

**FEC
FORM 3X**

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

RECEIVED

2012 MAR 27 AM 8:31
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5 **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:
- | | | | |
|---|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input checked="" type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on MM / DD / YYYY in the State of

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on MM / DD / YYYY in the State of

5. Covering Period MM / DD / YYYY through MM / DD / YYYY

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 MM / DD / YYYY

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

12030761414

**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:

02

 /

01

 /

2012

 To:

02

 /

29

 /

2012

12030761415

	COLUMN A This Period	COLUMN B Calendar Year-to-Date		
6. (a) Cash on Hand January 1, <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>2012</td></tr></table>	2012		<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>4015 00</td></tr></table>	4015 00
2012				
4015 00				
(b) Cash on Hand at Beginning of Reporting Period.....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>7015 00</td></tr></table>	7015 00		
7015 00				
(c) Total Receipts (from Line 19)	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1750 00</td></tr></table>	1750 00	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>5000 00</td></tr></table>	5000 00
1750 00				
5000 00				
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>8765 00</td></tr></table>	8765 00	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>9015 00</td></tr></table>	9015 00
8765 00				
9015 00				
7. Total Disbursements (from Line 31).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>00</td></tr></table>	00	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>250 00</td></tr></table>	250 00
00				
250 00				
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>8765 00</td></tr></table>	8765 00	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>8765 00</td></tr></table>	8765 00
8765 00				
8765 00				
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>00</td></tr></table>	00		
00				
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>00</td></tr></table>	00		
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

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: MM / DD / YYYY 02 / 01 / 2012 To: MM / DD / YYYY 02 / 29 / 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).....

1750 00

5000 00

(ii) Unitemized.....

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

1750 00

5000 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).....▶

1750 00

5000 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)).....▶

1750 00

5000 00

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

1750 00

5000 00

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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))	00	00
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	00	250 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))....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	00	250 00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	00	250 00

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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)	1750 00	5000 00
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1750 00	5000 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: PAGE 1 OF 3

(check only one)

<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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

<p>A. Full Name (Last, First, Middle Initial) BRADFORD, WILLIAM, C.</p> <p>Mailing Address 1460 SHADWELL CIRCLE</p> <p>City HEATHROW State FL Zip Code 32746</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer HANSON PROFESSIONAL SERVICES INC. Occupation SR VP</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250 00</p>		<p>Date of Receipt 02 / 10 / 2012</p> <p>Amount of Each Receipt this Period 250 00</p>
<p>B. Full Name (Last, First, Middle Initial) SACHTLEBEN, ROD</p> <p>Mailing Address 525 BIG HORN BASIN CT</p> <p>City WILDWOOD State MO Zip Code 63011</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer HANSON PROFESSIONAL SERVICES INC. Occupation VP</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250 00</p>		<p>Date of Receipt 02 / 02 / 2012</p> <p>Amount of Each Receipt this Period 250 00</p>
<p>C. Full Name (Last, First, Middle Initial) NELSON, JOHN, W.</p> <p>Mailing Address 3712 PARADOR DR</p> <p>City NAPERVILLE State IL Zip Code 60564</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer HANSON PROFESSIONAL SERVICES INC. Occupation VP</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250 00</p>		<p>Date of Receipt 02 / 02 / 2012</p> <p>Amount of Each Receipt this Period 250 00</p>
<p>SUBTOTAL of Receipts This Page (optional).....▶</p>		750 00
<p>TOTAL This Period (last page this line number only).....▶</p>		

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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: PAGE 2 OF 3

(check only one)

<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

Full Name (Last, First, Middle Initial)

A. RAYHILL, DANIEL, J

Mailing Address

7524 WENTWORTH DR

City

SPRINGFIELD

State

IL

Zip Code

62711

FEC ID number of contributing federal political committee.

C

Name of Employer

HANSON PROFESSIONAL SERVICES INC.

Occupation

AVP

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250 00

Date of Receipt

02 / 02 / 2012

Amount of Each Receipt this Period

250 00

Full Name (Last, First, Middle Initial)

B. MOLL, JAMES, W

Mailing Address

1850 W LAUREL

City

SPRINGFIELD

State

IL

Zip Code

62704

FEC ID number of contributing federal political committee.

C

Name of Employer

HANSON PROFESSIONAL SERVICES INC.

Occupation

AVP

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250 00

Date of Receipt

02 / 02 / 2012

Amount of Each Receipt this Period

250 00

Full Name (Last, First, Middle Initial)

C. TRACHTMAN, JAMES, A.

Mailing Address

12 IRONWOOD CT

City

CARMEL

State

IN

Zip Code

46033

FEC ID number of contributing federal political committee.

C

Name of Employer

HANSON PROFESSIONAL SERVICES INC.

Occupation

VP

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250 00

Date of Receipt

02 / 10 / 2012

Amount of Each Receipt this Period

250 00

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

750 00

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

12030761420

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 3 OF 3

<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

12030761421

A. Full Name (Last, First, Middle Initial) ROGERS, GARY		Date of Receipt 02 / 10 / 2012	
Mailing Address 1702 N MONROE ST			
City LITCHFIELD	State IL	Zip Code 62056	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250 00	
Name of Employer HANSON PROFESSIONAL SERVICES INC.	Occupation AVP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250 00		

B. Full Name (Last, First, Middle Initial)		Date of Receipt	
Mailing Address			
City	State	Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		

C. Full Name (Last, First, Middle Initial)		Date of Receipt	
Mailing Address			
City	State	Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		

SUBTOTAL of Receipts This Page (optional).....▶	250 00
TOTAL This Period (last page this line number only).....▶	1750 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)

<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.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Amount field

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Amount field

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Amount field

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

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

00

00

12030761422

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 <input type="text"/> / <input type="text"/> / <input type="text"/>	Date Due <input type="text"/> / <input type="text"/> / <input type="text"/>	Interest Rate <input type="text"/> % (apr)	Secured: <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"/> 00
TOTALS This Period (last page in this line only).....▶	<input type="text"/> 00

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

12030761423

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"/>

12030761424

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"/>

12030761A25

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)
3/20/12
Postmarked

USPS Priority Mail
 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

 3/27/12
PREPARER **DATE PREPARED**

12030761426