8039734047

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS FEC

For Other Than An Authorized Committee

RECEIVED MAIL CENTER

FEC FORM 3X

Rev. 12/2004

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		·			. 2000	Office U	se Only
1.	NAME OF COMMITTEE (in fu	TYPE OR	PRINT ▼	Example: If ty over the lines		L2FE4M5	
H	ANSON F	ROFIESS	I,O,N,A,L	SERUIC	ES IN	C. PAC.	
L		1 1 1 1 1 1		1 	11111	<u> </u>	
ADI	DRESS (number and	street) [1516	75 SOUT	#, STXT	ith St.		لىسىس
L	Check if differ than previousl reported. (ACC	Y KOO	ING FIZE	Lo	<u> </u>	T4 1627	203-[
2.	FEC IDENTIFICA	TION NUMBER 1	7 CI1	YA	S ⁻	TATE A	ZIP CODE A
	C 004.0	6124	•	S THIS REPORT	NEW (N) OR	AMENDED (A)	
4.	TYPE OF REPO (Choose One) (a) Quarterly Repo	Re Du	eport L	20 (M2) X	May 20 (M5) Jun 20 (M6)	Aug 20 (M8) Sep 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
	July 15 Quarterly October 1 Quarterly January 3 Year-End	Report (Q3) I1 Report (YE)	<u> </u>	اسميارا	Jul 20 (M7) 12P) on (12C)	Oct 20 (M10) General (12G) Special (12S)	Jan 31 (YE) Runoff (12R) in the State of
	Year Only	ion-election	POST-Election Report for the:	General on on		Runoff (30R)	Special (30S) in the State of
	Covering Period ertify that I have ex	amined this Report	and to the best of $\mathcal{T}_{\mathcal{O}}$	f my knowledge a	- Incomplete	e, correct and comple	∆ 8 ete.
	gnature of Treasurer OTE: Submission of f	0	ncomplete informati	on may subject the		ate OS / D	19 / 20.0.8 dies of 2 U.S.C. §437g.

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Use

Only

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

28039734048

Page 2

		SSIONAL SEXVICES I	Man / Dan / Asisisi
Re	port Covering the Period: From:	COLUMN A	COLUMN B
6.	(a) Cash on Hand January 1,	This Period	Calendar Year-to-Date 4.95000
	(b) Cash on Hand at Beginning of Reporting Period	1315000	
	(c) Total Receipts (from Line 19)	5,00,00	1250000
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1365000	1745000
— 7.	Total Disbursements (from Line 31)	143500	523500
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1,2,215,00	1,2215,00
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	D	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0	
	This committee has qualified as a mult	ticandidate 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

FEC Form 3X (Rev. 02/2003)

DETAILED SUMMARY PAGE

of Receipts

Page 3

8039734049

Write or Type Committee Name HANSON Professional Services INC PAC

Rep	ort Covering the Period: From:	′ <mark>0.1 ′ 20.0.8 </mark>	04 30 20.08
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. C	Contributions (other than loans) From: a) Individuals/Persons Other Than Political Committees	50000	1250000
	(i) Itemized (use Schedule A) (ii) Unitemized	3,0,0,0,0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	50,0,00	12500,00
Ò	b) Political Party Committees		
	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) Transfers From Affiliated/Other Party Committees	500.0p	1250000
13. /	All Loans Received		
15. (16.) 17.	Loan Repayments Received		
	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	50,0,00	12,5.0.000
•	(subtract Line 18(c) from Line 19)	5.00.0.0	12500.00

DETAILED SUMMARY PAGE

of Disbursements FEC Form 3X (Rev. 02/2003) Page 4 **COLUMN A COLUMN B** II. Disbursements **Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) Federal Share (ii) Non-Federal Share..... (b) Other Federal Operating Expenditures (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶ 22. Transfers to Affiliated/Other Party Committees......Contributions to Federal Candidates/Committees and Other Political Committees..... 24. Independent Expenditures 26. Loan Repayments Made..... Individuals/Persons Other
Than Political Committees (b) Political Party Committees Other Political Committees (such as PACs)..... (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..........▶ 29. Other Disbursements 30. Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share (ii) "Levin" Share (b) Federal Election Activity Paid Entirely With Federal Funds..... (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... ▶ 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements

