

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

InfoCision Management Corporation PAC

Report Covering the Period: From: / / To: / /

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|--|--|
| 6. (a) Cash on Hand January 1, <input type="text" value="2009"/> | <input type="text" value="1,412.754"/> | <input type="text" value="1,412.754"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="1,412.754"/> | |
| (c) Total Receipts (from Line 19)..... | <input type="text" value="881.00"/> | <input type="text" value="881.00"/> |
| (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="1,500.854"/> | <input type="text" value="1,500.854"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="150.00"/> | <input type="text" value="150.00"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="1,485.854"/> | <input type="text" value="1,485.854"/> |
| 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

29030061990

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: 01 / 01 / 2009 To: 03 / 31 / 2009

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

| | | |
|---|----------|----------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 8,810.00 | 8,810.00 |
| (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).....▶ | 8,810.00 | 8,810.00 |
| 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)).....▶ | 8,810.00 | 8,810.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | -0- | -0- |

29030061991

**DETAILED SUMMARY PAGE
of Disbursements**

| 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..... | 1,500.00 | 1,500.00 |
| 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)).. | 1,500.00 | 1,500.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | -0- | -0- |

29030061992

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) | 8 8 1 0 0 | 8 8 1 0 0 |
| 34. Total Contribution Refunds (from Line 28(d)) | - 0 - | - 0 - |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | | |
| 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 - |

29030061993

**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"/> | 15 |
| <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | 12 |
| <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | 16 |
| <input type="checkbox"/> | | <input type="checkbox"/> | | <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 | | Date of Receipt 03 / 31 / 2009 | |
| Mailing Address 6603 Valleyvista Drive | | Amount of Each Receipt this Period 7,000.00 | |
| 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 7,000.00 | |
| Full Name (Last, First, Middle Initial) B. Kingsburg, Fred | | Date of Receipt 03 / 31 / 2009 | |
| Mailing Address 1309 Perry Drive NW | | Amount of Each Receipt this Period 7,000.00 | |
| 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 7,000.00 | |
| Full Name (Last, First, Middle Initial) C. Sun, Roy | | Date of Receipt 03 / 31 / 2009 | |
| Mailing Address 1227 Meadow Run | | Amount of Each Receipt this Period 1,400.00 | |
| 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1,400.00 | |
| SUBTOTAL of Receipts This Page (optional).....▶ | | 15,400.00 | |
| TOTAL This Period (last page this line number only).....▶ | | | |

29030061995

**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 |

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NAME OF COMMITTEE (In Full)
InfoCision Management Corporation PAC

| | | |
|---|--------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Bennington, Lois | | Date of Receipt 03 / 31 / 2009 |
| Mailing Address 7447 Jimmie Street SW City: Massillon State: OH Zip Code: 44646 | | Amount of Each Receipt this Period 350.00 |
| FEC ID number of contributing federal political committee. C 00407098 | | |
| Name of Employer InfoCision Management Corp. | Occupation Sr. Data Analyst | Aggregate Year-to-Date 350.00 |
| 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. Rothrock, Diane | | Date of Receipt 03 / 31 / 2009 |
| Mailing Address 641 Hampton Ridge Drive City: Akron State: OH Zip Code: 44313 | | Amount of Each Receipt this Period 350.00 |
| FEC ID number of contributing federal political committee. C 00407098 | | |
| Name of Employer InfoCision Management Corp. | Occupation Executive Assistant | Aggregate Year-to-Date 350.00 |
| 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. Parker, Tina | | Date of Receipt 03 / 31 / 2009 |
| Mailing Address 3475 Breeze Knoll Drive City: Youngstown State: OH Zip Code: 44505 | | Amount of Each Receipt this Period 210.00 |
| FEC ID number of contributing federal political committee. C 00407098 | | |
| Name of Employer InfoCision Management Corp. | Occupation Call Center Manager | Aggregate Year-to-Date 210.00 |
| 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).....▶ | 910.00 |
| TOTAL This Period (last page this line number only).....▶ | |

29030061996

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

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NAME OF COMMITTEE (In Full)
InfoCision Management Corporation PAC

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

Mailing Address
3098 Creekview Drive

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

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 ▼ **600**

Date of Receipt
03 / 31 / 2009

Amount of Each Receipt this Period
600

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

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

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

| | |
|---|--------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 600 |
| TOTAL This Period (last page this line number only).....▶ | 88100 |

29030061997

**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

MM/DD/YYYY
02/17/2009

A.

