## 27039580096

**FEC** FORM 3X

> Use Only

FE5AN015

### REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

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1.	NAME O	F TEE (in full)	TYPE OR	PRIŅT ▼		mple: If ty r the lines.		12FE	4M5		
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	than	ck if different previously orted. (ACC)	لىنىـا 15. <i>P.R</i> .	ING FI	TE LO	<u> </u>	<del> - - - -</del>  - 	IZ.(J	1627	7.0.31_	
2.		ENTIFICATION N	<del></del>		CITY ▲	ll	<u></u>	STATE 4	:	ZIP COI	
	Co	04061	<u>۵</u> 4	3	. IS THIS REPORT	M	NEW (N) OR		AMENDED (A)		
4.	TYPE (	OF REPORT		oort L	Feb 20 (M2)		May 20 (M5)		Aug 20 (M8)	П	Nov 20 (M11) (Non-Election Year Only)
	(a) Qua	rterly Reports:	Due	On:	Mar 20 (M3)		Jun 20 (M6)		Sep 20 (M9)	X	Dec 20 (M12) (Non-Election Year Only)
		April 15			Apr 20 (M4)		Jul 20 (M7)		Oct 20 (M10)		Jan 31 (YE)
		Quarterly Report ( July 15	Q1) (c)	12-Day PRE-Election		Primary (1	12P)	Ge	neral (12G)		Runoff (12R)
		Quarterly Report ( October 15	Q2)	Report for th	Broad .	Conventio	n (12C)	Sp	ecial (12S)		
		Quarterly Report (	(Q3)		•	N · M	/ 6-0 /	7 2 7 1	7 7 7	in the	Samuel Second
		January 31 Year-End Report (	(YE)	EI	ection on					State of	f Landson
		July 31 Mid-Year Report (Non-elect Year Only) (MY)	ion (d)	30-Day POST-Election Report for the		General (	30G)	Ru	noff (30R)		Special (30S)
		Termination Report (TER)	rt	•	ection on	Mam	/ 0 0 /	<b></b>		in the State o	ıf [
5.	Covering	Period 7	7'0	7' 22	007	throug	h //	]′ [3	0 20	6.7	
	•	I have examined		<i>-</i> 11			nd belief it is to	rue, corre	ect and comple	ete.	
Тур	e or Prin	t Name of Treasu	rer	2 8/18	N Ke	um				<del></del>	
Sig	nature of	Treasurer	D.C	llen	Ken	V	<del></del>	Date	72'	20 '	2007
NO	TE: Subm	ission of false, erro	oneous, or in	complete inforr	mation may	subject the	person signing	this Repo	rt to the penal	ties of 2 l	U.S.C. §437g.
]		ffice Ise								C FOR Rev. 12/2	

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

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w	rite or Type Committee Name  HANSON PRofes	SSIONAL SERVICES I	NC PAC
R	eport Covering the Period: From:	7 ' 07 ' 2007 T	o: 77'30'3007
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1,  2007		<i>‡0000</i> 0
	(b) Cash on Hand at Beginning of Reporting Period	4.450.00	
	(c) Total Receipts (from Line 19)	00	117,00,00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	4450,00	157.00.00
7.	Total Disbursements (from Line 31)		11,250,00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	4450.00	4.450.00
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.0	
Ī.	This committee has qualified as a multi-	candidate 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

Write or Type Committee Name

HANSON	Professional	Sexuices	INC	PAC
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Rep	port Covering the Period: From:	7 07 2007 та	: 7.7 '30 '2007
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From:  (a) Individuals/Persons Other  Than Political Committees		
	(i) Itemized (use Schedule A)		1.1.7.0.0.00
	(ii) Unitemized		
	(iii) TOTAL (add	00	1/00000
	Lines 11(a)(i) and (ii)		1.1.7.00.00
	(b) Political Party Committees		
	(c) Other Political Committees		
	(such as PACs)		
	(d) Total Contributions (add Lines		
	11(a)(iii), (b), and (c)) (Carry		
	Totals to Line 33, page 5)▶		1.1.1.00.00
	Transfers From Affiliated/Other		
	Party Committees		
12	All Loans Received		
13.	All Loans Hoosysa		
14	Loan Repayments Received		
	Offsets To Operating Expenditures	to a street of the section of the se	
	(Refunds, Rebates, etc.)		
	(Carry Totals to Line 37, page 5)		
	Refunds of Contributions Made	the article of the solution of	
•	to Federal Candidates and Other		
	Political Committees		
17.	Other Federal Receipts		
	(Dividends, Interest, etc.)		
18.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account	Anna Santa San	
	(from Schedule H3)		
	and the second of the second o		
	(b) Levin Funds (from Schedule H5)		
	(c) Total Transfers (add 18(a) and 18(b))		
			tinen en generalis generalis (in men demonstra per grant de la constante de la constante de la constante de la
40	Total Receipts (add Lines 11(d),		
19.	12, 13, 14, 15, 16, 17, and 18(c))		1170000
•	12, 10, 17, 10, 10, 11, and 10(0)/mmile.		
20.	Total Federal Receipts		
	(subtract Line 18(c) from Line 19)▶	00	1170000
•			

