

2009 OCT -6 AM 10:07

**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 00407098**

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

- (b) Monthly Report Due On:
- 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 \_\_\_\_\_ in the State of \_\_\_\_\_

- (d) 30-Day POST-Election Report for the:
- General (30G)
  - Runoff (30R)
  - Special (30S)

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period **07 01 2009** through **09 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 *[Signature]* Date **10 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									
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29030163932

**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: 07 / 01 / 2009 To: 09 / 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.....	15,458.54	
(c) Total Receipts (from Line 19).....	893.00	2,524.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	16,351.54	16,651.54
7. Total Disbursements (from Line 31).....	600.00	900.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	15,751.54	15,751.54
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

29030163933

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

InfoCision Management Corporation PAC

Report Covering the Period: From:

07 / 01 / 2009

To:

08 / 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).....	893.00	2,524.00
(ii) Unitemized.....	-0-	-0-
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	893.00	2,524.00
(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).....▶	893.00	2,524.00
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)).....▶	893.00	2,524.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	-0-	-0-

29030163934

**DETAILED SUMMARY PAGE**  
of Disbursements

29030163935

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 .....	600.00	900.00
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)) ..	600.00	900.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	-0-	-0-

**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) .....	893.00	2,524.00
34. Total Contribution Refunds (from Line 28(d)) .....	-0-	-0-
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	893.00	2,524.00
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-

29030163936

**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

Full Name (Last, First, Middle Initial) <b>A. <u>Brubkaer, Steve</u></b>		Date of Receipt <u>09</u> / <u>30</u> / <u>2009</u>
Mailing Address <u>75 Burton Drive</u>		Amount of Each Receipt this Period <u>350.00</u>
City <u>Munroe Falls</u>	State <u>OH</u>	
Zip Code <u>44262</u>		Aggregate Year-to-Date ▼ <u>1,000.00</u>
FEC ID number of contributing federal political committee. <u>C 00407098</u>		
Name of Employer <u>InfoCision Management Corp.</u>	Occupation <u>Sr. VP</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. <u>Talabec, Andrew</u></b>		Date of Receipt <u>09</u> / <u>30</u> / <u>2009</u>
Mailing Address <u>451 Rockglen Drive</u>		Amount of Each Receipt this Period <u>140.00</u>
City <u>Wadsworth,</u>	State <u>OH</u>	
Zip Code <u>44281</u>		Aggregate Year-to-Date ▼ <u>400.00</u>
FEC ID number of contributing federal political committee. <u>C 00407098</u>		
Name of Employer <u>InfoCision Management Corp.</u>	Occupation <u>Account Executive</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. <u>Hoffman, Nina</u></b>		Date of Receipt <u>09</u> / <u>30</u> / <u>2009</u>
Mailing Address <u>1686 26th Street</u>		Amount of Each Receipt this Period <u>140.00</u>
City <u>Cuyahoga Falls</u>	State <u>OH</u>	
Zip Code <u>44223</u>		Aggregate Year-to-Date ▼ <u>400.00</u>
FEC ID number of contributing federal political committee. <u>C 00407098</u>		
Name of Employer <u>InfoCision Management Corp.</u>	Occupation <u>Director Fulfillment Operations</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<u>630.00</u>
TOTAL This Period (last page this line number only).....▶	

29030163937

**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 <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. Campbell, Wayne**

Mailing Address  
**6603 Valleyvista Drive**

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**200.00**

Date of Receipt  
**09 30 2009**

Amount of Each Receipt this Period  
**70.00**

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

Mailing Address  
**1309 Perry Drive NW**

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**200.00**

Date of Receipt  
**09 30 2009**

Amount of Each Receipt this Period  
**70.00**

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

Mailing Address  
**1227 Meadow Run**

City State Zip Code  
**Copley OH 44321**

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

Name of Employer Occupation  
**InfoCision Management Corp. Application Developer**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**40.00**

Date of Receipt  
**09 30 2009**

Amount of Each Receipt this Period  
**14.00**

**SUBTOTAL** of Receipts This Page (optional).....▶ **154.00**

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

29030163938

**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

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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 State Zip Code  
**Massillon OH 44646**

FEC ID number of contributing federal political committee.  
**C 0-0407-098**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**100.00**

Date of Receipt  
**09 / 30 / 2009**

Amount of Each Receipt this Period  
**35.00**

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

Mailing Address  
**641 Hampton Ridge Drive**

City State Zip Code  
**Akron OH 44313**

FEC ID number of contributing federal political committee.  
**C 0-0407-098**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**100.00**

