

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Hanson for Congress Committee

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 4 |

| | |
|---|---|
| D | D |
| 2 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 0 | 6 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e))..... | 20488.00 | 173879.50 |
| (b) Total Contribution Refunds (from Line 20(d))..... | 0.00 | 0.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 20488.00 | 173879.50 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17)..... | 28749.15 | 290812.65 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 256.00 | 256.00 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 28493.15 | 290556.65 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 2322.85 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | 134285.12 | |

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

Write or Type Committee Name
Hanson for Congress Committee

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 4 |

| | |
|---|---|
| D | D |
| 2 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 0 | 6 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| I. RECEIPTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 11. CONTRIBUTIONS (other than loans) FROM: | | |
| (a) Individuals/Persons Other Than Political Committees | 12840.00 | 105588.42 |
| (i) Itemized (use Schedule A)..... | 7648.00 | 58291.08 |
| (ii) Unitemized..... | 20488.00 | 163879.50 |
| (iii) TOTAL of contributions from individuals..... ▶ | 0.00 | 0.00 |
| (b) Political Party Committees..... | 0.00 | 10000.00 |
| (c) Other Political Committees (such as PACS)..... | 0.00 | 0.00 |
| (d) The Candidate..... | 20488.00 | 173879.50 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)) | 0.00 | 0.00 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES..... | 0.00 | 0.00 |
| 13. LOANS | | |
| (a) Made or Guaranteed by the Candidate..... | 5000.00 | 119000.00 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 5000.00 | 119000.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)..... | | |
| | 256.00 | 256.00 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.)..... | | |
| | 0.00 | 0.00 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 25744.00 | 293135.50 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|---------------------------------------|--|
| 17. OPERATING EXPENDITURES..... | 28749.15 | 290812.65 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES..... | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) Of all Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 0.00 | 0.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees..... | 0.00 | 0.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 0.00 | 0.00 |
| 21. OTHER DISBURSEMENTS..... | 0.00 | 0.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 28749.15 | 290812.65 |

III. CASH SUMMARY

| | |
|---|----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 5328.00 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3)..... | 25744.00 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 31072.00 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 28749.15 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 2322.85 |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 5 / 46 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

A. Full Name (Last, First, Middle Initial)
Tom Babel

Mailing Address Box 38

City State Zip Code
Woodriver NE 68883

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

Name of Employer Self Employed Occupation Insurance Agent

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
05 / 09 / 2006

Transaction ID: SA11A1.6959

Amount of Each Receipt this Period
100.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 7660 Walnut Street

City State Zip Code
Omaha NE 68124

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

Name of Employer N/A Occupation homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 09 / 2006

Transaction ID: SA11A1.6967

Amount of Each Receipt this Period
250.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
M. James Barr

Mailing Address 1014 Road 16

City State Zip Code
York NE 68467

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1410.00

Date of Receipt
MM / DD / YYYY
04 / 29 / 2006

Transaction ID: SA11A1.6866

Amount of Each Receipt this Period
300.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 650.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 / 46 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

A. Full Name (Last, First, Middle Initial)
Roger M Beverage

Mailing Address 1908 Oak Valley Terrace

City State Zip Code
Edmond OK 73003

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

Name of Employer
Oklahoma Bankers Assoc.

Occupation
President and CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
MM / DD / YYYY
04 / 29 / 2006

Transaction ID: SA11A1.6793

Amount of Each Receipt this Period
500.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 44322 Drive 749

City State Zip Code
Overton NE 68863

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

Name of Employer
N/A

Occupation
Housewife

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 03 / 2006

Transaction ID: SA11A1.6883

Amount of Each Receipt this Period
500.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Frank L Bruning

Mailing Address Box 40

City State Zip Code
Bruning NE 68322

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

Name of Employer
Bruning State Bank

Occupation
Banker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
05 / 05 / 2006

Transaction ID: SA11A1.6949

Amount of Each Receipt this Period
100.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1100.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 / 46 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) A. Craig D Buescher | | Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6 | |
| Mailing Address 602 Road 302 | | Transaction ID: SA11A1.6982 | |
| City State Zip Code Deweese NE 68934 | Amount of Each Receipt this Period 150.00 | | |
| FEC ID number of contributing federal political committee. C | Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | | |
| Name of Employer Occupation Self Employed Farmer | Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00 | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) B. Jerry A. Catlett | | Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6 | |
| Mailing Address PO Box 157 | | Transaction ID: SA11A1.6950 | |
| City State Zip Code Bruning NE 68322 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | | |
| Name of Employer Occupation Bruning State Bank Banker Officer | Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 400.00 | | |

| | | | |
|--|---|---|--|
| Full Name (Last, First, Middle Initial) C. Jim Christensen | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6 | |
| Mailing Address PO Box 266 | | Transaction ID: SA11A1.6855 | |
| City State Zip Code St. Paul NE 68873 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | | |
| Name of Employer Occupation Self Employed Insurance Agent | Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00 | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 500.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 / 46 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

A. Full Name (Last, First, Middle Initial)
Carol I Cope

Mailing Address 4622 Parklane Drive

City State Zip Code
Kearney NE 68847

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 235.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 6

Transaction ID: SA11A1.6954

Amount of Each Receipt this Period
50.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 74046 B Road

City State Zip Code
Bertrand NE 68927

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

Name of Employer Self Employed Occupation farmer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.6815

Amount of Each Receipt this Period
1000.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 74008 C Road

City State Zip Code
Bertrand NE 68927

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

Name of Employer Dahlgren Cattle Co Occupation Farmer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.6837

Amount of Each Receipt this Period
500.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1550.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 / 46 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

A. Full Name (Last, First, Middle Initial)
Kim Davis

Mailing Address 1130 Williams Street

City State Zip Code
Longmeadow MA 01106

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

Name of Employer
Mass Mutuial Insurance Co-mpny

Occupation
Executive Officer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1550.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2006

Transaction ID: SA11A1.6985

Amount of Each Receipt this Period
550.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 2316 Muirfield Place

City State Zip Code
Columbus NE 68601

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

Name of Employer
Columbus Medical Center

Occupation
Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
04 / 28 / 2006

Transaction ID: SA11A1.6788

Amount of Each Receipt this Period
500.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 8621 Echo Ct.