(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... (subtract Line 37 from Line 36)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5 **COLUMN A** COLUMN B III. Net Contributions/Operating Ex-**Total This Period** penditures Calendar Year-to-Date 33. Total Contributions (other than loans) (from Line 11(d), page 3) 34. Total Contribution Refunds (from Line 28(d))..... 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)) 37. Offsets to Operating Expenditures (from Line 15, page 3) 38. Net Operating Expenditures

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE Use separate schedule(s) (check only one) for each category of the 11a 11b 11c **Detailed Summary Page** 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) SERVICES INC Professional Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address Stonewall Zip Code State $\mathcal{L}\mathcal{U}$ ING WOOD Amount of Each Receipt this Period FEC ID number of contributing 500<u>0</u>0 federal political committee. Occupation Name of Employer HANSON Professional Services SR. UP - ENGINEER Receipt For: Aggregate Year-to-Date ▼ **Primary** General 500,00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address Zip Code City State Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Occupation Name of Employer Receipt For: Aggregate Year-to-Date ▼ General . **Primary** Other (specify) ▼ Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address State Zip Code City Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ General **Primary** Other (specify) SUBTOTAL of Receipts This Page (optional).....

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

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SCHEDULE	В	(FEC	Form	3X)
ITEMIZED D	ISE	URSE	MENT	S

TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	[FAGE / OF 23	- / - 7 26
	Detailed Summary Page	27	28a	28b 28c 29	30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the name	ents may not be sold or used e and address of any political	t by any perso committee to	n for the purp solicit contribu	oose of soliciting contribution utions from such committee.	S
NAME OF COMMITTEE (In Full)					
HANSON PROT	ESSIONAL	Serci	uces	INC PAC	
Full Name (Last, First, Middle Initial)	_		Date of Dis	bursement	
Costello tok Col			[[]] /		1
Mailing Address Garden Bl	rd		04	23 2008	
City Belleville I	State Zip Code こし	2			
Purpose of Disbursement Political Contribution for fe		Annual Property of the Party of	Amount of	Each Disbursement this Peri	iod
Candidate Name	SIGLED CHINAIRE	O \ \ Category/	Amount of	Sandandan familiar de la company	
Jerry Costello		Type		10000	0
Office Sought: House Disbursen	nent For: Primary X General				
President	Other (specify)				
State: IL District: (2					
Full Name (Last, First, Middle Initial) B.			Date of Dis	sbursement	
Schock for CON	ress			PPD / Caverar	7
Mailing Address Box 10555			04	2008	
Peoria =	State Zip Code				
Purpose of Disbursement Dolitical Contribution for fe	المحادث المعالم	0 ()	Amount of	Each Disbursement this Per	ind
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Aaron Schools	<u> </u>	Type	L	2500	<u>و</u>
Office Sought: House Disburser Senate	nent For: Primary General				
President	Other (specify)				
State: District: 8			· · · · · · · · · · · · · · · · · · ·		
Full Name (Last, First, Middle Initial) C.			Date of Dis	sbursement	
ACEC PAC					1
Malling Address 15th Street		1F 4	04	<u> </u>	
WAShington DC	State Zip Code	-2605			
Purpose of Disbursement		Indiana in the second			
Contribution to PAC to supple	ort tederal	01.1	Amount of	Each Disbursement this Per	riod
Candidate Name N/ A-		Category/ Type		1850	7
Office Sought: House Disburse	ment For:	-75-	مراجد اجبدا		
Senate President	Primary General				
State: District:	Other (specify)				
SUBTOTAL of Disbursements This Page (optional)	•••••			1.4350	20
TOTAL This Period (last page this line number only)	······ •		1.4.35.0	0.0