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#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	Total This Period	COLUMN B
21. Ope (a)	erating Expenditures: Allocated Federal/Non-Federal Activity (from Schedule H4)	Total Tills Period	Calendar Year-to-Date
	(i) Federal Share		
	(ii) Non-Federal Share		1.
· (b)	Other Federal Operating		Annual Control of the
(5)	Expenditures	1	
(c)	Total Operating Expenditures		
(-/	(add 21(a)(i), (a)(ii), and (b))▶		1
22. Tra	insfers to Affiliated/Other Party		
	mmittees		
23. Col Fed and	ntributions to deral Candidates/Committees 1 Other Political Committees	Ó	11-250.00
	ependent Expenditures	tomortiment mentionalisment transfer and mentioned according to the second state of th	Annual confirmation of the state of the stat
25. Co	e Schedule E) ordinated Party Expenditures U.S.C. §441a(d)) e Schedule F)		
(us	e Schedule F)	and make the land and a sale and the colour beautiful to the sale and	
00 1-	D		
26. LO	an Repayments Made		
27 10	ans Made		
28. Re	funds of Contributions To:		
(a)	Individuals/Persons Other Than Political Committees	1 1	
	That I one our committees minimum.		
(b)	Political Party Committees		
(c)			
(0)	(such as PACs)		
	,	hannelment land the sold and the witness to see the sold land and	
(d)	Total Contribution Refunds	formeline state in the second	Exercise medican district description of the configuration of the config
, ,	(add Lines 28(a), (b), and (c))▶		1
29. Ot	her Disbursements		
		Samueline and mark the make and the mark the set of the set of the mark the pend of the set of the	
	deral Election Activity (2 U.S.C. §431(20))		
(a)	) Allocated Federal Election Activity		
	(from Schedule H6)		
	(I) Federal Share		
	(ii) "Levin" Share		
(þ	) Federal Election Activity Paid Entirely	Annual control of the state of	
	With Federal Funds		
(c			
	Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶		
04 -	stal Dishurasments (add Lines 01/s) 00		
	otal Disbursements (add Lines 21(c), 22,		
23	3, 24, 25, 26, 27, 28(d), 29 and 30(c))		1.1.25000
20 T	otal Federal Disbursements		
	subtract Line 21(a)(ii) and Line 30(a)(ii)		
•	om Line 31)		(1)
	UII LIIG 01/		
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# 27039580100

## **DETAILED SUMMARY PAGE** of Disbursements

	( LO FOITH SX (116%, 02/2005)		raye J
111	. 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)		11.700.00
34.	Total Contribution Refunds		
	(from Line 28(d))		
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	- Company of the Comp	1/70000
36.	Total Federal Operating Expenditures		
	(add Line 21(a)(i) and Line 21(b))		
37.	Offsets to Operating Expenditures (from Line 15, page 3)	and the second s	Secretaristic Control of the Control
38.	Net Operating Expenditures		
	(subtract Line 37 from Line 36)	Lina	
	•	<u>.</u>	

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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE OF 1 (check only one)
ITEMIZED RECEIPTS	[	for each category of the	(check only one)
		Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and State or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full)	arro anu a		Sound commissions north such committee.
	foice	Signal Sin	VICES INC PAC
Full Name (Last, First, Middle Initial)	, 232	NONE CAR	THE INC TIC
A		·	Date of Receipt
Mailing Address		To Oak	
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C .		
Name of Employer	Occupation	1	-
Receipt For:	Aggregate	Year-to-Date ▼	7
Primary General Other (specify) ▼	-		i i
Calci (openity) 4	Lucionia		
Full Name (Last, First, Middle Initial) B.			Date of Receipt
Mailing Address			Man , Det , Person
City	State	Zip Code	Amount of Early Desired 12 - D. Lat.
FEC ID number of contributing		telet francisco de la constitución	Amount of Each Receipt this Period
federal political committee.			
Name of Employer	Occupation	n .	7
Receipt For:	Aggregate	Year-to-Date ▼	7
Primary General .  Other (specify) ▼	· Personal des		
	- Secondaria de la companya della companya della companya de la companya della co		
Full Name (Last, First, Middle Initial) C.			Date of Receipt
Mailing Address			MAM / BEB / YEVEVEY
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C .		
Name of Employer	Occupatio	n	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
Other (specify) ▼			
SUBTOTAL of Receipts This Page (optional)			0.0
TOTAL This Period (last page this line number	only)		OO

