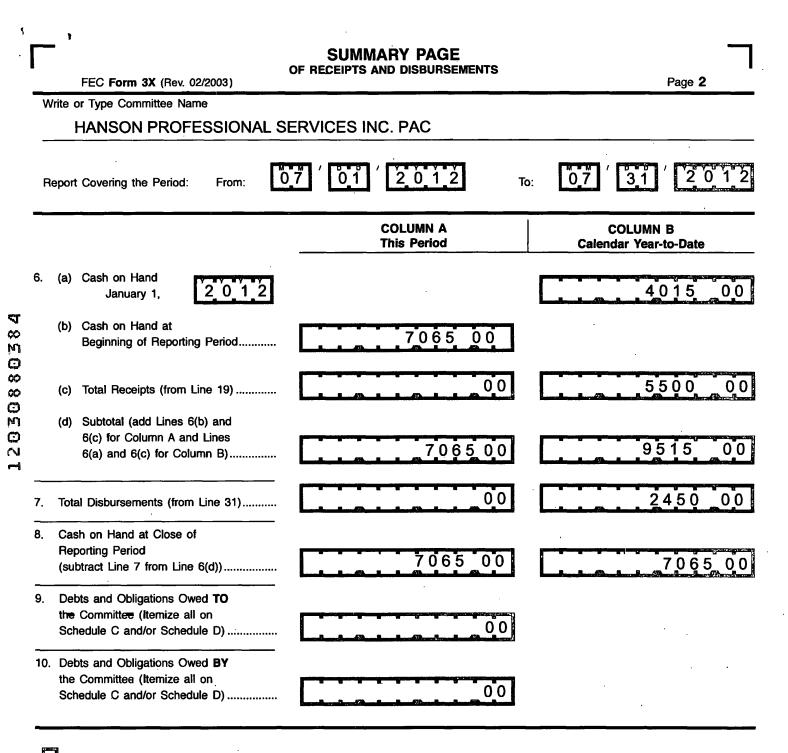
5				_	
		EPORT OF RE ND DISBURSE Other Than An Authorize	MENTS		RECEIVED
	1. NAME OF TY COMMITTEE (in full)		xample: If typing, type ver the lines.	12FE4M5 FEC	MAIL CENTER
	HANSON PROFE	SSIQNAL SER	VICES INC	PAC	
	ADDRESS (number and street)	1525 SOUTH S	IXTH STREE	<u>=</u> T 	
M 80	Check if different		<u> </u>		
M	reported. (ACĆ)	SPRINGFIELD			
8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2. FEC IDENTIFICATION NUM			STATĘ 🔺	
020	C 00406124	3. IS THIS REPOR		AMENDED (A)	
12	<ul> <li><b>4. TYPE OF REPORT</b> (Choose One)</li> <li>(a) Quarterly Reparts:</li> </ul>	(b) Monthly Report Due On: Mar 20 (M			Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election
	April 15	Apr 20 (M	4) 🔲 Jul 20 (M7)	Oct 20 (M10)	Year Only)
	Quarterly Report (Q1) July 15 Quarterly Report (Q2)	(c) 12-Day	Primary (12P)	General (12G)	Runoff (12R)
	October 15 Quarterly Report (Q3)	Report for the:	Convention (12C)	Special (12S)	
	January 31 Year-End Report (YE)	Election on			in the State of
	July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election	General (30G)	Runoff (30R)	Special (30S)
	Termination Report (TER)	Election on	/ [/ / [/ /		in the State of
	5. Covering Period		through	) ′ [ <u>3</u> 1] ′ [ <u>2</u> 0	12
	I certify that I have examined this	Report and to the best of my ki	owledge and helief it is t	nue correct and comple	, 
	Type or Print Name of Treasurer	JO ELLEN KEIM	2		
	Signature of Treasurer	gellent		Date 08 '0	8 ′ 2012
	NOTE: Submission of false, erroneou	is, or incomplete information may	subject the person signing	this Report to the penalt	ies of 2 U.S.C. §437g.
	Office Use Only				<b>FORM 3X</b> Rev. 12/2004



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

FE6AN026

# DETAILED SUMMARY PAGE of Receipts

Page 3

I.

