InfoCision Management Corporation PAC

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

Mailing Address
6603 Valleyvista Drive

City **Mayfield Heights** State **OH** Zip Code **44124**

FEC ID number of contributing federal political committee. **C 00407098**

Name of Employer **InfoCision Management Corp.** Occupation **Product Support Engineer**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
130.00

Date of Receipt
06 / 30 / 2008

Amount of Each Receipt this Period
60.00

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

Mailing Address
1309 Perry Drive NW

City **Canton** State **OH** Zip Code **44708**

FEC ID number of contributing federal political committee. **C 00407098**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
130.00

Date of Receipt
06 / 30 / 2008

Amount of Each Receipt this Period
60.00

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

Mailing Address
263 19th Street NW

City **Barberton** State **OH** Zip Code **44203**

FEC ID number of contributing federal political committee. **C 00407098**

Name of Employer **InfoCision Management Corp.** Occupation **Process manager**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
65.00

Date of Receipt
06 / 30 / 2008

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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	
	(check only one)	
<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"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
InfoCision Management Corporation PAC

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

Mailing Address
7447 Jimmie Street SW

City **Massillon** State **OH** Zip Code **44646**

FEC ID number of contributing federal political committee. **C 00 407 098**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
65.00

Date of Receipt
06 30 2008

Amount of Each Receipt this Period
30.00

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

Mailing Address
641 Hampton Ridge Drive

City **Akron** State **OH** Zip Code **44313**

FEC ID number of contributing federal political committee. **C 00 407 098**

Name of Employer **InfoCision Management Corp.** Occupation **Executive Assistant**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
65.00

Date of Receipt
06 30 2008

Amount of Each Receipt this Period
30.00

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

Mailing Address
3475 Breeze Knoll Drive

City **Youngstown** State **OH** Zip Code **44505**

FEC ID number of contributing federal political committee. **C 00 407 098**

Name of Employer **InfoCision Management Corp.** Occupation **Call Center Manager**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
39.00

Date of Receipt
06 30 2008

Amount of Each Receipt this Period
18.00

SUBTOTAL of Receipts This Page (optional).....▶ **78.00**

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 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

Full Name (Last, First, Middle Initial) A. Nikic, Frank		Date of Receipt 06 / 30 / 2008
Mailing Address 3098 Creekview Drive		Amount of Each Receipt this Period 12.00
City Cuyahoga Falls	State Zip Code OH 44223	
FEC ID number of contributing federal political committee. C 00407098		Amount of Each Receipt this Period 26.00
Name of Employer InfoCision Management Corp.	Occupation Account Rep.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 26.00	

Full Name (Last, First, Middle Initial) B. Sun, Roy		Date of Receipt 06 / 30 / 2008
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		Amount of Each Receipt this Period 26.00
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	

Full Name (Last, First, Middle Initial) C.		Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	24.00
TOTAL This Period (last page this line number only).....▶	792.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE OF

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)

InfoCision Management Corporation PAC

Full Name (Last, First, Middle Initial)

Date of Disbursement

04 / 16 / 2008

A.

ATA PAC

Mailing Address

3815 River Crossing Parkway, suite 20

City State Zip Code

Indianapolis IN 46240

Purpose of Disbursement

Contribution

Candidate Name

0, 1, 1
Category/
Type

Amount of Each Disbursement this Period

300.00

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

06 / 13 / 2008

B.

Committee to Elect Randy Cole

Mailing Address

2399 Amesbury Rd

City State Zip Code

Akron, Ohio 44313

Purpose of Disbursement

Contribution

Candidate Name

0, 1, 1
Category/
Type

Amount of Each Disbursement this Period

264.00

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

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

564.00

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

564.00

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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: _____ -0-

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: _____
 Address: _____
 Date account established: ____/____/____ 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	

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

NAME OF COMMITTEE (In Full)
InfoCision Management Corporation

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	
		-0-	

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-

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

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	MM / DD / YYYY
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	MM / DD / YYYY
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 MM / DD / YYYY

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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

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SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

NAME OF COMMITTEE (In Full)
InfoCision Management Corporation PAC

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

Methods of allocation:

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

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

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	-00-
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 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-

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**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

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-		-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 (Add Lines 1c and 2)	-0-	-0-
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 (Add Lines 4e and 5)	-0-	-0-
7. BEGINNING CASH ON HAND (for Column B, use cash as of January 1st)	-0-	-0-
8. RECEIPTS (from Line 3)	-0-	-0-
9. SUBTOTAL (Add Lines 7 and 8)	-0-	-0-
10. DISBURSEMENTS (From Line 6)	-0-	-0-
11. ENDING CASH ON HAND (Subtract Line 10 From Line 9)	-0-	-0-

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

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

NAME OF COMMITTEE (In Full)
InfoCision Management Corporation PAC

A.

Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt
Mailing Address	
City State Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business	Aggregate Year-to-Date
Occupation	

B.

Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt
Mailing Address	
City State Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business	Aggregate Year-to-Date
Occupation	

C.

Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt
Mailing Address	
City State Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business	Aggregate Year-to-Date
Occupation	

D.

Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt
Mailing Address	
City State Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business	Aggregate Year-to-Date
Occupation	

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

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**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: PAGE OF
(check only one) 4a 4c 5
 4b 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

A. _____ Date of Disbursement
M M / D D / Y Y Y Y Y Y

Mailing Address _____

City _____ State _____ Zip Code _____ Amount of Each Disbursement this Period _____

Purpose of Disbursement _____

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

B. _____ Date of Disbursement
M M / D D / Y Y Y Y Y Y

Mailing Address _____

City _____ State _____ Zip Code _____ Amount of Each Disbursement this Period _____

Purpose of Disbursement _____

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

C. _____ Date of Disbursement
M M / D D / Y Y Y Y Y Y

Mailing Address _____

City _____ State _____ Zip Code _____ Amount of Each Disbursement this Period _____

Purpose of Disbursement _____

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

D. _____ Date of Disbursement
M M / D D / Y Y Y Y Y Y

Mailing Address _____

City _____ State _____ Zip Code _____ Amount of Each Disbursement this Period _____

Purpose of Disbursement _____

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

E. _____ Date of Disbursement
M M / D D / Y Y Y Y Y Y

Mailing Address _____

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**

28039832918

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

06-04

1018

6-103/410
57071

DATE 06/10/08

PAY TO THE ORDER OF The Committee to Elect Randy Cole

\$ 500.00

Five hundred dollars and 00/100 - - - - -

DOLLARS 

Security features are included. Details on back.



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

FOR _____

[Handwritten Signature]

MP

28039832919

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GUARD YOUR SAFETY

+

INFOCISION MANAGEMENT CORP. PAC

06-04

1017

325 SPRINGSIDE DR.
AKRON, OH 44333

6-103/410
57071

PAY TO THE
ORDER OF

ATA PAC

DATE 4/16/08

\$ 300.00

Three hundred dollars and 00/100 - - - - -

DOLLARS @



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

FOR

Stewart A. [Signature]

Mailed to Air Mail (ATA) 4/16/08.

02625865082

Randy's Turning 41!

(and he's a candidate for State Representative in Ohio's **41st** district?)

It begs for a **\$41** fundraiser!



So... join Randy's friends and supporters at Fisher's Café and Pub in historic Peninsula in the heart of the Cuyahoga Valley National Park

What: Birthday party/Fundraiser

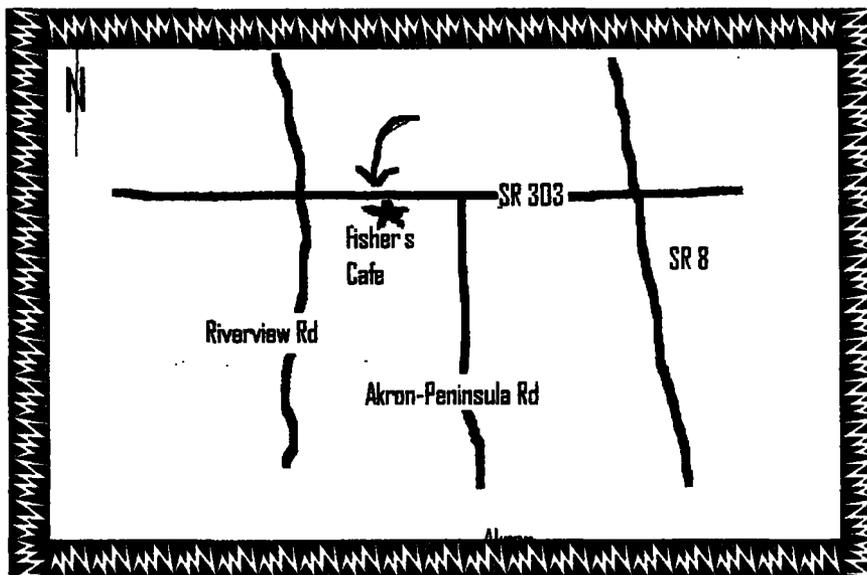
Where: Fisher's Café 1607 Main Street Peninsula, OH

When: 5:30 to 8:30 pm on Wednesday, September 17,

Cost: No gifts, but \$41 contributions are greatly appreciated!

