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January 26, 2011

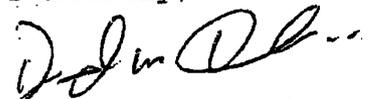
Federal Election Commission
Attn: Deborah Chacona
999 E. Street NW
Washington, DC 20463

Re: Identification number: C00407098

Dear Deborah:

The late filing of the post general report resulted as an over site. Attached is the report for your records.

Sincerely,



David M. Hamrick

DMH/ksc

11030552963



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

December 20, 2010

RQ-7

FORREST THOMPSON, TREASURER
INFOCISION MANAGEMENT CORPORATION PAC
325 SPRINGSIDE DRIVE
AKRON, OH 44333

IDENTIFICATION NUMBER: C00407098

REFERENCE: POST-GENERAL REPORT 10/1/2010 - 11/22/2010

DEAR TREASURER:

IT HAS COME TO THE ATTENTION OF THE FEDERAL ELECTION COMMISSION THAT YOU MAY HAVE FAILED TO FILE THE ABOVE REFERENCED REPORT OF RECEIPTS AND EXPENDITURES AS REQUIRED BY THE FEDERAL ELECTION CAMPAIGN ACT, AS AMENDED.

IT IS IMPORTANT THAT YOU FILE THIS REPORT IMMEDIATELY WITH THE FEDERAL ELECTION COMMISSION, 999 E. STREET, N.W., WASHINGTON, D.C., 20463. PLEASE NOTE THAT ELECTRONIC FILERS MUST SUBMIT THEIR REPORTS ELECTRONICALLY, AS PER 11 CFR §104.18. A COPY OF THE REPORT OR RELEVANT PORTIONS MUST ALSO BE FILED WITH THE SECRETARY OF THE STATE OR EQUIVALENT STATE OFFICER UNLESS THE STATE IS EXEMPT FROM THE FEDERAL REQUIREMENT TO RECEIVE AND MAINTAIN PAPER COPIES. YOU CAN VERIFY THE COMMISSION'S RECEIPT OF ANY DOCUMENTS SUBMITTED BY YOUR COMMITTEE ON THE FEC WEBSITE AT WWW.FEC.GOV.

THE FAILURE TO TIMELY FILE THIS REPORT MAY RESULT IN CIVIL MONEY PENALTIES, AN AUDIT OR LEGAL ENFORCEMENT ACTION. THE CIVIL MONEY PENALTY CALCULATION FOR LATE REPORTS DOES NOT INCLUDE A GRACE PERIOD AND BEGINS ON THE DAY FOLLOWING THE DUE DATE FOR THE REPORT. DUE TO HEIGHTENED SECURITY SCREENING MEASURES, DELIVERY OF MAIL BY THE US POSTAL SERVICE MAY BE DELAYED. THE COMMISSION RECOMMENDS THAT YOU SUBMIT YOUR REPORT VIA OVERNIGHT DELIVERY OR COURIER SERVICE.

IF YOU HAVE ANY QUESTIONS REGARDING THIS MATTER, PLEASE CONTACT SARI PICKERALL AT OUR TOLL FREE NUMBER (800)424-9530. OUR DIRECT LOCAL NUMBER IS (202)694-1130.

SINCERELY,

Debbie Chacona

DEBBIE CHACONA
ASSISTANT STAFF DIRECTOR
REPORTS ANALYSIS DIVISION (RAD)

11030552964

RECEIVED

2011 JAN 27 AM 11:39

FEC MAIL CENTER

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

10 01 2010 through 11 22 2010

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

[Handwritten Signature]

Date

01 25 2011

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

Office Use Only

FEC FORM 3X Rev. 12/2004

11030552965

**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:

10 / 01 / 2010

To:

11 / 22 / 2010

**COLUMN A
This Period**

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

6. (a) Cash on Hand January 1, 2010	2010	10,419.54
(b) Cash on Hand at Beginning of Reporting Period.....	9,632.63	
(c) Total Receipts (from Line 19)	420.00	2,774.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	10,052.63	13,193.54
7. Total Disbursements (from Line 31)		3,140.91
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	10,052.63	10,052.63
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-	

11030552966



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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
of Receipts**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

InfoCision Management Corporation PAC

Report Covering the Period: From: 10 / 01 / 2010 To: 11 / 22 / 2010

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).....

420.00

2,774.00

(ii) Unitemized.....