City State Zip Code
Lincoln NE 68520

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

Name of Employer
Self employed

Occupation
Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
04 / 26 / 2006

Transaction ID: SA11A1.6762

Amount of Each Receipt this Period
250.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1300.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 / 46 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

A. Full Name (Last, First, Middle Initial)
Dennis Gengenbach

Mailing Address 43540 Road 739

City State Zip Code
Smithfield NE 68976

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

Name of Employer Self Occupation Farmer

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 800.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.6978

Amount of Each Receipt this Period
300.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 74384 Road 438
P.O. Box 37

City State Zip Code
Bertrand NE 68927

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

Name of Employer Junkin Insurance Agency Occupation President/Owner

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 800.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.6823

Amount of Each Receipt this Period
100.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 74384 Road 438
P.O. Box 37

City State Zip Code
Bertrand NE 68927

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

Name of Employer Junkin Insurance Agency Occupation President/Owner

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 0 6

Transaction ID: SA11A1.6861

Amount of Each Receipt this Period
500.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **900.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 / 46 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

A. Full Name (Last, First, Middle Initial)
Deb Hervert

Mailing Address 29635 Ravenna Road

City State Zip Code
Ravenna NE 68869

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

Name of Employer N/A Occupation housewife

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 0 6

Transaction ID: SA11A1.6926

Amount of Each Receipt this Period
500.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 4521 71st Ave Place

City State Zip Code
Kearney NE 68845

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

Name of Employer USA Companies, LLC Occupation Corporate executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 4 / 2 0 0 6

Transaction ID: SA11A1.6881

Amount of Each Receipt this Period
1000.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 1510 Mockingbird Drive

City State Zip Code
Scottsbluff NE 69361

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

Name of Employer Retired Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.6974

Amount of Each Receipt this Period
100.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1600.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 / 46 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

A. Full Name (Last, First, Middle Initial)
Clayton Kauffman

Mailing Address 1315 Stagecoach Road

City State Zip Code
Grand Island NE 68801

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

Name of Employer self employed Occupation farmer

Receipt For: 2006 Election Cycle-to-Date
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
MM / DD / YYYY
05 / 08 / 2006

Transaction ID: SA11A1.6924

Amount of Each Receipt this Period
250.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Charles J Larsen

Mailing Address 1780 K Road

City State Zip Code
Minden NE 68959

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

Name of Employer Faith Christian School Occupation Teacher

Receipt For: 2006 Election Cycle-to-Date
 Primary General
 Other (specify) ▼

600.00

Date of Receipt
MM / DD / YYYY
05 / 02 / 2006

Transaction ID: SA11A1.6871

Amount of Each Receipt this Period
200.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 2280 29 Road

City State Zip Code
Kearney NE 68847

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

Name of Employer Kearney Area Ag Prod. Alliance Occupation Director

Receipt For: 2006 Election Cycle-to-Date
 Primary General
 Other (specify) ▼

650.00

Date of Receipt
MM / DD / YYYY
05 / 02 / 2006

Transaction ID: SA11A1.6872

Amount of Each Receipt this Period
200.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 650.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 / 46 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

A. Full Name (Last, First, Middle Initial)
Jerry Lueders

Mailing Address PO Box 29

City Brunswick State NE Zip Code 68720

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

Name of Employer Occupation
Brunswick State Bank Banking

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 370.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 0 6

Transaction ID: SA11A1.6941

Amount of Each Receipt this Period
150.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 2260 East 103rd Street

City Kearney State NE Zip Code 68847

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

Name of Employer Occupation
MTG INC Office Manager

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 366.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 3 / 2 0 0 6

Transaction ID: SA11A1.6884

Amount of Each Receipt this Period
330.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 3452 21st Ave

City Columbus State NE Zip Code 68601

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

Name of Employer Occupation
NPPD Attorney

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 5 / 2 0 0 6

Transaction ID: SA11A1.6904

Amount of Each Receipt this Period
250.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **730.00**

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

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 / 46 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

A. Full Name (Last, First, Middle Initial)
William Orr

Mailing Address 1610 Brent Blvd

City Lincoln State NE Zip Code 68506

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

Name of Employer N/A Occupation retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 01 / 2006

Transaction ID: SA11A1.6819

Amount of Each Receipt this Period
500.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Donald E Overman

Mailing Address 2201 7th Ave

City Scottsbluff State NE Zip Code 69361

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

Name of Employer Lincoln/Overman and Assoc Occupation Insurance Salesman

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 09 / 2006

Transaction ID: SA11A1.6973

Amount of Each Receipt this Period
100.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Joy M Phillippi

Mailing Address 2334 HWY 81

City Bruning State NE Zip Code 68322

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

Name of Employer Self Employed Occupation Farmer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 06 / 2006

Transaction ID: SA11A1.6903

Amount of Each Receipt this Period
100.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **700.00**

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

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 15 / 46 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

A. Full Name (Last, First, Middle Initial)
Cheryl Ravenscroft

Mailing Address P.O. Box 514

City State Zip Code
Valentine NE 69201

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

Name of Employer Occupation
Self-Employed Rancher 3 Bar Cattle Company Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1450.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 6

Transaction ID: SA11A1.6691

Amount of Each Receipt this Period
500.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address P.O. Box 514

City State Zip Code
Valentine NE 69201

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

Name of Employer Occupation
Self-Employed Rancher 3 Bar Cattle Company Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1660.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 6

Transaction ID: SA11A1.6734

Amount of Each Receipt this Period
210.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Gerald R Reimers

Mailing Address 313 Buell Ave

City State Zip Code
Ravenna NE 68869

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

Name of Employer Occupation
Reimers Trucking Co President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 0 6