Date of Receipt  
**09 / 30 / 2009**

Amount of Each Receipt this Period  
**35.00**

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

Mailing Address  
**3475 Breeze Knoll Drive**

City State Zip Code  
**Youngstown OH 44505**

FEC ID number of contributing federal political committee.  
**C 0-0407-098**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**60.00**

Date of Receipt  
**09 / 30 / 2009**

Amount of Each Receipt this Period  
**21.00**

**SUBTOTAL of Receipts This Page (optional).....** **91.00**

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

29030163939

**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	

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**

Mailing Address  
**3098 Creekview Drive**

City **Cuyahoga Falls, OH** State **OH** Zip Code **44223**

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**

Date of Receipt  
**09 30 2009**

Amount of Each Receipt this Period  
**-0-**

Full Name (Last, First, Middle Initial)  
**B. Johnson, Irvin**

Mailing Address  
**549 Wedgemore Ave.**

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

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**

Date of Receipt  
**09 30 2009**

Amount of Each Receipt this Period  
**18.00**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>18.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>893.00</b>

29030163940

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

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

FOR LINE NUMBER:  
(check only one)

PAGE OF

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

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

NAME OF COMMITTEE (In Full)

InfoCision Management Corporation PAC

Full Name (Last, First, Middle Initial)

**A.**

ATA

Mailing Address  
3815 River Crossing Pkwy, Suite 20

City State Zip Code  
Indianapolis IN 46240

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

08 / 20 / 2009

Amount of Each Disbursement this Period

0 1 1  
Category/  
Type

600.00

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

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

600.00

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

600.00

29030163941

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

**LOANS**

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

PAGE OF  
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (in Full)

InfoCision Management Corporation PAC

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

Election:

- Primary
- General
- Other (specify) ▼

Mailing Address

City State ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

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

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

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

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount Guaranteed Outstanding: [ ]

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

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount Guaranteed Outstanding: [ ]

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

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount Guaranteed Outstanding: [ ]

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

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount Guaranteed Outstanding: [ ]

SUBTOTALS This Period This Page (optional) ▶

[ ]

TOTALS This Period (last page in this line only) ▶

[ ]

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

29030163942

**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	Date Due
City State Zip Code		

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	DATE
Title	

29030163943

**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-

29030163944

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

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

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

Full Name (Last, First, Middle Initial) of Payee	Date 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 State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
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 State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
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 MM / DD / YYYY

29030163945



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

29030163947

**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.

29030163948

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 % <u>    0    </u> %	NONFEDERAL % <u>    0    </u> %
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 % <u>    0    </u> %	NONFEDERAL % <u>    0    </u> %
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 % <u>    0    </u> %	NONFEDERAL % <u>    0    </u> %
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 % <u>    0    </u> %	NONFEDERAL % <u>    0    </u> %
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 % <u>    0    </u> %	NONFEDERAL % <u>    0    </u> %
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 % <u>    0    </u> %	NONFEDERAL % <u>    0    </u> %

**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-

29030163949

**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

29030163950

**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-

29030163951

**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

<b>SUBTOTAL of Shared Federal and Levin Activity This Page</b>			
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT
-0-		-0-	-0-
<b>TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))</b>			
FEDERAL SHARE		LEVIN SHARE	TOTAL AMOUNT
-0-		-0-	-0-
<b>TOTAL This Period for the Levin Share</b>			
		-0-	

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

29030163953

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

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

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

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

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-

29030163954

**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		

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

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

<b>A.</b>	Date of Disbursement
Mailing Address	MM / DD / YYYY
City State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	

<b>B.</b>	Date of Disbursement
Mailing Address	MM / DD / YYYY
City State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	

<b>C.</b>	Date of Disbursement
Mailing Address	MM / DD / YYYY
City State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	

<b>D.</b>	Date of Disbursement
Mailing Address	MM / DD / YYYY
City State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	