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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12030880385

HANSON PROFESSIONAL SE	HANSON PROFESSIONAL SERVICES INC. PAC					
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		5500 00				
(i) Itemized (use Schedule A)		L				
(ii) Uniternized						
(ii) Unitemized (iii) TOTAL (add						
Lines 11(a)(i) and (ii)		<u> </u>				
(b) Political Party Committees						
(c) Other Political Committees						
(such as PACs)						
(d) Total Contributions (add Lines		<u></u>				
11(a)(iii), (b), and (c)) (Carry		5500 00				
Totals to Line 33, page 5)						
12. Transfers From Affiliated/Other						
Party Committees						
13. All Loans Received	L					
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	ليستمسم ستمسم ستمسم ستمسم المستمسم المستمسم المستمس المستمس المستمس المستمس المستم المستم المستم المستم المستم					
Political Committees	L.r.m.m.m.m.m.m.m.	L.r.m.r.m.r.m.m.m.m.				
17. Other Federal Receipts						
(Dividends, Interest, etc.)	Langer and and					
18. Transfers from Non-Federal and Levin Fund						
(a) Non-Federal Account						
(from Schedule H3)	L <u>r </u>	L <u>r.m.r.m.r.m.r.m.r.</u>				
(b) Levin Funds (from Schedule H5)	Larger margan					
(c) Total Transfers (add 18(a) and 18(b))	L. r. m. r.	L <u>r_r_n_r_r_n_r_</u>				
	·					
19. Total Receipts (add Lines 11(d),						
12, 13, 14, 15, 16, 17, and 18(c))▶		5,500 00				
20 Total Endoral Respirate						
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	00					



#### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

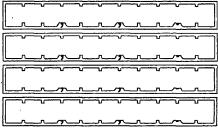
#### **COLUMN A** COLUMN B **II. Disbursements Total This Period Calendar Year-to-Date** 21. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Sohedule H4) (i) Federal Share ..... (ii) Non-Federal Share..... (b) Other Federal Operating Expenditures ..... (c) Total Operating Expenditures 0 0 (add 21(a)(i), (a)(ii), and (b)) ..... ▶ 22. Transfers to Affiliated/Other Party Committees...... Federal Candidates/Committees 00 2450 and Other Political Committees..... 24. Independent Expenditures (use Schedule E)..... Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... 26. Loan Repayments Made..... Л Loans Made..... 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)

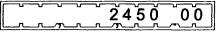
- (i) Federal Share .....
- (ii) "Levin" Share .....
- (b) Federal Election Activity Paid Entirely With Federal Funds .....
- (c) Total Federal Election Activity (add ... Lines 30(a)(i), 30(a)(ii) and 30(b)).... >
- 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..
- 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....





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### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Ex-

penditures

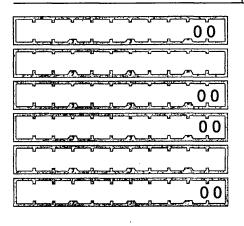
#### COLUMN A Total This Period C

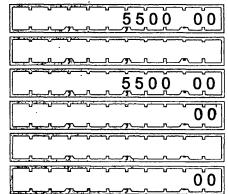
COLUMN B

Page 5

#### **Calendar Year-to-Date**

- (subtract Line 34 from Line 33) ......
  36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..........
  37. Offsets to Operating Expenditures
- (from Line 15, page 3)......38. Net Operating Expenditures
- (subtract Line 37 from Line 36) ......





SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s)	FOR LINE NUMBER: PAGE 1 OF 1 (check only one)				
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1				
	y information copied from such Reports and Statements for commercial purposes, other than using the name an						
$\backslash$	NAME OF COMMITTEE (In Full)						
$\angle$	HANSON PROFESSIONAL SEP	RVICES INC. PAC					
A.	Full Name (Last, First, Middle Initial)		Date of Receipt				
	Mailing Address						
	City State	Zip Code	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.						
	Name of Employer Occupa						
	Receipt For:     Aggreg       Primary     General       Other (specify) ▼	ate Year-to-Date ▼					
	Full Name (Last, First, Middle Initial)	<b>]</b>					
B.			Date of Receipt				
	Mailing Address						
	City State	Zip Code	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.						
	Name of Employer Occupa	ition					
		ate Year-to-Date ▼	-1				
<del>с</del> .	Full Name (Last, First, Middle Initial)	Date of Receipt					
	Mailing Address						
	City State	Zip Code	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.		and a standard and and and and and and and and and an				
	Name of Employer Occupa	ation					
	Primary General Other (specify) <del>↓</del>	gate Year-to-Date ▼					
-	UBTOTAL of Receipts This Page (optional)						

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S	HEDULE B (FEC Form 3X)				Т	FOR	LINE	E NI	NUMBER: PAGE 1 OF 1							
IT	emized dis	BURSEMENT	S	for each	parate schedule(s) category of the Summary Page			:k on 21b 27		ne) 22 28a	X	23 28b	24	F	25 29	26
A	ny information copie	ed from such Reports	and Staten	nents may	not be sold or us	sed b	y an	y per	son	for the	pur	pose o	of soliciti	ng c	ontribu	utions
or	NAME OF COMM	rposes, other than us	sing the nam	e and add	press of any politi	oal c	omm	пее	10 9		ntric	buuons			omm	
$\rangle$		ON PROFESS	IONAL S	SERVIC	ES INC. PA	C										
Α.	Full Name (Last, First, Middle Initial)									Date of	f Di	sburse	ement			
	Mailing Address								1	M. M	] ′		□ /			
	City			State	Zip Code				╞							
	Purpose of Disbursement							<u> </u>		Amoun	t of	Each	Disburs	emer	nt this	Period
	Candidate Name						Category/ Type									
	Office Sought:	House Senate President	Disburser	Primary	General			-	1							
	State:	District:		Other (spe	ecny) 🔻											
_	Full Name (Last, First, Middle Initial)								╈							
B.	,									Date o	fDi	sburse	ement	<b>7 -</b>	<u>,</u>	
	Mailing Address									L	L	L				
	City			State	Zip Code											
	Purpose of Disbursement					Amount of Each Dis										
	Candidate Name					С	atego Type									
	Office Sought:	House Senate President	Disburser	nent For: Primary Other (spe	General ecify) ▼											
-	State:	District:			<u></u>	_										
C.	Full Name (Last, First, Middle Initial)					•	•			Date o	f Di	sburse	ement		<b></b>	
	Mailing Address								1		ľ				, . ,	
	City			State	Zip Code				Ť							
	Purpose of Disbursement					Γ		7	1	Amoun	t of	Each	Disburs	emer	nt this	Period
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$\vdash$	SUBTOTAL of Disb	President		Other (sp	ecify) ▼						-	<u></u>				) (

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## SCHEDULE C (FEC Form 3X) LOANS

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Use separate schedule(s)	PAGE	1	OF	1
for each category of the Detailed Summary Page	FOR	LINE	13 OF	FC

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NE 13 OF FORM 3X

NAME OF COMMITTEE (In Fi		
HANSON PROFE	SSIONAL SERVICES INC. PA	AC
OAN SOURCE Full Night	ne (Last, First, Middle Initial)	Election:
		General
Mailing Address	· · · · · · · · · · · · · · · · · · ·	Other (specify)
City	State ZIP (	Code
Original Amount of Loan	Cumulative Payment	
	-Carland - Carland	
TERMS		Laterast Data Oscilla
		ue Interest Rate . Secured: קארייקיטיינייינייינייינייינייינייין [
		(apr) Yes No
	arantors (if any) to Loan Source	
1. Full Name (Last, First,	Middle Initial)	Name of Employer
		· ·
Mailing Address		Occupation
		· · · · · · · · · · · · · · · · · · ·
·		
City	State ZIP Code	Guaranteed Outstanding:
		Outstantuing.
2. Full Name (Last, First,	Middle Initial)	Name of Employer
Mailing Address		Occupation
Maining Address		Cocupation
		Amount
City	State ZIP Code	
, Chy		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		Occupation
		Amount
City	State ZIP Code	
		Outstanding:
· .		
SUBTOTALS This Period Thi	is Page (optional)	
TOTALS This Period (last pa	age in this line only)	
Carry outstanding balance o	mly to LINE 3, Schedule D, for this line.	If no Schedule D, carry forward to appropriate line of Summary.