Transaction ID: SA11A1.6670

Amount of Each Receipt this Period
150.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **860.00**

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

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 / 46 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

A. Full Name (Last, First, Middle Initial)
Richard D Rhoads

Mailing Address 5000 Avenue F Place

City State Zip Code
Kearney NE 68847

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

Name of Employer Occupation
Self employed Self employed

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 920.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.6745

Amount of Each Receipt this Period
100.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 6450 Prairie Ave

City State Zip Code
Omaha NE 68132

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

Name of Employer Occupation
Self Employed Businessman/US Senate Candidate

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2100.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.7004

Amount of Each Receipt this Period
2100.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address Box 25

City State Zip Code
Palisade NE 69040

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

Name of Employer Occupation
South West Public Power Manager

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 6

Transaction ID: SA11A1.6936

Amount of Each Receipt this Period
100.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

| | |
|--|-----------------|
| SUBTOTAL of Receipts This Page (optional) | 2300.00 |
| TOTAL This Period (last page this line number only) | 12840.00 |

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

| | | |
|--|--|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 17 / 46 |
| | (check only one) | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 11d | <input checked="" type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| <input type="checkbox"/> 13b | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

A. Full Name (Last, First, Middle Initial)
John Hanson

Mailing Address P.O. Box 783

City State Zip Code
Kearney NE 68848

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
117500.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 26 / 2006

Transaction ID: SA13A.6765

Amount of Each Receipt this Period
3500.00

Loan from Personal funds
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address P.O. Box 783

City State Zip Code
Kearney NE 68848

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
119000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 09 / 2006

Transaction ID: SA13A.6964

Amount of Each Receipt this Period
1500.00

Loan from Candidate
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 5000.00 |
| TOTAL This Period (last page this line number only) | 5000.00 |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|--|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 18 / 46 |
| | (check only one) | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 11d | <input checked="" type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| <input type="checkbox"/> 13b | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

A. Full Name (Last, First, Middle Initial)
United Fire and Casualty

Mailing Address 118 Second Ave SE

City State Zip Code
Cedar Rapids IA 52407

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
256.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2006

Transaction ID: SA14.7010

Amount of Each Receipt this Period
256.00

Refund of Prepaid Insurance
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 256.00 |
| TOTAL This Period (last page this line number only) | ▶ | 256.00 |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 19 / 46

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Brianne Aldinger | | Transaction ID: SB17.6901 Date of Disbursement 05 / 08 / 2006 |
| Mailing Address 72629 South Road | | Amount of Each Disbursement this Period 750.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Wilcox State NE Zip Code 68982 | 001 Category/Type | |
| Purpose of Disbursement Political Consulting Candidate Name Hanson for Congress Committee | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Keith G Becker | | Transaction ID: SB17.6827 Date of Disbursement 05 / 02 / 2006 |
| Mailing Address P.O. Box 2264 | | Amount of Each Disbursement this Period 1143.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Kearney State NE Zip Code 68848 | 002 Category/Type | |
| Purpose of Disbursement Political consulting and travel expense Candidate Name Hanson for Congress Committee | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. BrabenderCox | | Transaction ID: SB17.6743 Date of Disbursement 04 / 26 / 2006 |
| Mailing Address 100 West Station Square Drive Suite 315 | | Amount of Each Disbursement this Period 9411.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Pittsburgh State PA Zip Code 15219 | 004 Category/Type | |
| Purpose of Disbursement Advertising expense Candidate Name Hanson for Congress Committee | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 11305.05 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. BrabenderCox | | Transaction ID: SB17.6828 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6 |
| Mailing Address 100 West Station Square Drive Suite 315 | | Amount of Each Disbursement this Period 1454.20 |
| City Pittsburgh State PA Zip Code 15219 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Advertising Candidate Name Hanson for Congress Committee | | Category/Type 004 |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03 | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. BrabenderCox | | Transaction ID: SB17.6963 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6 |
| Mailing Address 100 West Station Square Drive Suite 315 | | Amount of Each Disbursement this Period 3165.37 |
| City Pittsburgh State PA Zip Code 15219 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Advertising Candidate Name Hanson for Congress Committee | | Category/Type 004 |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03 | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. Chippewa Northwestern Railway Company | | Transaction ID: SB17.6895 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 6 |
| Mailing Address 5431 Prescott Ave | | Amount of Each Disbursement this Period 326.45 |
| City Lincoln State NE Zip Code 68506 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Campaign Event Expense rental Candidate Name Hanson for Congress Committee | | Category/Type 007 |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03 | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 4946.02 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 21 / 46

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Eakes Office Plus | | Transaction ID: SB17.6898 Date of Disbursement |
| Mailing Address East Central Ave | | <input type="text" value="05"/> / <input type="text" value="08"/> / <input type="text" value="2006"/> |
| City Kearney | State NE | Zip Code 68847 |
| Purpose of Disbursement Office supplies | <input type="text" value="001"/> | Amount of Each Disbursement this Period <input type="text" value="382.87"/> |
| Candidate Name Hanson for Congress Committee | Category/ Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: NE District: 03 | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Eakes Office Plus | | Transaction ID: SB17.6998 Date of Disbursement |
| Mailing Address East Central Ave | | <input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2006"/> |
| City Kearney | State NE | Zip Code 68847 |
| Purpose of Disbursement Office supplies and copies | <input type="text" value="001"/> | Amount of Each Disbursement this Period <input type="text" value="71.75"/> |
| Candidate Name Hanson for Congress Committee | Category/ Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: NE District: 03 | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Frontier | | Transaction ID: SB17.6988 Date of Disbursement |
| Mailing Address 60 Church Street | | <input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2006"/> |
| City Gloversville | State NY | Zip Code 12078 |
| Purpose of Disbursement Telephone expense | <input type="text" value="001"/> | Amount of Each Disbursement this Period <input type="text" value="303.21"/> |
| Candidate Name Hanson for Congress Committee | Category/ Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: NE District: 03 | | |

