28039751140

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

> FEC FORM 3X Rev. 12/2004

			Office U	
1. NAME OF TYP COMMITTEE (in full)		xample: If typing, type wer the lines.	12FE4M5	-AF 8: 25
HAMSON PROFE	SSIONAL SE	RUICES I	NG PACE	للللللل
			11111	
ADDRESS (number and street)	5,25,500,741	$STX_{1}H_{1}$ ST_{1}	· · · · · · · · · · · · · · · · · · ·	لىلبىل
Check if different	11111111			ليستنسا
than previously reported. (ACC)	PRINGFIELD	لىسىسك	E4 1627	لىسا-193
2. FEC IDENTIFICATION NUMB	ER ▼ CITY ▲		STATE A	ZIP CODE
00040612	3. IS THIS REPOR		AMENDED (A)	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election	(b) Monthly Report Due On: Mar 20 (Mar	Jun 20 (M6) Jul 20 (M7) Primary (12P) Convention (12C)		Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R)
Year Only) (MY) Termination Report (TER)	POST-Election Report for the: Election on	General (30G)	Runoff (30R)	in the State of
5. Covering Period 0.5	' 6.1 ' 2008	through O.	3 31 28	<u>08</u>
Type or Print Name of Treasurer	Jo Ellen	Knowledge and belief it is the	rue, correct and comple	ere.
Signature of Treasurer NOTE: Submission of false, erroneou	s, or incomplete information ma	y subject the person signing	Date OCA / L	3 / 2008 dies of 2 U.S.C. §437g.

FE5AN015

Office

Use Only

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

HAUSON

Report Covering the Period: From:

PROFESSIONAL

CICUICE

īo:

03131

2008

COLUMN A This Period COLUMN B
Calendar Year-to-Date

(a) Cash on Hand January 1,

(b) Cash on Hand at

2008

- in alimentarial
- 1221500
- (c) Total Receipts (from Line 19)

(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines

Beginning of Reporting Period.....

6(a) and 6(c) for Column B).....

- _
- 1046000

- 7. Total Disbursements (from Line 31).......
- 250.00
- 5485,00

- 1196500
- 11,965,00

- 9. Debts and Obligations Owed TO
 the Committee (Itemize all on
 Schedule C and/or Schedule D)
- 10. Debts and Obligations Owed BY
 the Committee (Itemize all on
 Schedule C and/or Schedule D)
- \mathcal{O}

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

Page 3

HANSON Profession	al Selvices =	INC PAC
Report Covering the Period: From: 05	01 2008 т	05 31 2008
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
. (a) Individuals/Persons Other		
Than Political Committees	Value de la constitución de la c	1250000
(i) Itemized (use Schedule A)		12000
(ii) Uniternized		And the Control of th
(iii) TOTAL (add	\circ	12 50001
Lines 11(a)(i) and (ii)		
(b) Political Party Committees		
(b) Political Party Committees		
(such as PACs)		
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	\mathcal{O}	12500.00
12. Transfers From Affiliated/Other		The state of the s
Party Committees		
13. All Loans Received		
 	harden den den den den den den den den den	and and and an included the state of the sta
14. Loan Repayments Received		
15. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)		
16. Refunds of Contributions Made to Federal Candidates and Other		
Political Committees		
17. Other Federal Receipts		
(Dividends, Interest, etc.)		
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account		
(from Schedule H3)		
Types .	di saturik na silikuwa ka panjangan kanan ka Kanan kanan ka	
(b) Levin Funds (from Schedule H5)		
(D) Levill I side (nom constant its) minut		
(c) Total Transfers (add 18(a) and 18(b))		·
(0) 10 (0)		
19. Total Receipts (add Lines 11(d),	the section of the se	Sandandrading desired and and and and
12, 13, 14, 15, 16, 17, and 18(c))		125000
		· programme the control of the contr
20. Total Federal Receipts	The state of the state of the state of	
(subtract Line 18(c) from Line 19)▶		125000