SC	CHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE / OF /						OF /	
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the		c <u>hec</u> k	only o	ly one)				
		Detailed Summary Page			21b 27	22 28a	23 28b	24 28c	25 29	26 30b
An	y information copied from such Reports and Statem for commercial purposes, other than using the nam	nents may not be sold or use and address of any political	ed by al cor	any mmitt	person	n for the solicit cor	purpose ntribution	of solicities from su	ng contribi	utions Itee.
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Α.	Full Name (Last, First, Middle Initial)					Date of	f Disburs	ement		
A.						Filtry			~~~~	******
	Mailing Address					- Lucathern		<u>. </u>	том Гет Альг ³ йг том	e.c.
	City	State Zip Code								
	Purpose of Disbursement			and de		Amount	t of Eacl	n Disburse	ement this	Period
	Candidate Name			tegor Type	- mil			e pennegre senge. Sene milyer I h	•	
		Primary General					P - 102 - 102 - 102			eliczyka Przymode
7	State: District:	Other (specify) ▼								
<u>, </u>	Full Name (Last, First, Middle Initial)			-	一十					
) B.						Date of Disbursement			77	
· ·	Mailing Address					and and and and and				المحيث
ก็ อ	City	State Zip Code								
ν γ	Purpose of Disbursement					Amount of Each Disbursement this Peri			Period	
•	Candidate Name			tegor Type	y/		nguzanyani Marei Dan			
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	City State Zip Code									
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	Candidate Name	· · · · · · · · · · · · · · · · · · ·		tegor Type	y/	Airioun	TO EAC	ii Disbursi	silienit vils	POUG
	Office Sought: House Disburser			. , pe	\dashv	ميدالميد		denderd	 	
	Senate President	Primary General	-							٠.
	State: District:	Other (specify)			.			•		
Γ	SUBTOTAL of Disbursements This Page (optional)			·		T	-1		- Property	Ŋ
┢					<u> </u>	-		<u> الأساسط</u> وسيوسود	_اساب	7
l 1	OTAL This Period (last page this line number only)				>					

HEDULE C (FEC FORM 3X)	
DANS	Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE 13 OF FORM 3X
ME OF COMMITTEE (In Full)	<u> </u>
HANSON PROFESSIONAL	Sexuices INC PAC
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
	Primary General
Mailing Address	Other (specify)
City State ZIP Co	ode
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
TERMS	
Date Incurred Date Due	Interest Rate Secured: % (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	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.

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE / C
FOR LINE NUMBER:
(check only one)

_	_	
	9	
П	10	

IAME OF COMMITTEE (In Full)		
HANSON PROT	FESSIONAL SERVI	ices INC PAC
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Nature of Debt (Purpose):
Mailing Address		1
City State	Zip Code	4
Oily Cities		
Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
	Seen Seen Seen Seen Seen Seen Seen Seen	
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of Debt (Purpose):
	·	
Malling Address]
City State	Zip Code	-
Outstanding Balance Beginning This Period		·
	•	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
In the second se		
C. Full Name (Last, First, Middle Initial) of Debt	or or Creditor	Nature of Debt (Purpose):
Malling Address	·	·
City	State Zip Code	1
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Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
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2) TOTALS This Period (last page this line number	r only)	ℓ
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	0
4) ADD 2) and 3) and carry forward to appropriate	e line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

(Use separate schedule(s) for each

FOR LINE NUMBER: (check only one)

cluding Loans		r each . pered line)	(check only one)	
AME OF COMMITTEE (in Full)	 	 	·	<u></u>
HANSON PROFESSION	AL SER	VICES	TWO	PAC
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of D	ebt (Purpose):	
			•	
Mailing Address				•
City State Zip Code			. •	
2.0000	•			
Outstanding Balance Beginning This Period				
Amount Incurred This Period Payment Thi	is Period	Outstandi	ng Balance at Close	of This Period
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		Bronziliani čia		
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of D	ebt (Purpose):	
		•		
Mailing Address				
City State Zip Code				
Outstanding Balance Beginning This Period		<u> </u>		
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C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of D	ebt (Purpose):	
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2) TOTALS This Period (last page this line number only)		. pozeprost		
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	>			7
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page	(last page only)			, D

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.						
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USPS Express Mail	Postmarked					
Postmark Illegible						
No Postmark						
Overnight Delivery Service (Specify):	Shipping Date					
Next Business I	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):	eipt or Postmarked					
Invo	5/23/08					
(3/2005)	DATE PREPARED					