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| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="757.83"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER:
(check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Grand Island Independent | | Transaction ID: SB17.6659 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 6 |
| Mailing Address 422 West 1st | | Amount of Each Disbursement this Period 66.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Grand Island State NE Zip Code 68801 | | |
| Purpose of Disbursement Advertising Candidate Name Hanson for Congress Committee Category/Type 004 | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 03 | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Grand Island Independent | | Transaction ID: SB17.6887 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6 |
| Mailing Address 422 West 1st | | Amount of Each Disbursement this Period 132.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Grand Island State NE Zip Code 68801 | | |
| Purpose of Disbursement Advertising Candidate Name Hanson for Congress Committee Category/Type 004 | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 03 | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Grand Island Independent | | Transaction ID: SB17.6888 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6 |
| Mailing Address 422 West 1st | | Amount of Each Disbursement this Period 115.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Grand Island State NE Zip Code 68801 | | |
| Purpose of Disbursement advertising Candidate Name Hanson for Congress Committee Category/Type 004 | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 03 | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 313.80 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

| | | | |
|--|---|--|--|
| Full Name (Last, First, Middle Initial) A. H and E Air Service, Inc. | | Transaction ID: SB17.6825 Date of Disbursement 05 / 01 / 2006 | |
| Mailing Address PO Box 1744 | | Amount of Each Disbursement this Period 300.00 | |
| City Kearney State NE Zip Code 68848 | Purpose of Disbursement Office rent Category/Type 001 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name Hanson for Congress Committee | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | | |
|--|---|--|--|
| Full Name (Last, First, Middle Initial) B. Dave Hunt | | Transaction ID: SB17.6900 Date of Disbursement 05 / 08 / 2006 | |
| Mailing Address 10329 Hwy 136 | | Amount of Each Disbursement this Period 795.11 | |
| City Oxford State NE Zip Code 68967 | Purpose of Disbursement Political Consulting Category/Type 001 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name Hanson for Congress Committee | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | | |
|--|---|--|--|
| Full Name (Last, First, Middle Initial) C. Dave Hunt | | Transaction ID: SB17.6902 Date of Disbursement 05 / 08 / 2006 | |
| Mailing Address 10329 Hwy 136 | | Amount of Each Disbursement this Period 300.91 | |
| City Oxford State NE Zip Code 68967 | Purpose of Disbursement Travel and Office expense Category/Type 002 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name Hanson for Congress Committee | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 1396.02 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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

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

FOR LINE NUMBER:
(check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Intellicom, Inc | | Transaction ID: SB17.7000 Date of Disbursement 06 / 23 / 2006 | |
| Mailing Address 1700 2nd Avenue | | Amount of Each Disbursement this Period 311.80 | |
| City Kearney State NE Zip Code 68847 | Purpose of Disbursement Internet service expense | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name Hanson for Congress Committee | Category/Type 004 | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Intellicom Computer Consulting Inc | | Transaction ID: SB17.6908 Date of Disbursement 05 / 09 / 2006 | |
| Mailing Address PO Box 2672 | | Amount of Each Disbursement this Period 379.95 | |
| City Kearney State NE Zip Code 68848 | Purpose of Disbursement Campaign expense-web page | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name Hanson for Congress Committee | Category/Type 001 | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Jim Banks Political Consulting | | Transaction ID: SB17.6913 Date of Disbursement 05 / 09 / 2006 | |
| Mailing Address 934 Hans Brinker Street | | Amount of Each Disbursement this Period 500.00 | |
| City Colorado Springs State CO Zip Code 80907 | Purpose of Disbursement Political consulting | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name Hanson for Congress Committee | Category/Type 001 | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 1191.75 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

| | | |
|---|--|--|
| A. KNEB Full Name (Last, First, Middle Initial) Mailing Address PO Box 239 City Scottsbluff State NE Zip Code 69363 Purpose of Disbursement Advertising Candidate Name Hanson for Congress Committee Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: SB17.6829 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6 Amount of Each Disbursement this Period 337.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|---|--|--|

| | | |
|---|--|---|
| B. KRVN 880 Radio Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 880 City Lexington State NE Zip Code 68850 Purpose of Disbursement radio advertising Candidate Name Hanson for Congress Committee Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: SB17.6744 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6 Amount of Each Disbursement this Period 1170.84 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|---|--|---|

| | | |
|---|--|--|
| C. Linweld Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 5583 City Grand Island State NE Zip Code 68802 Purpose of Disbursement Helium for advertising Candidate Name Hanson for Congress Committee Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: SB17.6991 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 179.76 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
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| SUBTOTAL of Disbursements This Page (optional) ▶ | 1688.10 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 17 | <input type="checkbox"/> | 18 | <input type="checkbox"/> | 19a | <input type="checkbox"/> | 19b |
| <input type="checkbox"/> | 20a | <input type="checkbox"/> | 20b | <input type="checkbox"/> | 20c | <input type="checkbox"/> | 21 |

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

| | | | |
|---|--|--|---|
| Full Name (Last, First, Middle Initial) A. LIPS - Lisa's Instant Print Service | | Transaction ID: SB17.6897 | |
| Mailing Address 824 West 24th | | Date of Disbursement 05 / 08 / 2006 | |
| City Kearney | State NE | Zip Code 68845 | Amount of Each Disbursement this Period 241.14 |
| Purpose of Disbursement Printing | Candidate Name Hanson for Congress Committee | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: NE | District: 03 | Category/Type 004 | |

| | | | |
|---|--|--|---|
| Full Name (Last, First, Middle Initial) B. LIPS - Lisa's Instant Print Service | | Transaction ID: SB17.6997 | |
| Mailing Address 824 West 24th | | Date of Disbursement 06 / 26 / 2006 | |
| City Kearney | State NE | Zip Code 68845 | Amount of Each Disbursement this Period 39.86 |
| Purpose of Disbursement Printing expense | Candidate Name Hanson for Congress Committee | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: NE | District: 03 | Category/Type 001 | |

| | | | |
|---|--|--|---|
| Full Name (Last, First, Middle Initial) C. Lowe Investments | | Transaction ID: SB17.6826 | |
| Mailing Address Saint James Square 3 | | Date of Disbursement 05 / 01 / 2006 | |
| City Kearney | State NE | Zip Code 68848 | Amount of Each Disbursement this Period 250.00 |
| Purpose of Disbursement Advertising | Candidate Name Hanson for Congress Committee | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: NE | District: 03 | Category/Type 004 | |

