

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

2008 MA Office Use Only 8-39

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 HANSON PROFESSIONAL SERVICES INC PAC

ADDRESS (number and street) 1525 SOUTH SIXTH ST SPRINGFIELD IL 62703

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE C00406124

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special.

5. Covering Period 02/01/2008 through 02/29/2008

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 [Signature] Date 03/20/2008

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

28039662356

**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: To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2008"/>		<input type="text" value="495000"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="445000"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="700000"/>	<input type="text" value="700000"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="1145000"/>	<input type="text" value="1195000"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="50000"/>	<input type="text" value="100000"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1095000"/>	<input type="text" value="1095000"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0"/>	

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

28039662357

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

HANSON PROFESSIONAL SERVICES INC PAC

Report Covering the Period: From:

MM ' DD ' YYYY
02 ' 01 ' 2008

To:

MM ' DD ' YYYY
02 ' 29 ' 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
(i) Itemized (use Schedule A).....

7 000 00

7 000 00

(ii) Unitemized.....

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

7 000 00

7 000 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).....▶

7 000 00

7 000 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)).....▶

7 000 00

7 000 00

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

7 000 00

7 000 00

28039662558

**DETAILED SUMMARY PAGE
of Disbursements**

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))		
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	500.00	1,000.00
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))....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	500.00	1,000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	500.00	1,000.00

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex-
penditures

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

33. Total Contributions (other than loans) (from Line 11(d), page 3)	7,000.00	7,000.00
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7,000.00	7,000.00
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

28039662360

**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 5	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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)
Pecori, Sergio A

Mailing Address
4517 Turtle Bay

City **Springfield** State **IL** Zip Code **62711**

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

Name of Employer
Hanson Professional Services Inc. Occupation **CEO/President**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
02 / **14** / **2008**

Amount of Each Receipt this Period
750.00

B. Full Name (Last, First, Middle Initial)
Ball, Jeffery T

Mailing Address
10142 WICS Rd.

City **Dawson** State **IL** Zip Code **62520**

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

Name of Employer
Hanson Professional Services Inc. Occupation **VP - engineer**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
02 / **19** / **2008**

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Keim, Jo Ellen

Mailing Address
15251 West Lami Road

City **New Berlin** State **IL** Zip Code **62670**

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

Name of Employer
Hanson Professional Services Inc. Occupation **SV/PICFO ACCOUNTANT**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
02 / **25** / **2008**

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... **1750.00**

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

28039662361

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 2 OF 5

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

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NAME OF COMMITTEE (In Full)

Hanson Professional Services Inc. PAC

Full Name (Last, First, Middle Initial)

A. Messmore, James P.

Mailing Address

1987 Brentwood Lane

City

Wheaton

State

IL

Zip Code

60187

FEC ID number of contributing federal political committee.

C

Date of Receipt

02 / 19 / 2008

Amount of Each Receipt this Period

500.00

Name of Employer

Hanson Professional Services Inc.

Occupation

Senior VP engineer

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Full Name (Last, First, Middle Initial)

B. Cusick, Robert W.

Mailing Address

40 Villa Grove

City

Springfield

State

IL

Zip Code

62712

FEC ID number of contributing federal political committee.

C

Date of Receipt

02 / 25 / 2008

Amount of Each Receipt this Period

500.00

Name of Employer

Hanson Professional Services Inc.

Occupation

Exec VP engineer

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Full Name (Last, First, Middle Initial)

C. Vornidran, David A.

Mailing Address

6054 Brookshire Dr.

City

Pittsboro

State

IN

Zip Code

461167

FEC ID number of contributing federal political committee.

C

Date of Receipt

02 / 19 / 2008

Amount of Each Receipt this Period

500.00

Name of Employer

Hanson Professional Services Inc.