Remember: In Ohio, the first \$50 in contributions to a legislative candidate is tax deductible on Ohio Income taxes!

Please RSVP by September 12 to 330-867-4151 if you are able to attend.



Make checks payable to:

**The Committee to Elect Randy Cole
2399 Amesbury Rd. Akron, OH 44313**

To find out more about the campaign or contribute online : www.electrandycole.com

Paid for: The committee to elect Randy Cole, Scott Jones, Treasurer 2399 Amesbury Rd. Akron, OH 44313

28039832922

Month	Deposit	Donor	Amt
April	5/6/2008	Lois Bennington	\$10.00
April	5/6/2008	Steve Brubaker	\$100.00
April	5/6/2008	Wayne Campbell	\$20.00
April	5/6/2008	Nina Hoffman	\$40.00
April	5/6/2008	Fred Kingsbury	\$20.00
April	5/6/2008	Frank Nikic	\$4.00
April	5/6/2008	Tina Parker	\$6.00
April	5/6/2008	Diane Rothrock	\$10.00
April	5/6/2008	Roy Sun	\$4.00
April	5/6/2008	Andrew L Talabac	\$40.00
April	5/6/2008	Connie Wagner	\$10.00
May	6/13/2008	Lois Bennington	\$10.00
May	6/13/2008	Steve Brubaker	\$100.00
May	6/13/2008	Wayne Campbell	\$20.00
May	6/13/2008	Nina Hoffman	\$40.00
May	6/13/2008	Fred Kingsbury	\$20.00
May	6/13/2008	Frank Nikic	\$4.00
May	6/13/2008	Tina Parker	\$6.00
May	6/13/2008	Diane Rothrock	\$10.00
May	6/13/2008	Roy Sun	\$4.00
May	6/13/2008	Andrew L Talabac	\$40.00
May	6/13/2008	Connie Wagner	\$10.00
June	7/14/2008	Lois Bennington	\$10.00
June	7/14/2008	Steve Brubaker	\$100.00
June	7/14/2008	Wayne Campbell	\$20.00
June	7/14/2008	Nina Hoffman	\$40.00
June	7/14/2008	Fred Kingsbury	\$20.00
June	7/14/2008	Frank Nikic	\$4.00
June	7/14/2008	Tina Parker	\$6.00
June	7/14/2008	Diane Rothrock	\$10.00
June	7/14/2008	Roy Sun	\$4.00
June	7/14/2008	Andrew L Talabac	\$40.00
June	7/14/2008	Connie Wagner	\$10.00
Total			\$792.00

InfoCision PAC Filing - Q2 2008
Employee Contribution Summary

Sum of amount	April	May	June	Grand Total
Lois Bennington	\$10.00	\$10.00	\$10.00	\$30.00
Steve Brubaker	\$100.00	\$100.00	\$100.00	\$300.00
Wayne Campbell	\$20.00	\$20.00	\$20.00	\$60.00
Nina Hoffman	\$40.00	\$40.00	\$40.00	\$120.00
Fred Kingsbury	\$20.00	\$20.00	\$20.00	\$60.00
Frank Nikic	\$4.00	\$4.00	\$4.00	\$12.00
Tina Parker	\$6.00	\$6.00	\$6.00	\$18.00
Diane Rothrock	\$10.00	\$10.00	\$10.00	\$30.00
Roy Sun	\$4.00	\$4.00	\$4.00	\$12.00
Andrew L Talabac	\$40.00	\$40.00	\$40.00	\$120.00
Connie Wagner	\$10.00	\$10.00	\$10.00	\$30.00
Grand Total	\$264.00	\$264.00	\$264.00	\$792.00

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
9/16/08
 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

 *9/17/08*
 PREPARER DATE PREPARED

28039832923