28039751142

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4 **COLUMN A COLUMN B** II. Disbursements Total This Period Calendar Year-to-Date 21. Operating Expenditures:
(a) Allocated Federal/Non-Federal Activity (from Schedule H4) Federal Share (ii) Non-Federal Share..... (b) Other Federal Operating Expenditures (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶ 22. Transfers to Affiliated/Other Party Committees.....Contributions to Federal Candidates/Committees and Other Political Committees...... 000 24. Independent Expenditures (use Schedule E) Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) 26. Loan Repayments Made..... Than Political Committees Political Party Committees Other Political Committees (such as PACs)..... (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).......... ▶ 29. Other Disbursements 30. Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share (ii) "Levin" Share (b) Federal Election Activity Paid Entirely With Federal Funds..... (c) Total Federal Election Activity (add ... Lines 30(a)(i), 30(a)(ii) and 30(b))....▶ 31. Total Disbursements (add Lines 21(c), 22, 25000 23, 24, 25, 26, 27, 28(d), 29 and 30(c))... 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....

DETAILED SUMMARY PAGE

of Disbursements

	FEC Form 3X (Rev. 02/2003)	or bisburgernerits	Page 5
111.	Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Total Contributions (other than loans) (from Line 11(d), page 3)		12500.ph
34.	Total Contribution Refunds (from Line 28(d))		
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)		1250000
36.	Total Federal Operating Expenditures		
37.	(add Line 21(a)(i) and Line 21(b))▶ Offsets to Operating Expenditures	named language and district from the same of the same	
38.	(from Line 15, page 3) Net Operating Expenditures		
٠.	(subtract Line 37 from Line 36)	D	0

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)		LINE		MBER	:	PAG	E /	C)F/	
for each category of the Detailed Summary Page	·	11a 13	F	11b	П	11c 15	F	12 16	_]17
not be sold or used by any pe										s

TEMIZED RECEIPTS	Detailed Summary Page	11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and	may not be sold or used by any pers address of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	•	
HANSON Profes	SIONAL SEKU	INC PAC
Full Name (Last, First, Middle Initial) A.		Date of Receipt
Mailing Address		NAM / DAD / VAVAVAV
City State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		
Name of Employer Occupat	ion	1
Receipt For: Primary General Other (specify) ▼	ate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) B.		Date of Receipt
Mailing Address		المستدرا القيها المسا
City State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	general mentiones de construentes de construen	
Name of Employer . Occupa	tion .	7
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	ate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) C.		Date of Receipt
Malling Address		
City State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		
Name of Employer Occupa	ation	1
Receipt For: Primary General Other (specify) ▼	gate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

TEMIZED DISBUR	SEMENTS	for each category of Detailed Summary P	the Collect Only	one) 22	24 25 26 28c 29 30b
Any information copied fron or for commercial purposes	such Reports and Stater, other than using the nar	ments may not be sold ne and address of any	or used by any perso political committee to	on for the purpose of solicit contributions fr	soliciting contributions om such committee.
	SON PRO	fessionA	K Serv	IIČES II	vc PAC
Full Name (Last, First, MA. Collega Mailing Address 5008	À	J CAMPO	4	Date of Disbursem	ent 2008
Purpose of Disbursement Political Control Candidate Name Candidate Name Colle Office Sought: District	Atteld tribution for en Calla House Senate President ct: 18		Category/ Type	Amount of Each Di	isbursement this Period
Full Name (Last, First, B. Mailing Address	Middle Initial)			Date of Disbursem	ent
City Purpose of Disburseme Candidate Name Office Sought:	House Disburs Senate President	ement For: Primary Ger Other (specify)	Category/ Type	Amount of Each D	isbursement this Period
Full Name (Last, First, C. Mailing Address	Middle Initial)			Date of Disbursen	nent
City		State Zip Cod	9		
Purpose of Disbursem Candidate Name		sement For:	Category/ Type	Amount of Each D	Disbursement this Period
Office Sought: State: Dis	House Disburs Senate President		neral		
SUBTOTAL of Disburse	ments This Page (optiona)	>		250.00
TOTAL This Period (las	t page this line number or	nly)	······		250,00

PAGE

FOR LINE NUMBER:

