## **STATEMENT OF**

FORM 1 ORGANIZATION (See instructions)				Office use only		
NAME OF COMMITTEE (in f	ull) (Check if name is changed)	e Example: If typying, typ over the lines	12FE4M5			
Professionals	Political Action Committee,	HDR, Inc.				
ADDRESS (number and s	treet) 8404 Indian Hills	<b>Drive</b>				
(Ob each 11 a date)				1		
(Check if addre	Omaha		NE L	66114		
COMMITTEE'S E-MAII	_ ADDRESS	CITY▲	STATE▲	ZIP CODE 📥		
slming@come	rica.com					
1				1		
COMMITTEE'S WEB F	PAGE ADDRESS (URL)					
1						
<u>                                    </u>						
COMMITTEE'S FAX N	UMBER					
سا لسا						
2. DATE 0 5	/ D D / Y Y Y Y Y Y Y 2006					
3. FEC IDENTIFICA	TION NUMBER	C C00103903				
4. IS THIS STATEM	ENT NEW (N) C	R X AMENDED (	A)			
I certify that I have examin	ned this Statement and to the best of m	y knowledge and belief it is true, cor	rrect and complete			
Type or Print Name of 1	reasurer James Hoeb	erling				
Signature of Treasurer	Electronically Filed by <b>James</b>	s Hoeberling	Date 0 5	/ 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
NOTE: Submission of fals	se, erroneous, or incomplete informatio	n may subject the person signing th				
Office Use Only		For further inform Federal Election Co Toll Free 800-421-0	ommission 9530	FEC FORM 1 (Revised 02/2003)		

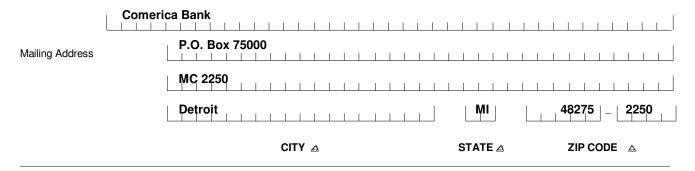
	FEOForm 1 (Revised 02	2/2003)			Page 2
5.	TYPE OF COMMITTEE (Chec	ck One)			
	(a) This committee	e is a principal campai	gn committee. (Complete the	candidate information bel	ow.)
	(b) This committee information be		mittee, and is NOT a principa	al campaign committee. (C	Complete the candidate
	Name of Candidate				
	Candidate Party Affiliation	Office Sought:	House	Senate Pr	State esident District
	(c) This committee	e supports/opposes onl	y one candidate, and is NOT	an authorized committee.	
	Name of Candidate				
	(d) This committee  (e) X This committee	e is a	(National, State (or subordinate) comr	nittee of the	(Democratic, Republican,etc.) Party.
	(f) This committee committee.	e supports/opposes mo	re than one Federal candidat	e, and is NOT a separate	segregated fund or party
6.	Name of Any Connected Org	ganization or Affiliate	ed Committee		
1	HDR, Inc.				<b>.</b>
L		1			
	Mailing Address	8404	Indian Hills Drive		
		Oma	ha	, NE	<b>68114</b>
			CITY	STATE 🛦	ZIP CODE
	Relationship con	nected			
	Type of Connected Organization	on:			
	X Corporation		Corporation w/o Capital Sto	ock La	oor Organization
	Membership Organiz	ation	Trade Association	Co	operative

Mrita or Type Committee News	2003)		Page 3
Write or Type Committee Name			
Professionals Political A	ction Committee, HDR, Inc.		
<ol> <li>Custodian of Records: Iden possession of Committee b</li> </ol>	tify by name, address, (phone numl ooks and records.	ber optional), and positi	on of the person in
Full Name Comeric	a Bank, PAC Services		
Mailing Address	P.O. Box 75000		
	MC 2250		
	Detroit		482752250
Title or Position ♥	CITY A	STATE	ZIP CODE A
Recordkeep	er	Telephone number	248 371 7268
of Treasurer			
Mailing Address	P.O. Box 75000		
	P.O. Box 75000 MC 2250		
	P.O. Box 75000		482752250
	P.O. Box 75000 MC 2250	MI_	
Mailing Address	P.O. Box 75000 MC 2250 Detroit		
Mailing Address  Title or Position ▼	P.O. Box 75000 MC 2250 Detroit	STATE	ZIP CODE A
Mailing Address  Title or Position ▼  Treasurer  Full Name of Designated	P.O. Box 75000 MC 2250 Detroit	STATE	ZIP CODE A
Mailing Address  Title or Position ▼  Treasurer  Full Name of Designated Agent	P.O. Box 75000 MC 2250 Detroit	STATE	ZIP CODE A  248 _ 371 _ 7268

FEC Form 1	(Revised 02/2003)		

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.



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