#### SCHEDULE B (FEC Form 3X) IT

EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	PAGE OF
·	Detailed Summary Page	21b 27	22 V 23 28a 28	
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	by any perso	n for the purpos	se of soliciting contributions
NAME OF COMMITTEE (In Full)	The state of the position			
HANSON PROT	RESSIONAL	Serv	nces.	INC PAC
Full Name (Last, First, Middle Initial)			Date of Disbu	rroment
· · · · · · · · · · · · · · · · · · ·			MONTH THE PARTY NAMED IN	rsement
Mailing Address			ersentismon en	
City	State Zip Code			
Purpose of Disbursement			Amount of Ea	ch Disbursement this Period
Candidate Name		Category/ Type		
Office Sought: House Disbursen		.762	(erapy:Sunayailegen/22)	engenera eta Olema (2) Tenera Rose in Conce (1) Anton (1) in con (1)
Senate President	Primary ☐ General Other (specify) ▼			
State: District:	· · · · · · · · · · · · · · · · · · ·			
Full Name (Last, First, Middle Initial)  3.			Date of Disbu	ırsement
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Mailing Address				
City	State Zip Code			
Purpose of Disbursement			Amount of Ea	ach Disbursement this Period
Candidate Name		Category/ Type		
Office Sought: House Disburser Senate	nent For: Primary General			
President	Other (specify)			
State: District: Full Name (Last, First, Middle Initial)				
C.		1	Date of Disbu	ursement
Mailing Address			-	B.B. \ A.BA.B.A.B.A.B.
	State Zip Code	<u> </u>		
Purpose of Disbursement			Amount of Fa	ach Disbursement this Period
Candidate Name	1	Category/ Type	Paralle Of E	Control of the contro
·	ment For:	-76-	lenkede:	manifestati lacerili lacerili superili superili lacerili lacerili della di
Senate   President	Primary ☐ General Other (specify) ▼			
State: District:	•	·		
SUBTOTAL of Disbursements This Page (optional).		<b>&gt;</b>		ں ہے۔۔۔
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SCHEDULE B (FEC FOILS 3A)	Use separate schedule(s)	FOR LINE	
TEMIZED DISBURSEMENTS	for each category of the	(check only	
	Detailed Summary Page	21b 27	22 23 24 25 26 28a 28b 28c 229 30b
Any information copied from such Reports and Staten	nents may not be sold or used	حستليلجة	
or for commercial purposes, other than using the name	ne and address of any political	committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			_
HANSON Profession	201 Some 1111	100 T	TAIC PAC
Full Name (Last, First, Middle Initial)	JAKE WILLIAM	-20 -	-100 0110
Full Name (Last, First, Middle Initial) A.		1	Date of Disbursement
	<del></del>	]	MINI , JOHN , PORTS VA
Mailing Address			Secretarization of the second secretarians and second second second
City	State Zip Code		
City	siale zip Code	}	: •
Purpose of Disbursement	1 2	- Constitution of the Cons	
			Amount of Each Disbursement this Period
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Office Sought: House Disburser	nent For	Туре	ดีเกราะเกิดเกราะที่สมาคร ที่วัน พระโมกรามสำหาราธิ เกราะที่วันและที่การเกราะที่ ได้และสาร์ สมาคร
Senate Dissurser	Primary General		
President	Other (specify) ▼	İ	
State: District:			
Full Name (Last, First, Middle Initial)			
В.			Date of Disbursement
Mailing Address			Many / Deco. / Anti-
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City	State Zip Code		
Purpose of Disbursement			
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Candidate Name		Category/	describe and transfer of the sandy and the sandy of the s
		Type	I mentioned bearing the street of the street bearing of
Office Sought: House Disburser			
Senate	Primary ☐ General Other (specify) ▼		
State: District:	Carol (apochy)		
Full Name (Last, First, Middle Initial)		<del></del>	
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President	Other (specify) ▼		
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SUBTOTAL of Disbursements This Page (optional)	······································	<u> </u>	
TOTAL This Period (last page this line number only	)	·	00