Occupation

VP engineer

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

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

1500.00

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

28039662362

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

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

FOR LINE NUMBER: PAGE 3 OF 5
(check only one)
 11a 13
 11b 14
 11c 15
 12 16
 17

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NAME OF COMMITTEE (In Full)
Hanson Professional Services Inc. PAC

Full Name (Last, First, Middle Initial)
A. Bartolomucci, Thomas E.
 Mailing Address
9390 Old Indian Trail
 City **Chatham** State **IL** Zip Code **62629**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **Hanson Professional Services Inc.** Occupation **AVP engineer**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
02 ' 15 ' 2008
 Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Lundio, Tracy K.
 Mailing Address
2331 Chesapeake Landing
 City **Springfield** State **IL** Zip Code **62707**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **Hanson Professional Services Inc.** Occupation **Senior VP engineer**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
02 ' 14 ' 2008
 Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Freitag, Joan C.
 Mailing Address
176 Maple Grove
 City **Springfield** State **IL** Zip Code **62712**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **Hanson Professional Services Inc.** Occupation **VP MARKETING**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
02 ' 20 ' 2008
 Amount of Each Receipt this Period
500.00

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

1500.00

28039662363

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 4 OF 5
 (check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Hanson Professional Services Inc. PAC

A. Full Name (Last, First, Middle Initial)
Knuckey, Todd A
 Mailing Address
10604 BLACK IRON ROAD
 City **Louisville** State **KY** Zip Code **40291**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **Hanson Professional Services Inc.** Occupation **VP - engineer**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
02 ' 19 ' 2008
 Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
WILKINSON, EUGENE R
 Mailing Address
5 CARAVAN LANE
 City **Springfield** State **IL** Zip Code **62707**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **Hanson Professional Services Inc.** Occupation **Chairman - engineer**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
02 ' 13 ' 2008
 Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Borrowman, Phillip E
 Mailing Address
8205 W 154th Street
 City **Overland Park** State **KS** Zip Code **66223**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **Hanson Professional Services Inc.** Occupation **SENIOR VP - engineer**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
02 ' 25 ' 2008
 Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... **1,500.00**
 TOTAL This Period (last page this line number only).....

28059662564

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 5 OF 5

<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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Hanson Professional Services Inc. PAC

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

Mailing Address
 2005 Oak Creek Road

City Springfield State IL Zip Code 62704

FEC ID number of contributing federal political committee. C

Name of Employer Hanson Professional Services Inc. Occupation engineer

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date 500.00

Date of Receipt

02 / 14 / 2008

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
 Comella, Anthony C

Mailing Address
 34 OKLAHOMA COURT

City Morton State IL Zip Code 61550

FEC ID number of contributing federal political committee. C

Name of Employer Hanson Professional Services Inc. Occupation HR Director

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date 500.00

Date of Receipt

02 / 25 / 2008

Amount of Each Receipt this Period

500.00

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

0

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

750.00

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

7,000.00

28039662365

**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 1 OF 1		
	<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

A. Full Name (Last, First, Middle Initial) **Volunteers for Shimkus**

Mailing Address **PO Box 5458**

City **Springfield** State **IL** Zip Code **62705**

Purpose of Disbursement **political contribution** Federal candidate Category/Type

Candidate Name **John Shimkus**

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

State: **IL** District: **19**

Date of Disbursement **02 / 28 / 2008**

Amount of Each Disbursement this Period **500.00**

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... **500.00**

TOTAL This Period (last page this line number only)..... **500.00**

28039662366

**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	<input type="checkbox"/> 22	<input 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 checked="" 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)

Date of Disbursement

MM	DD	YYYY
----	----	------

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Amount

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM	DD	YYYY
----	----	------

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Amount

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM	DD	YYYY
----	----	------

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Amount

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

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

Amount

Amount

28039662367

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:

- Primary
- General
- Other (specify) ▼

Mailing Address

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

[Empty box for Original Amount of Loan]

[Empty box for Cumulative Payment To Date]

[Empty box for Balance Outstanding at Close of This Period]

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

[Empty box for Date Incurred]

[Empty box for Date Incurred]

[Empty box for Date Incurred]

[Empty box for Date Due]

[Empty box for Date Due]

[Empty box for Date Due]

[Empty box for Interest Rate]

% (apr)

Yes 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:

[Empty box for Amount Guaranteed Outstanding]

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

[Empty box for Amount Guaranteed Outstanding]

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

[Empty box for Amount Guaranteed Outstanding]

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

[Empty box for Amount Guaranteed Outstanding]

SUBTOTALS This Period This Page (optional)..... ▶

[Empty box for SUBTOTALS] *00*

TOTALS This Period (last page in this line only)..... ▶

[Empty box for TOTALS] *00*

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

28039662368

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

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

PAGE / OF /
FOR LINE NUMBER:
(check only one) 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	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>	<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	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>	<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	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL 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"/>

280399662369

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).....	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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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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label	<input type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<input checked="" type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

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