Mailing Address

ATA PAC

City State Zip Code

3815 River Crossing Parkway, Suite 20

Purpose of Disbursement

Indianapolis, IN 46240

Candidate Name

Contribution

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

011
Category/
Type

Amount of Each Disbursement this Period

15000

B.

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM/DD/YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM/DD/YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period

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

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

15000

15000

29030061998

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full)
InfoCision Management Corporation PAC

| | |
|---|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) | Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address | |
| City State ZIP Code | |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| | | |

TERMS

| | | | |
|---------------|----------|---------------|--|
| Date Incurred | Date Due | Interest Rate | Secured: |
| | | % (apr) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

| | |
|--|--------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |

| | |
|--|-----|
| SUBTOTALS This Period This Page (optional).....▶ | -0- |
| TOTALS This Period (last page in this line only).....▶ | -0- |

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

29030061999

SCHEDULE C-1 (FEC Form 3X)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for
 information found on
 Page _____ of Schedule C

| | | | |
|--|------------------------------|--|--|
| NAME OF COMMITTEE (In Full) InfoCision Management Corporation PAC | | FEC IDENTIFICATION NUMBER C | |
| LENDING INSTITUTION (LENDER) Full Name | Amount of Loan =0= | Interest Rate (APR) % | |
| Mailing Address | Date Incurred or Established | | |
| City State Zip Code | Date Due | | |
| A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes | | If yes, date originally incurred | |
| B. If line of credit, Amount of this Draw: | | Total Outstanding Balance: | |
| C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.) | | | |
| D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, specify: _____ | | What is the value of this collateral? _____ Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____ | | What is the estimated value? _____ | |
| A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: _____ | | Location of account: Address: City, State, Zip: _____ | |
| F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment. | | | |
| G. COMMITTEE TREASURER Typed Name Signature | | DATE _____ | |
| H. Attach a signed copy of the loan agreement. | | | |
| I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan. | | | |
| AUTHORIZED REPRESENTATIVE Typed Name Signature | | DATE _____ | |
| Title | | | |

29050062000

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- |

29030062001

**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 M M / D D / Y Y Y Y |
| Mailing Address | Amount D D D D . C C C C |
| City State Zip Code | |

| | | | |
|--|---------------|---|---------------------------------|
| Purpose of Expenditure | Category/Type | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | 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 M M / D D / Y Y Y Y |
| Mailing Address | Amount D D D D . C C C C |
| City State Zip Code | |

| | | | |
|--|---------------|---|---------------------------------|
| Purpose of Expenditure | Category/Type | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | 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 | D D D D . C C C C |
| (b) SUBTOTAL of Unitemized Independent Expenditures | D D D D . C C C C |
| (c) TOTAL Independent Expenditures | D D D D . C C C C |

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 M M / D D / Y Y Y Y

29030062002

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))

(To be used only by Political Committees in the General Election)

PAGE OF
 FOR LINE 25 OF FORM 3X

Check if
 24-hour notice

| | |
|--|--|
| NAME OF COMMITTEE (In Full) InfoCision Management Corporation PAC | |
| Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee: | Full Name of Subordinate Committee Mailing Address City State ZIP Code |

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

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

29030062003

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

29030062004

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.

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

29030062005

**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 |
|-----------------|-----------------|--------------------------|
| | MM / DD / YYYY | |

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- |

29030062006

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

NAME OF COMMITTEE (In Full)

InfoCision Management Corporation PAC

| | | | |
|--|-------|---|--|
| A. Full Name (Last, First, Middle Initial) | | Allocated Activity or Event: | |
| Mailing Address | | <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | |
| City | State | Zip Code | Allocated Activity or Event Year-To-Date |
| Purpose of Disbursement: | | Category/ Type | Date |
| Activity or Event Identifier: | | | MM / DD / YYYY |
| FEDERAL SHARE | + | NONFEDERAL SHARE | = TOTAL AMOUNT |
| - | | | -0- |

| | | | |
|--|-------|---|--|
| B. Full Name (Last, First, Middle Initial) | | Allocated Activity or Event: | |
| Mailing Address | | <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | |
| City | State | Zip Code | Allocated Activity or Event Year-To-Date |
| Purpose of Disbursement: | | Category/ Type | Date |
| Activity or Event Identifier: | | | MM / DD / YYYY |
| FEDERAL SHARE | + | NONFEDERAL SHARE | = TOTAL AMOUNT |
| - | | | |

| | | | |
|--|-------|---|--|
| C. Full Name (Last, First, Middle Initial) | | Allocated Activity or Event: | |
| Mailing Address | | <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | |
| City | State | Zip Code | Allocated Activity or Event Year-To-Date |
| Purpose of Disbursement: | | Category/ Type | Date |
| Activity or Event Identifier: | | | MM / DD / YYYY |
| 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 |
| - | | |