ANS			Use separate s for each catego Detailed Summ	ory of the	PAGE FOR LINE	OF / 13 OF FORM 3
ME OF COMMITTEE (In Full)  HANSON F	Rofecc	IDN AC	<u> </u>	· · ·	ZNC.	PAC
LOAN SOURCE Full Name (Last, Fin	st. Middle Initia			i E	lection:	
Mailing Address				·   [-	Primary General Other (speci	fy) <b>▼</b>
City	State	ZIP C	ode.			
Original Amount of Loan	Cumul	ative Payment To	Date		-	t Close of This P
TERMS Date incurred			Inte	erest Rate	% (apr)	Secured:
List All Endorsers or Guarantors (if 1. Full Name (Last, First, Middle Init		Source	I Name of Franks			
1. Full Name (Last, First, Middle Init	iai)		Name of Employ	/er		
Mailing Address		· · · · · · · · · · · · · · · · · · ·	Occupation			
City	tate ZIP (	Code	Amount Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initia	al)		Name of Employ	yer	· · · · · ·	:
Mailing Address			Occupation			•
City S	tate ZIP (	Code	Amount Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initia	al)		Name of Employ	yer		
Mailing Address		·	Occupation	· · · · · ·	<del></del>	<del></del>
			Amount			harafaradinasturas 
City	tate ZIP (	Code	Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initia	al)		Name of Emplo	yer		<del> </del>
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			•			
JBTOTALS This Period This Page (or	otional)		······································		of the factor of the second	

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 OF FOR LINE NUMBER: (check only one)

Cidding Louis		numbered line)	10	
AME OF COMMITTEE (In Full)				
HANSON PRO	fessionAL Sea	cuices INC	PAC	
A. Full Name (Last, First, Middle Initial) of Det	tor or Creditor	Nature of Debt (Purpose)		
1	,			
Molling Address	-			
Mailing Address		·		
City State	Zip Code			
·			į	
Outstanding Balance Beginning This Period			· -	
Amount Incurred This Period	Payment This Period	Outstanding Balance at	Close of This Period	
		allowed have been been been been		
B. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor	Nature of Debt (Purpose)	:	
Mailing Address				
City State	Zip Code			
Outstanding Release Resistant This Resist				
Outstanding Balance Beginning This Period				
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Amount Incurred This Period	Payment This Period	Outstanding Balance at	Close of This Period	
			- Keendaran Seendaran Seesal	
	Landardard Carles Control Cont			
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			<del></del>	
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1) SUBTOTALS This Period This Page (optional	)	<b>-</b>		
2) TOTALS This Period (last page this line numi	per only)	<b>&gt;</b>		
O TOTAL OUTSTANDING LOANS from Colort	lo C (last page enhà			
i) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶				
		Barren Report Street Street Respectives	Maria Sarra Sandana Sarra Sarr	

SCHEDULE D	(FEC	Form	3X)
DEBTS AND C	BLIGA	TIONS	3

**Excluding Loans** 

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

ciudniy	Loans		numbered line)	410
AME OF	COMMITTEE (In Full)			
	HANSON PR	rofessional:	SERVICES IN	IC PAC
A. Full	Name (Last, First, Middle Initial) of Deb	tor or Creditor	Nature of Debt (Purpos	se):
		-		
Mailing	Address	<del></del>		
City	State	Zip Code		
			<u></u> _:	
Outst	anding Balance Beginning This Period	•		•
		• •	,	• .
Busensetiza	Amount Incurred This Period	Payment This Period	Outstanding Balance	at Close of This Period
· Promise				
B. Full	Name (Last, First, Middle Initial) of Debt	or or Creditor	Nature of Debt (Purpo	se):
ļ ·	•			
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0 50	Name (Last, First, Middle Initial) of Del	to a Oradia.	111-4	
JC. Full	Name (Last, First, Middle Initial) of Del	otor or Greattor	Nature of Debt (Purpo	se):
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Ours	tanding Balance Beginning This Period	·		
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I) ADD	2) and 3) and carry forward to approprie	ate line of Summary Page (last page o	niy) ▶	$\omega$

(3/2005)

### **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. **Date of Receipt Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label **Postmarked USPS** Express Mail Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): Next Business Day Delivery **Date of Receipt** 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 or Postmarked Other (Specify): 12/27/07