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| SUBTOTAL of Disbursements This Page (optional) | 531.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 27 / 46

| | | | |
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| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| Full Name (Last, First, Middle Initial) | | Transaction ID: SB17.6907 | | | | | | | | | | | | | | | | | | | | | |
| A. Mail Express | | Date of Disbursement | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address PO Box 3048 | | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> | | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 | | 0 | 9 | | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 5 | | 0 | 9 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| City | State | Zip Code | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Kearney | NE | 68848 | 2141.89 | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement campaign expense postage | | 001 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | | | | | | | | | | | | | | | | | | | | |
| Candidate Name Hanson for Congress Committee | | Category/ Type | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: | Disbursement For: | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | | |
| State: NE District: 03 | | | | | | | | | | | | | | | | | | | | | | | |

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|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| Full Name (Last, First, Middle Initial) | | Transaction ID: SB17.6994 | | | | | | | | | | | | | | | | | | | | | |
| B. Mail Express | | Date of Disbursement | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address PO Box 3048 | | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> | | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 | | 2 | 0 | | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 6 | | 2 | 0 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| City | State | Zip Code | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Kearney | NE | 68848 | 912.19 | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Postage expense | | 001 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | | | | | | | | | | | | | | | | | | | | |
| Candidate Name Hanson for Congress Committee | | Category/ Type | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: | Disbursement For: | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | | |
| State: NE District: 03 | | | | | | | | | | | | | | | | | | | | | | | |

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|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| Full Name (Last, First, Middle Initial) | | Transaction ID: SB17.6992 | | | | | | | | | | | | | | | | | | | | | |
| C. Marock Inc | | Date of Disbursement | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 371 N. Broadwell Ave | | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> | | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 | | 2 | 0 | | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 6 | | 2 | 0 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| City | State | Zip Code | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Grand Island | NE | 68803 | 515.21 | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Event expense- catering | | 007 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | | | | | | | | | | | | | | | | | | | | |
| Candidate Name Hanson for Congress Committee | | Category/ Type | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: | Disbursement For: | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | | |
| State: NE District: 03 | | | | | | | | | | | | | | | | | | | | | | | |

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| SUBTOTAL of Disbursements This Page (optional) | 3569.29 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Miller Signs | | Transaction ID: SB17.6999 Date of Disbursement |
| Mailing Address 2515 Grand Avenue | | <input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2006"/> |
| City Kearney | State NE | Zip Code 68845 |
| Purpose of Disbursement Advertising-Billboards | <input type="text" value="004"/> Category/ Type | |
| Candidate Name Hanson for Congress Committee | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: NE District: 03 | Amount of Each Disbursement this Period <input type="text" value="107.00"/> | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. NPPD | | Transaction ID: SB17.6909 Date of Disbursement |
| Mailing Address 900 4th Ave | | <input type="text" value="05"/> / <input type="text" value="09"/> / <input type="text" value="2006"/> |
| City Kearney | State NE | Zip Code 68847 |
| Purpose of Disbursement Utilities for office | <input type="text" value="001"/> Category/ Type | |
| Candidate Name Hanson for Congress Committee | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: NE District: 03 | Amount of Each Disbursement this Period <input type="text" value="77.63"/> | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. NPPD | | Transaction ID: SB17.6996 Date of Disbursement |
| Mailing Address 900 4th Ave | | <input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2006"/> |
| City Kearney | State NE | Zip Code 68847 |
| Purpose of Disbursement Utilities | <input type="text" value="001"/> Category/ Type | |
| Candidate Name Hanson for Congress Committee | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: NE District: 03 | Amount of Each Disbursement this Period <input type="text" value="44.48"/> | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="229.11"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER: (check only one)

PAGE 29 / 46

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Pro Printing | | Transaction ID: SB17.6653 Date of Disbursement 04 / 25 / 2006 |
| Mailing Address PO Box 608 | | Amount of Each Disbursement this Period 1447.72 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City North Platte State NE Zip Code 69101 | Purpose of Disbursement Printing expense Candidate Name Hanson for Congress Committee Category/Type 004 | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. The Eagles | | Transaction ID: SB17.6891 Date of Disbursement 05 / 08 / 2006 |
| Mailing Address 133 West 3rd | | Amount of Each Disbursement this Period 313.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Grand Island State NE Zip Code 68901 | Purpose of Disbursement Campaign event Expense-hall rental Candidate Name Hanson for Congress Committee Category/Type 007 | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. USA Outdoor Advertising | | Transaction ID: SB17.6652 Date of Disbursement 04 / 25 / 2006 |
| Mailing Address 409-411 East 25th Street Suite 5 | | Amount of Each Disbursement this Period 125.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Kearney State NE Zip Code 68847 | Purpose of Disbursement Advertising Expense Candidate Name Hanson for Congress Committee Category/Type 004 | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1885.72 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 30 / 46

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 17 | <input type="checkbox"/> | 18 | <input type="checkbox"/> | 19a | <input type="checkbox"/> | 19b |
| <input type="checkbox"/> | 20a | <input type="checkbox"/> | 20b | <input type="checkbox"/> | 20c | <input type="checkbox"/> | 21 |

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Full Name (Last, First, Middle Initial)