29030062007

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)

NAME OF COMMITTEE (In Full)

InfoCision Management Corporation PAC

| NAME OF ACCOUNT | DATE OF RECEIPT | TOTAL AMOUNT TRANSFERRED |
|-----------------|-----------------|--------------------------|
| | MM / DD / YYYY | |

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 |
|-----------------|-----------------|--------------------------|
| | MM / DD / YYYY | |

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- |

29030062008

**SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**
(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)
InfoCision Management Corporation PAC

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

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

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

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

29030062009

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- |

29030062010

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

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

PAGE OF

FOR LINE NUMBER:
 (check only one) 1a 2

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

NAME OF COMMITTEE (In Full)

InfoCision Management Corporation PAC

| | |
|--|--|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) / Full Organization Name</p> | <p>Date of Receipt</p> <p>MM / DD / YYYY</p> |
| <p>Mailing Address</p> | <p>Amount of Each Receipt this Period</p> <p>_____</p> |
| <p>City State Zip Code</p> | <p>Aggregate Year-to-Date</p> <p>_____</p> |
| <p>Name of Employer or Principal Place of Business</p> | |
| <p>Occupation</p> | |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) / Full Organization Name</p> | <p>Date of Receipt</p> <p>MM / DD / YYYY</p> |
| <p>Mailing Address</p> | <p>Amount of Each Receipt this Period</p> <p>_____</p> |
| <p>City State Zip Code</p> | <p>Aggregate Year-to-Date</p> <p>_____</p> |
| <p>Name of Employer or Principal Place of Business</p> | |
| <p>Occupation</p> | |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) / Full Organization Name</p> | <p>Date of Receipt</p> <p>MM / DD / YYYY</p> |
| <p>Mailing Address</p> | <p>Amount of Each Receipt this Period</p> <p>_____</p> |
| <p>City State Zip Code</p> | <p>Aggregate Year-to-Date</p> <p>_____</p> |
| <p>Name of Employer or Principal Place of Business</p> | |
| <p>Occupation</p> | |
| <p>D.</p> <p>Full Name (Last, First, Middle Initial) / Full Organization Name</p> | <p>Date of Receipt</p> <p>MM / DD / YYYY</p> |
| <p>Mailing Address</p> | <p>Amount of Each Receipt this Period</p> <p>_____</p> |
| <p>City State Zip Code</p> | <p>Aggregate Year-to-Date</p> <p>_____</p> |
| <p>Name of Employer or Principal Place of Business</p> | |
| <p>Occupation</p> | |
| <p>SUBTOTAL of Receipts This Page (optional).....▶</p> | <p>_____ -0-</p> |
| <p>TOTAL This Period (last page this line number only).....▶</p> | <p>_____ -0-</p> |

29030062011

**SCHEDULE L-B (FEC Form 3X)
ITEMIZED DISBURSEMENTS
OF LEVIN FUNDS**

| | | | |
|--|--|--|----------------------------|
| Use separate schedule(s) for each category of the Aggregation Page | FOR LINE NUMBER: (check only one) | PAGE | OF |
| | <input type="checkbox"/> 4a <input type="checkbox"/> 4b | <input type="checkbox"/> 4c <input type="checkbox"/> 4d | <input type="checkbox"/> 5 |

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 Disbursement |
| Mailing Address | <input type="text"/> |
| City State Zip Code | Amount of Each Disbursement this Period |
| Purpose of Disbursement | <input type="text"/> |

| | |
|---|---|
| B. Full Name (Last, First, Middle Initial) / Full Organization Name | Date of Disbursement |
| Mailing Address | <input type="text"/> |
| City State Zip Code | Amount of Each Disbursement this Period |
| Purpose of Disbursement | <input type="text"/> |

| | |
|---|---|
| C. Full Name (Last, First, Middle Initial) / Full Organization Name | Date of Disbursement |
| Mailing Address | <input type="text"/> |
| City State Zip Code | Amount of Each Disbursement this Period |
| Purpose of Disbursement | <input type="text"/> |

| | |
|---|---|
| D. Full Name (Last, First, Middle Initial) / Full Organization Name | Date of Disbursement |
| Mailing Address | <input type="text"/> |
| City State Zip Code | Amount of Each Disbursement this Period |
| Purpose of Disbursement | <input type="text"/> |

| | |
|---|---|
| E. Full Name (Last, First, Middle Initial) / Full Organization Name | Date of Disbursement |
| Mailing Address | <input type="text"/> |
| City State Zip Code | Amount of Each Disbursement this Period |
| Purpose of Disbursement | <input type="text"/> |

| | |
|--|--------------------------------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | <input type="text" value="0"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text" value="0"/> |