-0-

-0-

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

420.00

2,774.00

(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).....▶

420.00

2,774.00

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)).....▶

420.00

2,774.00

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

-0-

-0-

11030552967

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	-0-	-0-
(ii) Non-Federal Share	-0-	-0-
(b) Other Federal Operating Expenditures	-0-	-0-
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	-0-	-0-
22. Transfers to Affiliated/Other Party Committees	-0-	-0-
23. Contributions to Federal Candidates/Committees and Other Political Committees	-0-	3,140.91
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)) ..	-0-	3,140.91
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Lines 30(a)(ii) from Line 31)	-0-	-0-

11030552958

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)	420.00	2,774.00
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-

11030552969

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

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

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 0-0-4-0-7-0-9-8
 Name of Employer Occupation
InfoCision Management Corp. Sr. VP
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date
1,200.00

Date of Receipt
 11 / 22 / 2010
 Amount of Each Receipt this Period
200.00

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 0-0-4-0-7-0-9-8
 Name of Employer Occupation
InfoCision Management Corp. Account Executive
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date
480.00

Date of Receipt
 11 / 22 / 2010
 Amount of Each Receipt this Period
80.00

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 0-0-4-0-7-0-9-8
 Name of Employer Occupation
InfoCision Management Corp. Director Fulfillment Operations
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date
-0-

Date of Receipt
 11 / 22 / 2010
 Amount of Each Receipt this Period
-0-

SUBTOTAL of Receipts This Page (optional)..... 280.00
 TOTAL This Period (last page this line number only).....

11030552970

**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"/> 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. 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 ▼

240.00

Date of Receipt

11 / 22 / 2010

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Kingsburg, Fred

Mailing Address

1309 Perry Drive NW

City

Canton

State

OH

Zip Code

44708

FEC ID number of contributing federal political committee.

C 00407098

Name of Employer

InfoCision Management Corp.

Occupation

Sr. Program Supervisor

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 22 / 2010

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Sun, Roy

Mailing Address

1227 Meadow Run

City

Copley

State

OH

Zip Code

44321

FEC ID number of contributing federal political committee.

C 00407098

Name of Employer

InfoCision Management Corp.

Occupation

Application Developer

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

48.00

Date of Receipt

11 / 22 / 2010

Amount of Each Receipt this Period

8.00

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

88.00

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

11030552971

**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	

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. Bennington, Lois

Mailing Address

7447 Jimmie Street SW

City

Massillon

State

OH

Zip Code

44646

FEC ID number of contributing federal political committee.

C 0-0407-098

Name of Employer

InfoCision Management Corp.

Occupation

Sr. Data Analyst

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

120.00

Date of Receipt

11 / 22 / 2010

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Rothrock, Diane

Mailing Address

641 Hampton Ridge Drive

City

Akron

State

OH

Zip Code

44313

FEC ID number of contributing federal political committee.

C 0-0407-098

Name of Employer

InfoCision Management Corp.

Occupation

Executive Assistant

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

120.00

Date of Receipt

11 / 22 / 2010

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Parker, Tina

Mailing Address

3475 Breeze Knoll Drive

City

Youngstown

State

OH

Zip Code

44505

FEC ID number of contributing federal political committee.

C 0-0407-098

Name of Employer

InfoCision Management Corp.

Occupation

Call Center Manager

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

72.00

Date of Receipt

11 / 22 / 2010

Amount of Each Receipt this Period

12.00

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

52.00

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

11030352972

**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

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

11030552973

Full Name (Last, First, Middle Initial) A. Johnson, Irvin W			Date of Receipt 11 22 2010	
Mailing Address 1405 Bellows Street				
City Akron	State OH	Zip Code 44301	Amount of Each Receipt this Period -0-	
FEC ID number of contributing federal political committee. C 0-0407098				
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 ▼ 54.00		

Full Name (Last, First, Middle Initial) B.			Date of Receipt	
Mailing Address				
City	State	Zip Code	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. C				
Name of Employer		Occupation		
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.			Date of Receipt	
Mailing Address				
City	State	Zip Code	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. C				
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).....	2,774.00
TOTAL This Period (last page this line number only).....	

**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.

Date of Disbursement

Mailing Address

MM	DD	YYYY
----	----	------

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:

Amount

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

Mailing Address

MM	DD	YYYY
----	----	------

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:

Amount

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

MM	DD	YYYY
----	----	------

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:

Amount

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

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

Amount
Amount

11030552974

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:
		% (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.