A. West Fax

Mailing Address Department 1733

City State Zip Code
Denver CO 80291

Purpose of Disbursement
Office expense- faxing

Candidate Name
Hanson for Congress Committee

Office Sought: House
 Senate
 President

State: NE District: 03

Disbursement For: 2006
 Primary General
 Other (specify) ▼

001
Category/
Type

Transaction ID: SB17.6995

Date of Disbursement

06 / 21 / 2006

Amount of Each Disbursement this Period

69.08

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

69.08

TOTAL This Period (last page this line number only)

27882.77

SCHEDULE C (FEC Form 3)

LOANS

| | |
|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 31 / 46 |
| | FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b |

NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Transaction ID: SC/10.4126

| | |
|---|--|
| LOAN SOURCE Full Name (Last, First, Middle Initial) John Hanson, - Personal funds | Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address P.O. Box 783 | |
| City Kearney State NE ZIP Code 68848 | |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 5000.00 | 0.00 | 5000.00 |

TERMS

| | | | |
|---|-----------------------|----------------------------|---|
| Date Incurred M M 06 D D 09 Y Y Y Y 2005 | Date Due on Demand | Interest Rate 0 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|-----------------------|----------------------------|---|

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

| | |
|---|---|
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |

| | |
|---|----------------|
| SUBTOTALS This Period This Page (optional) | 5000.00 |
| 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 C (FEC Form 3)

LOANS

| | |
|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 32 / 46 |
| | FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b |

NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Transaction ID: SC/10.4178

| | |
|---|--|
| LOAN SOURCE Full Name (Last, First, Middle Initial) John Hanson, - Personal funds | Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address P.O. Box 783 | |
| City Kearney State NE ZIP Code 68848 | |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 5000.00 | 0.00 | 5000.00 |

TERMS

| | | | |
|---|-----------------------|----------------------------|---|
| Date Incurred M M 07 D D 20 Y Y Y Y 2005 | Date Due on demand | Interest Rate 0 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|-----------------------|----------------------------|---|

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

| | |
|---|---|
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |

| | |
|---|----------------|
| SUBTOTALS This Period This Page (optional) | 5000.00 |
| 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 C (FEC Form 3)

LOANS

| | |
|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 33 / 46 |
| | FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b |

NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Transaction ID: SC/10.4231

| | |
|---|--|
| LOAN SOURCE Full Name (Last, First, Middle Initial) John Hanson, - Personal funds | Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address P.O. Box 783 | |
| City Kearney State NE ZIP Code 68848 | |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 5000.00 | 0.00 | 5000.00 |

TERMS

| | | | |
|---|-----------------------|----------------------------|---|
| Date Incurred M M 08 D D 03 Y Y Y Y 2005 | Date Due on Demand | Interest Rate 0 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|-----------------------|----------------------------|---|

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

| | |
|---|---|
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |

| | |
|---|----------------|
| SUBTOTALS This Period This Page (optional) | 5000.00 |
| 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 C (FEC Form 3)

LOANS

| | |
|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 34 / 46 |
| | FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b |

NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Transaction ID: SC/10.4785

| | |
|---|--|
| LOAN SOURCE Full Name (Last, First, Middle Initial) John Hanson, - Personal funds | Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address P.O. Box 783 | |
| City Kearney State NE ZIP Code 68848 | |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 10000.00 | 0.00 | 10000.00 |

TERMS

| | | | |
|---|-----------------------|----------------------------|---|
| Date Incurred M M 09 D D 30 Y Y Y Y 2005 | Date Due on demand | Interest Rate 0 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|-----------------------|----------------------------|---|

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

| | |
|---|---|
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |

| | |
|---|-----------------|
| SUBTOTALS This Period This Page (optional) | 10000.00 |
| 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 C (FEC Form 3)

LOANS

| | |
|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 35 / 46 |
| | FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b |

NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Transaction ID: SC/10.5537

| | |
|---|--|
| LOAN SOURCE Full Name (Last, First, Middle Initial) John Hanson, - Personal funds | Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address P.O. Box 783 | |
| City Kearney State NE ZIP Code 68848 | |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 44000.00 | 0.00 | 44000.00 |

TERMS

| | | | |
|--|-----------------------|----------------------------|---|
| Date Incurred M M 1 2 D D 2 9 Y Y Y Y 2 0 0 5 | Date Due on demand | Interest Rate 0 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|-----------------------|----------------------------|---|

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

| | |
|---|---|
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |

| | |
|---|----------------------|
| SUBTOTALS This Period This Page (optional) | 44000.00 |
| TOTALS This Period (last page in this line only) | <input type="text"/> |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary. | |

SCHEDULE C (FEC Form 3)

LOANS

| | |
|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 36 / 46 |
| | FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b |

NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Transaction ID: SC/10.6391

| | |
|---|--|
| LOAN SOURCE Full Name (Last, First, Middle Initial) John Hanson, - Personal funds | Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address P.O. Box 783 | |
| City Kearney State NE ZIP Code 68848 | |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 40000.00 | 0.00 | 40000.00 |

TERMS

| | | | |
|---|-----------------------|----------------------------|---|
| Date Incurred M M 03 D D 31 Y Y Y Y 2006 | Date Due on demand | Interest Rate 0 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|-----------------------|----------------------------|---|

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

| | |
|---|---|
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |

| | |
|---|----------------------|
| SUBTOTALS This Period This Page (optional) | 40000.00 |
| TOTALS This Period (last page in this line only) | <input type="text"/> |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary. | |

SCHEDULE C (FEC Form 3)

LOANS

| | | | | | |
|---|--|-------------------------------------|-----|--------------------------|-----|
| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 37 / 46 FOR LINE NUMBER: (check only one) <table style="float: right; margin-left: 10px;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;"><input checked="" type="checkbox"/></td> <td style="padding-left: 5px;">13a</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;"><input type="checkbox"/></td> <td style="padding-left: 5px;">13b</td> </tr> </table> | <input checked="" type="checkbox"/> | 13a | <input type="checkbox"/> | 13b |
| <input checked="" type="checkbox"/> | 13a | | | | |
| <input type="checkbox"/> | 13b | | | | |