29030062012

| Month | Deposit | Donor | Amt |
|----------|-----------|------------------|--------|
| January | 1/13/2009 | Lois Bennington | 10.00 |
| January | 1/13/2009 | Steve Brubaker | 100.00 |
| January | 1/13/2009 | Wayne Campbell | 20.00 |
| January | 1/13/2009 | Nina Hoffman | 40.00 |
| January | 1/13/2009 | Fred Kingsbury | 20.00 |
| January | 1/13/2009 | Frank Nikic | 4.00 |
| January | 1/13/2009 | Tina Parker | 6.00 |
| January | 1/13/2009 | Diane Rothrock | 10.00 |
| January | 1/13/2009 | Roy Sun | 4.00 |
| January | 1/13/2009 | Andrew L Talabac | 40.00 |
| February | 2/17/2009 | Lois Bennington | 15.00 |
| February | 2/17/2009 | Steve Brubaker | 150.00 |
| February | 2/17/2009 | Wayne Campbell | 30.00 |
| February | 2/17/2009 | Nina Hoffman | 60.00 |
| February | 2/17/2009 | Fred Kingsbury | 30.00 |
| February | 2/17/2009 | Frank Nikic | 2.00 |
| February | 2/17/2009 | Tina Parker | 9.00 |
| February | 2/17/2009 | Diane Rothrock | 15.00 |
| February | 2/17/2009 | Roy Sun | 6.00 |
| February | 2/17/2009 | Andrew L Talabac | 60.00 |
| March | 3/4/2009 | Lois Bennington | 10.00 |
| March | 3/4/2009 | Steve Brubaker | 100.00 |
| March | 3/4/2009 | Wayne Campbell | 20.00 |
| March | 3/4/2009 | Nina Hoffman | 40.00 |
| March | 3/4/2009 | Fred Kingsbury | 20.00 |
| March | 3/4/2009 | Tina Parker | 6.00 |
| March | 3/4/2009 | Diane Rothrock | 10.00 |
| March | 3/4/2009 | Roy Sun | 4.00 |
| March | 3/4/2009 | Andrew L Talabac | 40.00 |
| | | | 881.00 |

InfoCision PAC Filing - Q1 2009
Employee Contribution Summary

| Sum of Amt | Month | | | Grand Total |
|------------------|---------|----------|--------|-------------|
| Donor | January | February | March | |
| 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 |
| Frank Nikic | 4.00 | 2.00 | | 6.00 |
| Roy Sun | 4.00 | 6.00 | 4.00 | 14.00 |
| Grand Total | 254.00 | 377.00 | 250.00 | 881.00 |

29030062013

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

06-04

1021

6-103/410
57071

DATE 02-11-09

PAY TO THE ORDER OF ATA Pac \$ 150.00

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



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

FOR _____

[Handwritten Signature]

MP

[Handwritten Signature: Debbie Cochran]

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GUARDING SAFETY

29030062014

InfoCision

THE highest quality call center company in the world!®

CHECK REQUEST

Date: 2/11/09

Requested by: Debbie Cochrane

Amount \$ 150.00

Department: Bill Corporate Affairs

Required When: 2/25/09

Mail Check: Yes No Send to Debbie Cochrane

Payable To: ATA PAC

Address: 3815 River Crossing Parkway, Suite 20

City: Indianapolis State: IN Zip: 46240

Contact: Keri Phone: (317) 811-9336

Reason for Check: For Steve Brubaker to attend ATA PAC event Monday, April 27, 2009 during ATA Washington Summit.

Requested by Debbie Cochrane Date: 2/11/09

Print Name Debbie Cochrane Title: Admin

Sr. VP Approval Attached Date: _____
(Signature)

Print Name _____ Title: _____

Accounting Use Only

Check No.: _____

Account Codes Amounts

Date: _____

Issued by: _____

29030062015

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
4/1/05
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

JmW *4/2/19*
 PREPARER DATE PREPARED

29030062016