11030552975

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	

11030552976

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
InfoCision Management Corporation PAC

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

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

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

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

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

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

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

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**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		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/Type	Office Sought:	State: _____ District: _____
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		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/Type	Office Sought:	State: _____ District: _____
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 _____

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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

PAGE **OF**

NAME OF COMMITTEE (In Full)
InfoCision Management Corporation PAC

RATIOS FOR ALLCABLE 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 <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 % <hr style="border: 1px solid black;"/> 0 %	NONFEDERAL % <hr style="border: 1px solid black;"/> 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 % <hr style="border: 1px solid black;"/> 0 %	NONFEDERAL % <hr style="border: 1px solid black;"/> 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 % <hr style="border: 1px solid black;"/> 0 %	NONFEDERAL % <hr style="border: 1px solid black;"/> 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 % <hr style="border: 1px solid black;"/> 0 %	NONFEDERAL % <hr style="border: 1px solid black;"/> 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 % <hr style="border: 1px solid black;"/> 0 %	NONFEDERAL % <hr style="border: 1px solid black;"/> 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 % <hr style="border: 1px solid black;"/> 0 %	NONFEDERAL % <hr style="border: 1px solid black;"/> 0 %
--	---	--

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

PAGE OF
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)
 InfoCision Management Corporation PAC

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative		-0-
ii) Generic Voter Drive		-0-
iii) Exempt Activities		-0-
iv) Direct Fundraising (List Activity or Event Identifier)		
a) _____		-0-
b) _____		-0-
c) Total Amount Transferred For Direct Fundraising		-0-
v) Direct Candidate Support (List Activity or Event Identifier)		
a) _____		-0-
b) _____		-0-
c) Total Amount Transferred For Direct Candidate Support		-0-
vi) Public Communications Referring Only to Party (Made by PAC)		-0-

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

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

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

NAME OF COMMITTEE (If 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: _____			<input type="checkbox"/> Administrative <input type="checkbox"/> Voter Drive <input type="checkbox"/> Public Comm (ref to party only) by PAC	Allocated Activity or Event: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Direct Candidate Support Allocated Activity or Event Year-To-Date _____ Date: _____ / _____ / _____
FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
_____		_____		_____ -0-

B. Full Name (Last, First, Middle Initial) _____ Mailing Address _____ City State Zip Code _____ Purpose of Disbursement: _____ Activity or Event Identifier: _____			<input type="checkbox"/> Administrative <input type="checkbox"/> Voter Drive <input type="checkbox"/> Public Comm (ref to party only) by PAC	Allocated Activity or Event: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Direct Candidate Support 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: _____			<input type="checkbox"/> Administrative <input type="checkbox"/> Voter Drive <input type="checkbox"/> Public Comm (ref to party only) by PAC	Allocated Activity or Event: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Direct Candidate Support 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
_____		_____		_____

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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-

11030552984

**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:
 Voter Registration GOTV
 Voter ID Generic Campaign

Mailing Address
 Allocated Activity or Event Year-To-Date

City State Zip Code Category/Type
 Purpose of Disbursement Date

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT
 -0-

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

Mailing Address
 Allocated Activity or Event Year-To-Date

City State Zip Code Category/Type
 Purpose of Disbursement Date

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

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

Mailing Address
 Allocated Activity or Event Year-To-Date

City State Zip Code Category/Type
 Purpose of Disbursement Date

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

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

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	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-

**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

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-

11030552987

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 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

MM / DD / YYYY

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

MM / DD / YYYY

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

MM / DD / YYYY

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

MM / DD / YYYY

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

MM / DD / YYYY

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-

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Month	Donor	Amt
Oct	Lois Bennington	10.00
Oct	Steve Brubaker	100.00
Oct	Wayne Campbell	20.00
Oct	Nina Hoffman	-
Oct	Irvin W Johnson	-
Oct	Fred Kingsbury	20.00
Oct	Tina Parker	6.00
Oct	Diane Rothrock	10.00
Oct	Roy Sun	4.00
Oct	Andrew L Talabac	40.00
Nov	Lois Bennington	10.00
Nov	Steve Brubaker	100.00
Nov	Wayne Campbell	20.00
Nov	Nina Hoffman	-
Nov	Irvin W Johnson	-
Nov	Fred Kingsbury	20.00
Nov	Tina Parker	6.00
Nov	Diane Rothrock	10.00
Nov	Roy Sun	4.00
Nov	Andrew L Talabac	40.00
Total		420.00

InfoCision PAC Filing - Post 2010
Employee Contribution Summary

Sum of Amt Donor	Month		Grand Total
	Oct	Nov	
Lois Bennington	10.00	10.00	20.00
Steve Brubaker	100.00	100.00	200.00
Wayne Campbell	20.00	20.00	40.00
Nina Hoffman	-	-	-
Irvin W Johnson	-	-	-
Fred Kingsbury	20.00	20.00	40.00
Tina Parker	6.00	6.00	12.00
Diane Rothrock	10.00	10.00	20.00
Roy Sun	4.00	4.00	8.00
Andrew L Talabac	40.00	40.00	80.00
Grand Total	210.00	210.00	420.00

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
1/26/2011
 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

PREPARER **PY** DATE PREPARED
1/27/2011

11030552090