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N.J.	
(C)	
7	

SCHEDUL	EΒ	(FEC	Form	3X)
ITEMIZED	DISB	URSE	MENT	S

CHEDOLE B (FLO Form 5X)	Use separate schedule(s)	FOR LINE	
TEMIZED DISBURSEMENTS	for each category of the	(check only	one) 22
	Detailed Summary Page	27	28a 28b 28c 29 30b
Any information copied from such Reports and Staten	nents may not be sold or used	by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the name	ne and address of any politica	committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
HANSON Professin	DUAL SURVICE	ies I	tuc VAC
Full Name (Last, First, Middle Initial)			
4.		i	Date of Disbursement
			Man \ BIR \ LALLE COLOR
Mailing Address			manufacture and a second
City	State Zip Code		
Purpose of Disbursement	т,	re-regularity out-of	
			Amount of Each Disbursement this Period
Candidate Name	,	Category/	The state of the s
THE STATE OF THE S		Туре	Banadarandaran Tarabaran Indonésia (mandaran Banadaran Bana)
Office Sought: House Disburser Senate	Primary General		
President	Other (specify)	·	·
State: District:			
Full Name (Last, First, Middle Initial)			
В.			Date of Disbursement
Mailing Address			Many / Daby / Table /
Manna Vagesa			broadened involves provinces continued
City	State Zip Code		
Purpose of Disbursement	T	and the conference	
			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	
Office Sought: House Disbursel	ment For:	туре	homeonic continued December in the and the section of the section
Senate	Primary General	٠.	•
President	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			Date of Disbursement
C.			Sale of Disputsion Industrian
Mailing Address			
City	State Zip Code		
			·
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		Category/	The second secon
		Туре	
` L_J	ment For:		
Senate President	Primary ☐ General Other (specify) ▼		
State: District:	Caron (opposit)		
SUBTOTAL of Disbursements This Page (optional).			
TOTAL This Period (last page this line number only	·)	··············	

SCHEDULE C (FEC Form 3X) LOANS

DANS	Use separate schedule(s) FAGE OF OF for each category of the Detailed Summary Page FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full) HANSON PROFESSION AC	
LOAN SOURCE Full Name (Last, First, Middle Initial) Mailing Address	Election: Primary General Other (specify)
City State ZIP Cod	le·
Original Amount of Loan Cumulative Payment To I	Date Balance Outstanding at Close of This Period
Date Incurred Date Due List All Endorsers or Guarantors (if any) to Loan Source	Interest Rate Secured: Yes No
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation Amount
City State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Amount
City State ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	· · · · · · · · · · · · · · · · · · ·
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summarv.

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SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