NAME OF COMMITTEE (In Full)
 Hanson for Congress Committee

Transaction ID: SC/10.6613

| | |
|---|--|
| LOAN SOURCE Full Name (Last, First, Middle Initial) John Hanson, - Personal funds | Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address P.O. Box 783 | |
| City Kearney State NE ZIP Code 68848 | |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 2500.00 | 0.00 | 2500.00 |

TERMS

| | | | | | | | | | |
|--|----------|---------------|----------|-----|-----|---------|-----------|-----------|---|
| Date Incurred | Date Due | Interest Rate | Secured: | | | | | | |
| <table style="font-size: small;"> <tr> <td>M M</td> <td>D D</td> <td>Y Y Y Y</td> </tr> <tr> <td>0 4</td> <td>0 5</td> <td>2 0 0 6</td> </tr> </table> | M M | D D | Y Y Y Y | 0 4 | 0 5 | 2 0 0 6 | on demand | 0 % (apr) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| M M | D D | Y Y Y Y | | | | | | | |
| 0 4 | 0 5 | 2 0 0 6 | | | | | | | |

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

| | |
|---|--|
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |

| | |
|--|---|
| SUBTOTALS This Period This Page (optional) | 2500.00 |
| TOTALS This Period (last page in this line only) | <input style="width: 100%;" type="text"/> |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary. | |

SCHEDULE C (FEC Form 3)

LOANS

| | |
|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 38 / 46 |
| | FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b |

NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Transaction ID: SC/10.6615

| | |
|---|--|
| LOAN SOURCE Full Name (Last, First, Middle Initial) John Hanson, - Personal funds | Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address P.O. Box 783 | |
| City Kearney State NE ZIP Code 68848 | |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 2500.00 | 0.00 | 2500.00 |

TERMS

| | | | |
|---|-----------------------|----------------------------|---|
| Date Incurred M M 04 D D 05 Y Y Y Y 2006 | Date Due on demand | Interest Rate 0 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|-----------------------|----------------------------|---|

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

| | |
|---|---|
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |

| | |
|---|----------------|
| SUBTOTALS This Period This Page (optional) | 2500.00 |
| 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 C (FEC Form 3)

LOANS

| | |
|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 39 / 46 |
| | FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b |

NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Transaction ID: SC/10.6765

| | |
|---|--|
| LOAN SOURCE Full Name (Last, First, Middle Initial) John Hanson, - Personal funds | Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address P.O. Box 783 | |
| City Kearney State NE ZIP Code 68848 | |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 3500.00 | 0.00 | 3500.00 |

TERMS

| | | | |
|---|-----------------------|----------------------------|---|
| Date Incurred M M 04 D D 26 Y Y Y Y 2006 | Date Due on demand | Interest Rate 0 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|-----------------------|----------------------------|---|

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

| | |
|---|---|
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |

| | |
|---|----------------|
| SUBTOTALS This Period This Page (optional) | 3500.00 |
| 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 C (FEC Form 3)

LOANS

| | |
|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 40 / 46 |
| | FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b |

NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Transaction ID: SC/10.6964

| | |
|---|--|
| LOAN SOURCE Full Name (Last, First, Middle Initial) John Hanson, - Personal funds | Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address P.O. Box 783 | |
| City Kearney State NE ZIP Code 68848 | |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 1500.00 | 0.00 | 1500.00 |

TERMS

| | | | |
|---|-----------------------|----------------------------|---|
| Date Incurred M M 05 D D 09 Y Y Y Y 2006 | Date Due on demand | Interest Rate 0 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|-----------------------|----------------------------|---|

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

| | |
|---|---|
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |

| | |
|---|------------------|
| SUBTOTALS This Period This Page (optional) | 1500.00 |
| TOTALS This Period (last page in this line only) | 119000.00 |

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 3)
DEBTS AND OBLIGATIONS
Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 41 / 46 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
 Hanson for Congress Committee

| | |
|--|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor John Hanson | Nature of Debt (Purpose): Billboards paid by John R. Hanson |
| Mailing Address P.O. Box 783 | |
| City State ZIP Code Kearney NE 68848 | |

| | | |
|--|----------------------------------|--|
| Outstanding Balance Beginning This Period 1275.00 | Transaction ID: SD10.4128 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 1275.00 |

| | |
|--|------------------------------------|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor John Hanson | Nature of Debt (Purpose): Hotel |
| Mailing Address P.O. Box 783 | |
| City State ZIP Code Kearney NE 68848 | |

| | | |
|--|----------------------------------|--|
| Outstanding Balance Beginning This Period 68.32 | Transaction ID: SD10.4180 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 68.32 |

| | |
|--|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor John Hanson | Nature of Debt (Purpose): June Mileage Expenses |
| Mailing Address P.O. Box 783 | |
| City State ZIP Code Kearney NE 68848 | |

| | | |
|---|----------------------------------|---|
| Outstanding Balance Beginning This Period 852.60 | Transaction ID: SD10.4937 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 852.60 |

| | |
|--|----------------|
| 1) SUBTOTALS This Period This Page (optional)..... | 2195.92 |
| 2) TOTALS This Period (last page this line number only)..... | |
| 3) TOTALS 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) | |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
 Hanson for Congress Committee