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60				
	HEDULE D (FEC Form 3X)		(Use separate	PAGE 1 OF 1
DE	BTS AND OBLIGATIONS		schedule(s) for each	FOR LINE NUMBER: (check only one) X 9
Exc	luding Loans		numbered line)	
	ME OF COMMITTEE (In Full)	· ·		
	HANSON PROFESSIONAL SE	RVICES INC. PAC		
	A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Nature of D	ebt (Purpose):
	Mailing Address	· .		
-	City State	Zip Code	<b></b>	
t	Outstanding Delegas Designing This Design			
	Outstanding Balance Beginning This Period			
				•
	Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
	L <u>r_r_n_r_n_r_n</u>	<u></u>		<u></u> nn
	B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of L	ebt (Purpose):
	Mailing Address		·	
	<b>3</b>			·
	City State	Zip Code		
[	Outstanding Balance Beginning This Period			
				· · · ·
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	Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
			<u></u> ] [ <u></u> _	
	C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of D	Debt (Purpose):
	Mailing Address			
	City	State Zip Code		
ĺ	· · · · · · · · · · · · · · · · · · ·			
	Outstanding Balance Beginning This Period			
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		Devenent This Devied		
	Amount Incurred This Period	Payment This Period		ng Balance at Close of This Period
1)	SUBTOTALS This Period This Page (optional)		Þ <u>L</u>	<u> </u>
	,			
2)	TOTALS This Period (last page this line number	only)	<b>)</b>	<u></u>
_				00
3)	TOTAL OUTSTANDING LOANS from Schedule			
	ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page or		
( <sup>4</sup> )	ADD 2) and 3) and carry lorward to appropriate	ine of Summary Fage (last page of	"y/► [ <u>L_r</u>	

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SCHEDULE D (FEC Form 3X)			PAGE 1 OF 1		
		(Use separate schedule(s)	FOR LINE NUMBER:		
Excluding Loans		for each numbered line)	(check only one) 9		
NAME OF COMMITTEE (In Full)		numbered incy	X 10		
HANSON PROFESSIONAL SE	RVICES INC. PAC				
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Noture of D	ebt (Purpose):		
	Of OfBallo				
Mailing Address	,,				
	·				
City State	Zip Code				
Outstanding Balance Beginning This Period					
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period		
Langer grand	<u></u>		<u></u>		
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of D	ebt (Purpose):		
Mailing Address	- <u>-</u> .	·			
City State	Zip Code				
	·				
Outstanding Balance Beginning This Period					
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period		
L <u> </u>	<u></u>	<u></u> [ <u></u>	<u></u>		
C. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Nature of D	ebt (Purpose):		
Mailing Address	<u> </u>				
City	State Zip Code				
Outstanding Balance Beginning This Period		<b>i</b>			
Amount Insured This Period	Payment This Period	Outstandi	ng Balanaa at Class of This Bariad		
Amount Incurred This Period			ng Balance at Close of This Period		
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1) SUBTOTALS This Period This Page (optional)					
2) TOTALS This Period (last page this line number	only)	►	<u> </u>		
			00		
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 or	ly) ▶	<u> </u>		

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMI The FEC added this page to the end of this filing to indic	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C) 8/14/1
USPS Priority Mail	Postmarked
Delivery Confirmation <sup>™</sup> or Signature Co	nfirmation <sup>™</sup> Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
	ness 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
Date o	f Receipt or Postmarked
Jm10	8/22/12
PREPARER	DATE PREPARED

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