	_
1	9
\Box	10

NAME OF COMMITTEE (In Full)		
HANSON PRO-	fessionAL Serv	ices INC PAC
A. Full Name (Last, First, Middle Initial) of Debt	for or Creditor	Nature of Debt (Purpose):
		_
Mailing Address	·	
City State	Zip Code	•
<u> </u>		
Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
	and the subsection of the subs	
B. Full Name (Last, First, Middle Initial) of Debte	or or Creditor	Nature of Debt (Purpose):
1	•	
Malling Address		1
City State	Zip Code	-
Cry State		·
Outstanding Balance Beginning This Period		
	·	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
	Payment This Period	Outstanding Balance at Close of This Period
Amount Incurred This Period		
		Outstanding Balance at Close of This Period Nature of Debt (Purpose):
Amount Incurred This Period C. Full Name (Last, First, Middle Initial) of Deb		
Amount Incurred This Period		
Amount Incurred This Period C. Full Name (Last, First, Middle Initial) of Deb		
Amount Incurred This Period C. Full Name (Last, First, Middle Initial) of Det Mailing Address City	otor or Creditor	
Amount Incurred This Period C. Full Name (Last, First, Middle Initial) of Det Mailing Address	otor or Creditor	
Amount Incurred This Period C. Full Name (Last, First, Middle Initial) of Det Mailing Address City Outstanding Balance Beginning This Period	otor or Creditor State Zip Code	Nature of Debt (Purpose):
Amount Incurred This Period C. Full Name (Last, First, Middle Initial) of Det Mailing Address City	otor or Creditor	
Amount Incurred This Period C. Full Name (Last, First, Middle Initial) of Det Mailing Address City Outstanding Balance Beginning This Period	otor or Creditor State Zip Code	Nature of Debt (Purpose):
Amount Incurred This Period C. Full Name (Last, First, Middle Initial) of Det Mailing Address City Outstanding Balance Beginning This Period	otor or Creditor State Zip Code	Nature of Debt (Purpose):
Amount Incurred This Period C. Full Name (Last, First, Middle Initial) of Det Mailing Address City Outstanding Balance Beginning This Period	State Zip Code Payment This Period	Nature of Debt (Purpose):
Amount Incurred This Period C. Full Name (Last, First, Middle Initial) of Det Mailing Address City Outstanding Balance Beginning This Period Amount Incurred This Period 1) SUBTOTALS This Period This Page (optional)	State Zip Code Payment This Period	Nature of Debt (Purpose):
Amount Incurred This Period C. Full Name (Last, First, Middle Initial) of Det Mailing Address City Outstanding Balance Beginning This Period Amount Incurred This Period	State Zip Code Payment This Period	Nature of Debt (Purpose):
Amount Incurred This Period C. Full Name (Last, First, Middle Initial) of Det Mailing Address City Outstanding Balance Beginning This Period Amount Incurred This Period 1) SUBTOTALS This Period This Page (optional)	State Zip Code Payment This Period ber only)	Nature of Debt (Purpose):
Amount Incurred This Period C. Full Name (Last, First, Middle Initial) of Det Mailing Address City Outstanding Balance Beginning This Period Amount Incurred This Period 1) SUBTOTALS This Period (last page this line number)	State Zip Code Payment This Period ber only)	Nature of Debt (Purpose): Outstanding Balance at Close of This Period

SCHEDULE D (FEC Form 3X)	(Use separate	PAGE / OF 7
DEBTS AND OBLIGATIONS	schedule(s) FOI	R LINE NUMBER:
Excluding Loans	for each (che numbered line)	eck only one) 9
NAME OF COMMITTEE (In Full)	·	
HANSON PROFESSIONAL.	SELVICES I	INC PAC
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (I	Purpose):
·		
Mailing Address		
City State Zip Code		•
City State 2-p doct		<u>.</u>
Outstanding Balance Beginning This Period		
And the state of t	•	
Amount Incurred This Period Payment This Period	Outstanding Ba	lance at Close of This Period
Willough thousand the Lend	Ortogramme and	indice of Close of Tills Fellon
Construction of the state of th		
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address		
		: :
City State Zip Code		
	 	· · · · · · · · · · · · · · · · · · ·
Outstanding Balance Beginning This Period		
		•
Amount Incurred This Period Payment This Period	Outstanding Ba	alance at Close of This Period
handen der	hadaal kaskaalaa/ik	witness and the second
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address		
City State Zip Code		
City State Zip Code		
Outstanding Balance Beginning This Period		
Amount Incurred This Period Payment This Period	Onterwing Brandward	alance at Close of This Period
		and the second
	- Transferrance	n familia reflect dependencia collectoria
1) SUBTOTALS This Period This Page (optional)		
2) TOTALS This Period (last page this line number only)		\mathcal{D}
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	>	2

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) >

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING The FEC added this page to the end of this filing to indicate I	-	
Hand Delivered	Date of Receipt	
USPS First Class Mail	Postmarked	
USPS Registered/Certified	Postmarked (R/C)	
USPS Priority Mail	Postmarked	
Delivery Confirmation™ or Signature Confirmation™ Label		
USPS Express Mail	Postmarked	
Postmark Illegible		
No Postmark		
Overnight Delivery Service (Specify):	Shipping Date	
Next Business	s Day Delivery	
Received from House Records & Registration Office	Date of Receipt	
Received from Senate Public Records Office	Date of Receipt	
Received from Electronic Filing Office	Date of Receipt	
Other (Specify):	eceipt or Postmarked	
Inco	C/18/60	
PREPARER (3/2005)	DATE PREPARED	