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor John Hanson | Nature of Debt (Purpose): Alltel phone bill paid by John |
| Mailing Address P.O. Box 783 | |
| City State ZIP Code Kearney NE 68848 | |

| | | |
|---|----------------------------------|---|
| Outstanding Balance Beginning This Period 271.84 | Transaction ID: SD10.4236 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 271.84 |

| | |
|--|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor John Hanson | Nature of Debt (Purpose): Frontier Office phone bill/internet |
| Mailing Address P.O. Box 783 | |
| City State ZIP Code Kearney NE 68848 | |

| | | |
|--|----------------------------------|--|
| Outstanding Balance Beginning This Period 71.94 | Transaction ID: SD10.4239 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 71.94 |

| | |
|--|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor John Hanson | Nature of Debt (Purpose): Sprint Phone Bill |
| Mailing Address P.O. Box 783 | |
| City State ZIP Code Kearney NE 68848 | |

| | | |
|---|----------------------------------|---|
| Outstanding Balance Beginning This Period 182.38 | Transaction ID: SD10.4241 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 182.38 |

| | |
|--|---------------|
| 1) SUBTOTALS This Period This Page (optional)..... | 526.16 |
| 2) TOTALS This Period (last page this line number only)..... | |
| 3) TOTALS 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) | |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER:
 (check only one)

9
 10

NAME OF COMMITTEE (In Full)
 Hanson for Congress Committee

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor John Hanson | Nature of Debt (Purpose): July Mileage Expense |
| Mailing Address P.O. Box 783 | |
| City State ZIP Code Kearney NE 68848 | |

| | | |
|--|----------------------------------|--|
| Outstanding Balance Beginning This Period 1928.15 | Transaction ID: SD10.4940 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 1928.15 |

| | |
|--|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor John Hanson | Nature of Debt (Purpose): Sam's Club - Campaign Supplies |
| Mailing Address P.O. Box 783 | |
| City State ZIP Code Kearney NE 68848 | |

| | | |
|---|----------------------------------|---|
| Outstanding Balance Beginning This Period 101.85 | Transaction ID: SD10.4920 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 101.85 |

| | |
|--|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor John Hanson | Nature of Debt (Purpose): Wal-Mart - Campaign Supplies |
| Mailing Address P.O. Box 783 | |
| City State ZIP Code Kearney NE 68848 | |

| | | |
|--|----------------------------------|--|
| Outstanding Balance Beginning This Period 32.50 | Transaction ID: SD10.4990 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 32.50 |

| | |
|--|----------------|
| 1) SUBTOTALS This Period This Page (optional)..... | 2062.50 |
| 2) TOTALS This Period (last page this line number only)..... | |
| 3) TOTALS 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) | |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 44 / 46 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
 Hanson for Congress Committee

| | |
|--|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor John Hanson | Nature of Debt (Purpose): Sprint Long Distance Bill |
| Mailing Address P.O. Box 783 | |
| City State ZIP Code Kearney NE 68848 | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="155.65"/> | Transaction ID: SD10.4917 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="155.65"/> |

| | |
|--|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor John Hanson | Nature of Debt (Purpose): August Mileage Expense |
| Mailing Address P.O. Box 783 | |
| City State ZIP Code Kearney NE 68848 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="1699.60"/> | Transaction ID: SD10.4942 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="1699.60"/> |

| | |
|--|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor John Hanson | Nature of Debt (Purpose): travel and phone expense |
| Mailing Address P.O. Box 783 | |
| City State ZIP Code Kearney NE 68848 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="1484.81"/> | Transaction ID: SD10.5575 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="1484.81"/> |

| | |
|--|--------------------------------------|
| 1) SUBTOTALS This Period This Page (optional)..... | <input type="text" value="3340.06"/> |
| 2) TOTALS This Period (last page this line number only)..... | <input type="text"/> |
| 3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)..... | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | <input type="text"/> |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
 Hanson for Congress Committee

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor John Hanson | Nature of Debt (Purpose): Travel and Phone Expense |
| Mailing Address P.O. Box 783 | |
| City State ZIP Code Kearney NE 68848 | |

| | | |
|--|----------------------------------|--|
| Outstanding Balance Beginning This Period 2002.65 | Transaction ID: SD10.5543 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 2002.65 |

| | |
|--|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor John Hanson | Nature of Debt (Purpose): Phone and Travel Expense |
| Mailing Address P.O. Box 783 | |
| City State ZIP Code Kearney NE 68848 | |

| | | |
|--|----------------------------------|--|
| Outstanding Balance Beginning This Period 1154.92 | Transaction ID: SD10.5541 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 1154.92 |

| | |
|--|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor John Hanson | Nature of Debt (Purpose): Travel expense |
| Mailing Address P.O. Box 783 | |
| City State ZIP Code Kearney NE 68848 | |

| | | |
|---|----------------------------------|---|
| Outstanding Balance Beginning This Period 672.70 | Transaction ID: SD10.6523 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 672.70 |

| | |
|--|----------------|
| 1) SUBTOTALS This Period This Page (optional)..... | 3830.27 |
| 2) TOTALS This Period (last page this line number only)..... | |
| 3) TOTALS 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) | |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
 Hanson for Congress Committee

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor John Hanson | Nature of Debt (Purpose): travel expense |
| Mailing Address P.O. Box 783 | |
| City State ZIP Code Kearney NE 68848 | |

| | | |
|--|----------------------------------|--|
| Outstanding Balance Beginning This Period 1461.44 | Transaction ID: SD10.6525 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 1461.44 |

| | |
|--|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor John Hanson | Nature of Debt (Purpose): travel expense |
| Mailing Address P.O. Box 783 | |
| City State ZIP Code Kearney NE 68848 | |

| | | |
|--|----------------------------------|--|
| Outstanding Balance Beginning This Period 1737.93 | Transaction ID: SD10.6527 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 1737.93 |

| | |
|--|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor John Hanson | Nature of Debt (Purpose): Travel expense |
| Mailing Address P.O. Box 783 | |
| City State ZIP Code Kearney NE 68848 | |

| | | |
|---|----------------------------------|---|
| Outstanding Balance Beginning This Period 130.84 | Transaction ID: SD10.6612 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 130.84 |

| | | |
|--|---|----------|
| 1) SUBTOTALS This Period This Page (optional)..... | ▶ | 3330.21 |
| 2) TOTALS This Period (last page this line number only)..... | ▶ | 15285.12 |
| 3) TOTALS 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) | ▶ | |