

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
2011 MAY 25 AM 11:45

FEC Office Use Only
FEC MAIL CENTER

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

HANSON PROFESSIONAL SERVICES INC PAC

ADDRESS (number and street)

1525 SOUTH SIXTH ST

Check if different than previously reported. (ACC)

SPRINGFIELD ILL 61703

2. FEC IDENTIFICATION NUMBER ▼

C00406124

CITY ▲ STATE ▲ ZIP CODE ▲

3. IS THIS REPORT NEW OR AMENDED
 NEW (N) 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) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
- Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
- Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

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

- Primary (12P) General (12G) Runoff (12R)
 - Convention (12C) Special (12S)
- Election on [] [] [] in the State of []

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

- General (30G) Runoff (30R) Special (30S)
- Election on [] [] [] in the State of []

5. Covering Period

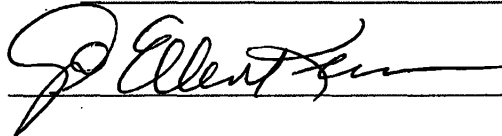
04 ' 01 ' 2011 through 09 ' 30 ' 2011

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

05 ' 19 ' 2011

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

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: 04 01 2011 To: 04 30 2011

**COLUMN A
This Period**

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

| | | |
|--|----------------|----------------|
| 6. (a) Cash on Hand January 1, <u>2011</u> | | <u>2815.00</u> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <u>5915.00</u> | |
| (c) Total Receipts (from Line 19) | <u>500.00</u> | <u>5100.00</u> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <u>6415.00</u> | <u>7915.00</u> |
| 7. Total Disbursements (from Line 31)..... | <u>1200.00</u> | <u>2700.00</u> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <u>5215.00</u> | <u>5215.00</u> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | <u>0</u> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | <u>0</u> | |

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**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

HANSON PROFESSIONAL SERVICES INC. PAC

Report Covering the Period: From: **04 ' 01 ' 2011** To: **04 ' 30 ' 2011**

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).....

500.00

5,100.00

(ii) Unitemized
(iii) TOTAL (add
Lines 11(a)(i) and (ii)..... ▶

500.00

5,100.00

(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)..... ▶

500.00

5,100.00

12. Transfers From Affiliated/Other
Party Committees.....

0.00

0.00

13. All Loans Received.....

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures
(Refunds, Rebates, etc.)
(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made
to Federal Candidates and Other
Political Committees.....

0.00

0.00

17. Other Federal Receipts
(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds
(a) Non-Federal Account
(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5).....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

500.00

5,100.00

20. Total Federal Receipts
(subtract Line 18(c) from Line 19)..... ▶

500.00

5,100.00

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**DETAILED SUMMARY PAGE
of Disbursements**

FEC Form 3X (Rev. 02/2003)

Page 5

| 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) | 500.00 | 5100.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | | |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 500.00 | 5100.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 0 | 0 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | | |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0 | 0 |

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**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 | OF |
| <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

A. Full Name (Last, First, Middle Initial)
POTTS, GARY J

Mailing Address
12215 CHEROKEE ST

City **LEAWOOD** State **KS** Zip Code **66209-2148**

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

Name of Employer **HANSON PROFESSIONAL SERVICES INC** Occupation **SR. VP**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
04 / 18 / 2011

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
WILKINSON, EUGENE R

Mailing Address
5 CARAVAN LN

City **SPRINGFIELD** State **IL** Zip Code **62712**

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

Name of Employer **HANSON PROFESSIONAL SERVICES INC** Occupation **CHAIRMAN**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
09 / 28 / 2011

Amount of Each Receipt this Period
250.00

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

Mailing Address

City State Zip Code

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

Name of Employer **HANSON PROFESSIONAL SERVICES INC** 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)..... | 500.00 |
| TOTAL This Period (last page this line number only)..... | 500.00 |

**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) | | | | | | PAGE | OF |
| | <input type="checkbox"/> 21b 27 | <input type="checkbox"/> 22 28a | <input checked="" type="checkbox"/> 23 28b | <input type="checkbox"/> 24 28c | <input type="checkbox"/> 25 29 | <input type="checkbox"/> 26 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

A.

Full Name (Last, First, Middle Initial)
ACEC PAC

Date of Disbursement
04 / 20 / 2011

Mailing Address
1015 15th STREET N.W. 8th FLOOR

City **WASHINGTON DC** State Zip Code **20005-2605**

Purpose of Disbursement
CONTRIBUTION TO PAC TO SUPPORT FEDERAL CANDIDATES

Candidate Name
N/A

Amount of Each Disbursement this Period
200.00

Category/Type
011

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

State: District:

B.

Full Name (Last, First, Middle Initial)
COSTELLO FOR CONGRESS COMMITTEE

Date of Disbursement
04 / 22 / 2011

Mailing Address
PO BOX 8250

City **BELLEVILLE IL** State Zip Code **62222**

Purpose of Disbursement
CONTRIBUTION TO FEDERAL CANDIDATE

Candidate Name
JERRY F. COSTELLO

Amount of Each Disbursement this Period
1,000.00

Category/Type
011

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

State: **IL** District: **12**

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Amount of Each Disbursement this Period

Category/Type

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

State: District:

SUBTOTAL of Disbursements This Page (optional)..... **1,200.00**

TOTAL This Period (last page this line number only)..... **1,200.00**

SCHEDULE C (FEC Form 3X)

LOANS

| | | |
|---|------------------------|----|
| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE | OF |
| | FOR LINE 13 OF FORM 3X | |

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 |
| | | |

| | | | | |
|-------|----------------|----------------|---------------|--|
| TERMS | Date Incurred | Date Due | Interest Rate | Secured: |
| | MM / DD / YYYY | MM / DD / YYYY | % (apr) | <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: |
| 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 |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |

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

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

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

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 | Payment This Period | Outstanding Balance at Close of This Period |
| Amount Incurred This Period | | |

| | |
|--|---------------------------|
| 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 | Payment This Period | Outstanding Balance at Close of This Period |
| Amount Incurred This Period | | |

| | |
|--|---------------------------|
| 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 | Payment This Period | Outstanding Balance at Close of This Period |
| Amount Incurred This Period | | |

| | |
|---|---|
| 1) SUBTOTALS This Period This Page (optional)..... | 0 |
| 2) TOTALS This Period (last page this line number only)..... | 0 |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | 0 |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | 0 |

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

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 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |

| | |
|--|---------------------------|
| 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 Balance at Close of This Period | |

| | |
|--|---------------------------|
| 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 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |

| | | | | | |
|---|---|--|--|--|--|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | <table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table> | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 2) TOTALS This Period (last page this line number only)..... ▶ | | | | | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶ | | | | | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | | | | | |

1103061316

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)
5/20/11

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

JMN 5/25/11
 PREPARER DATE PREPARED

11030611317