

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS
For Other Than An Authorized Committee

RECEIVED
Office Use Only

12030923269

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

2012 OCT 22 PM 1:30
FEC MAIL CENTER

HANSON PROFESSIONAL SERVICES INC PAC

ADDRESS (number and street) ▼

1525 SOUTH SIXTH STREET

Check if different than previously reported. (ACC)

SPRINGFIELD IL 62703

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00406124

3. IS THIS REPORT

NEW (N)

OR

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 Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Oct 20 (M10)
- Aug 20 (M8)
- Sep 20 (M9)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

Election on

MM / DD / YYYY

in the State of

State

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

MM / DD / YYYY

in the State of

State

5. Covering Period

09 / 01 / 2012

through

09 / 30 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

JO ELLEN KEIM

Signature of Treasurer

Date

10 / 12 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only									
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FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

HANSON PROFESSIONAL SERVICES INC. PAC

Report Covering the Period: From:

MM / DD / YYYY
09 / 01 / 2012

To:

MM / DD / YYYY
09 / 30 / 2012

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand January 1, 2012		4015 00
(b) Cash on Hand at Beginning of Reporting Period.....	4965 00	
(c) Total Receipts (from Line 19).....	250 00	6000 00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	5215 00	10015 00
7. Total Disbursements (from Line 31).....	1500 00	6300 00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	3715 00	3715 00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	00	

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

12030923270

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

HANSON PROFESSIONAL SERVICES INC. PAC

Report Covering the Period: From: M M / D D / Y Y Y Y 09 / 01 / 2012 To: M M / D D / Y Y Y Y 09 / 30 / 2012

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	250 00	6000 00
(ii) Unitemized.....		
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	250 00	6000 00
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	250 00	6000 00
12. Transfers From Affiliated/Other Party Committees.....		
13. All Loans Received.....		
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).....		
(b) Levin Funds (from Schedule H5).....		
(c) Total Transfers (add 18(a) and 18(b))..		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	250 00	6000 00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	250 00	6000 00

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DETAILED SUMMARY PAGE
of Disbursements

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II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	00	00
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1 5 0 0 0 0	6 3 0 0 0 0
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....		
29. Other Disbursements		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	1 5 0 0 0 0	6 3 0 0 0 0
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1 5 0 0 0 0	6 3 0 0 0 0

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	250 00	6000 00
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	250 00	6000 00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	00	00
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	00	00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 1

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

HANSON PROFESSIONAL SERVICES INC. PAC

Full Name (Last, First, Middle Initial)

A. COLLORA, EDWARD

Mailing Address

6 STONEWALL CT

City

RINGWOOD

State

NJ

Zip Code

07456

FEC ID number of contributing federal political committee.

C

Name of Employer

HANSON PROFESSIONAL SERVICES INC.

Occupation

SENIOR VP

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250 00

Date of Receipt

09 / **26** / **2012**

Amount of Each Receipt this Period

250 00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

/ /

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

/ /

Amount of Each Receipt this Period

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

250 00

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

250 00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)
HANSON PROFESSIONAL SERVICES INC. PAC

Full Name (Last, First, Middle Initial)

A. RODNEY DAVIS FOR CONGRESS

Date of Disbursement

M	M	09	D	D	18	Y	Y	Y	Y	Y	Y
---	---	----	---	---	----	---	---	---	---	---	---

Mailing Address
PO BOX 344

City State Zip Code
TAYLORVILLE IL 62568

Purpose of Disbursement
CONTRIBUTION TO FEDERAL CANDIDATE

011
Category/ Type

Amount of Each Disbursement this Period

1	0	0	0	0	0
---	---	---	---	---	---

Candidate Name
RODNEY DAVIS

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: **IL** District: **13**

Full Name (Last, First, Middle Initial)

B. JOHN MICA FOR CONGRESS

Date of Disbursement

M	M	09	D	D	24	Y	Y	Y	Y	Y	Y
---	---	----	---	---	----	---	---	---	---	---	---

Mailing Address
PO BOX 181546

City State Zip Code
CASSELBERRY FL 32718-1546

Purpose of Disbursement
CONTRIBUTION TO FEDERAL CANDIDATE

011
Category/ Type

Amount of Each Disbursement this Period

5	0	0	0	0	0
---	---	---	---	---	---

Candidate Name
JOHN MICA

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: **FL** District: **7**

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
---	---	--	---	---	--	---	---	---	---	---	---

Mailing Address

City State Zip Code

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

--	--	--	--	--	--

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

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

1	5	0	0	0	0
---	---	---	---	---	---

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

1	5	0	0	0	0
---	---	---	---	---	---

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SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full)
HANSON PROFESSIONAL SERVICES INC. PAC

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

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. 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).....▶	<input type="text" value="00"/>
TOTALS This Period (last page in this line only).....▶	<input type="text" value="00"/>

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

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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)

9
 10

NAME OF COMMITTEE (In Full)

HANSON PROFESSIONAL SERVICES INC. PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>
Amount Incurred This Period <input type="text"/>		

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 <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>
Amount Incurred This Period <input type="text"/>		

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>
Amount Incurred This Period <input type="text"/>		

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="00"/>

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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)

9
 10

NAME OF COMMITTEE (In Full)
HANSON PROFESSIONAL SERVICES INC. PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input style="width:95%; height: 15px;" type="text"/>	Payment This Period <input style="width:95%; height: 15px;" type="text"/>	Outstanding Balance at Close of This Period <input style="width:95%; height: 15px;" type="text"/>
Amount Incurred This Period <input style="width:95%; height: 15px;" type="text"/>		

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 <input style="width:95%; height: 15px;" type="text"/>	Payment This Period <input style="width:95%; height: 15px;" type="text"/>	Outstanding Balance at Close of This Period <input style="width:95%; height: 15px;" type="text"/>
Amount Incurred This Period <input style="width:95%; height: 15px;" type="text"/>		

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input style="width:95%; height: 15px;" type="text"/>	Payment This Period <input style="width:95%; height: 15px;" type="text"/>	Outstanding Balance at Close of This Period <input style="width:95%; height: 15px;" type="text"/>
Amount Incurred This Period <input style="width:95%; height: 15px;" type="text"/>		

1) SUBTOTALS This Period This Page (optional)..... ▶	<input style="width:95%; height: 15px;" type="text" value="00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input style="width:95%; height: 15px;" type="text" value="00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input style="width:95%; height: 15px;" type="text" value="00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input style="width:95%; height: 15px;" type="text" value="00"/>

12030923278

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)
10/17/12

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 Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

Amw
 PREPARER

10/22/12
 DATE PREPARED

12030923279