<b>E.</b>	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

29030163955

Month	Deposit	Donor	Amt
7/2/2009	Lois Bennington		10.00
7/2/2009	Steve Brubaker		100.00
7/2/2009	Wayne Campbell		20.00
7/2/2009	Nina Hoffman		40.00
7/2/2009	Irvin W Johnson		3.00
7/2/2009	Fred Kingsbury		20.00
7/2/2009	Tina Parker		6.00
7/2/2009	Diane Rothrock		10.00
7/2/2009	Roy Sun		4.00
7/2/2009	Andrew L Talabac		40.00
8/12/2009	Lois Bennington		15.00
8/12/2009	Steve Brubaker		150.00
8/12/2009	Wayne Campbell		30.00
8/12/2009	Nina Hoffman		60.00
8/12/2009	Irvin W Johnson		9.00
8/12/2009	Fred Kingsbury		30.00
8/12/2009	Tina Parker		9.00
8/12/2009	Diane Rothrock		15.00
8/12/2009	Roy Sun		6.00
8/12/2009	Andrew L Talabac		60.00
9/15/2009	Lois Bennington		10.00
9/15/2009	Steve Brubaker		100.00
9/15/2009	Wayne Campbell		20.00
9/15/2009	Nina Hoffman		40.00
9/15/2009	Irvin W Johnson		6.00
9/15/2009	Fred Kingsbury		20.00
9/15/2009	Tina Parker		6.00
9/15/2009	Diane Rothrock		10.00
9/15/2009	Roy Sun		4.00
9/15/2009	Andrew L Talabac		40.00
	<b>Total</b>		<b>893.00</b>

InfoCision PAC Filing - Q3 2009  
Employee Contribution Summary

Sum of Amt Donor	Month			Grand Total
	July	August	September	
Steve Brubaker	100.00	150.00	100.00	350.00
Andrew L Talabac	40.00	60.00	40.00	140.00
Nina Hoffman	40.00	60.00	40.00	140.00
Wayne Campbell	20.00	30.00	20.00	70.00
Fred Kingsbury	20.00	30.00	20.00	70.00
Lois Bennington	10.00	15.00	10.00	35.00
Diane Rothrock	10.00	15.00	10.00	35.00
Tina Parker	6.00	9.00	6.00	21.00
Roy Sun	4.00	6.00	4.00	14.00
Irvin W Johnson	3.00	9.00	6.00	18.00
<b>Grand Total</b>	<b>253.00</b>	<b>384.00</b>	<b>256.00</b>	<b>893.00</b>

InfoCision PAC Filing - YTD Q1 - Q3 2009  
Employee Contribution Summary

Sum of Amt Donor	Quarter			Grand Total
	Q1	Q2	Q3	
Steve Brubaker	350.00	300.00	350.00	1,000.00
Andrew L Talabac	140.00	120.00	140.00	400.00
Nina Hoffman	140.00	120.00	140.00	400.00
Wayne Campbell	70.00	60.00	70.00	200.00
Fred Kingsbury	70.00	60.00	70.00	200.00
Lois Bennington	35.00	30.00	35.00	100.00
Diane Rothrock	35.00	30.00	35.00	100.00
Tina Parker	21.00	18.00	21.00	60.00
Frank Nikic	6.00	-	-	6.00
Roy Sun	14.00	12.00	14.00	40.00
Irvin W Johnson	-	-	18.00	18.00
<b>Grand Total</b>	<b>881.00</b>	<b>750.00</b>	<b>893.00</b>	<b>2,524.00</b>

20030163956

PAC

# InfoCision

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### CHECK REQUEST

Date: 8/19/09 Requested by: Debbie Cochrane

Amount \$ 600.00 Department: Creative Services

Required When: 8/24/09 Mail Check: Yes  No

Payable To: ATA

Address: 3815 River Crossing Pkwy., Suite 20

City: Indianapolis State: IN Zip: 46240

Contact: Carrie Phone: ( 317 ) 816-9336

Oct 5, 2009

Reason for Check: ATA PAC Event - Check is for Steve Brubaker, Matt Feltrop, Rick Lawson + Best Turner to attend.

Requested by Debbie Cochrane Date: 8/19/09

Print Name Debbie Cochrane Title: Sr Admin Asst.

Sr. VP Approval [Signature] Date: \_\_\_\_\_  
(Signature)

**INFOCISION MANAGEMENT CORP. PAC**

325 SPRINGSIDE DR.  
AKRON, OH 44333

06-04

OK. Bev Thompson

1024

6-103/410  
57071

DATE 08-20-09

PAY TO THE ORDER OF ATA \$ 600.00

Six hundred dollars and 00/100 - - - - - DOLLARS



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

FOR \_\_\_\_\_

[Signature] MP

29030163957

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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  
*10/5/07*  
 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

*Jm W*  
 PREPARER

*10/6/07*  
 DATE PREPARED

29030163958