

**FEC  
FORM 3X**

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

RECEIVED  
CENTRAL CENTER

7 27 06 01:43  
Office Use Only

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**

Check if different than previously reported. (ACC)

**SPRINGFIELD IL 62703**

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 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 **01 01 2007** through **01 31 2007**

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 **02 20 2007**

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

27039393442

**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="2007"/>		<input type="text" value="400000"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="400000"/>	
(c) Total Receipts (from Line 19).....	<input type="text" value="975000"/>	<input type="text" value="975000"/>
(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="1375000"/>	<input type="text" value="1375000"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="100000"/>	<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="1275000"/>	<input type="text" value="1275000"/>
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

27039393443

**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:

**01 ' 01 ' 2009**

To:

**01 ' 31 ' 2009**

**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).....

**9750.00**

**9750.00**

(ii) Unitemized.....

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

**9750.00**

**9750.00**

(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).....▶

**9750.00**

**9750.00**

**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)).....▶**

**9750.00**

**9750.00**

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

**9750.00**

**9750.00**

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**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

**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.....	1 000 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)).....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	1 000 00	1 000 00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1 000 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 Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	97,500.00	97,500.00
34. Total Contribution Refunds (from Line 28(d)) .....		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	97,500.00	97,500.00
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) .....		

27039393446

**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 7  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 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 01 / 11 / 2007

Amount of Each Receipt this Period 750.00

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

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date 500.00

Date of Receipt 01 / 11 / 2007

Amount of Each Receipt this Period 500.00

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

Mailing Address  
15251 West Loomis Road

City New Berlin State IL Zip Code 622670

FEC ID number of contributing federal political committee. C

Name of Employer Hanson Professional Services Inc. Occupation SVP/CEO

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date 500.00

Date of Receipt 01 / 11 / 2007

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)

27039393447

**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 7  
(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

Full Name (Last, First, Middle Initial)  
A. Messmore, James P  
 Mailing Address  
1987 Brentwood Lane  
 City State Zip Code  
Wheaton IL 60187  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Occupation  
Hanson Professional Services Inc. Senior VP  
 Receipt For:  
 Primary  General  
 Other (specify)  Aggregate Year-to-Date  
500.00

Date of Receipt  
01 / 12 / 2007  
 Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
B. Cusick, Robert W.  
 Mailing Address  
40 Villa Grove  
 City State Zip Code  
Springfield IL 62712  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Occupation  
Hanson Professional Services Inc. Exec VP  
 Receipt For:  
 Primary  General  
 Other (specify)  Aggregate Year-to-Date  
500.00

Date of Receipt  
01 / 12 / 2007  
 Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
C. Vornicran, David A.  
 Mailing Address  
6054 Brookshire Dr.  
 City State Zip Code  
Pittsboro IN 46167  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Occupation  
Hanson Professional Services Inc. VP  
 Receipt For:  
 Primary  General  
 Other (specify)  Aggregate Year-to-Date  
500.00

Date of Receipt  
01 / 12 / 2007  
 Amount of Each Receipt this Period  
500.00

SUBTOTAL of Receipts This Page (optional) 1500.00  
 TOTAL This Period (last page this line number only)

27039393448



**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 7**

(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**

A. Full Name (Last, First, Middle Initial)  
**Bartolamucci, Thomas E.**

Mailing Address  
**9390 Old Indian Trail**

City State Zip Code  
**Chatham IL 62129**

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 ▼  
**500.00**

Date of Receipt  
**01 / 16 / 2007**

Amount of Each Receipt this Period  
**500.00**

B. Full Name (Last, First, Middle Initial)  
**Lundin, Tracy K.**

Mailing Address  
**2331 Chesapeake Landing**

City State Zip Code  
**Springfield IL 62707**

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

Name of Employer  
**Hanson Professional Services Inc.**

Occupation  
**Senior VP**

Receipt For:  
 Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt  
**01 / 16 / 2007**

Amount of Each Receipt this Period  
**500.00**

C. Full Name (Last, First, Middle Initial)  
**Freitag, Joan C.**

Mailing Address  
**176 Maple Grove**

City State Zip Code  
**Springfield IL 62712**

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 ▼  
**500.00**

Date of Receipt  
**01 / 16 / 2007**

Amount of Each Receipt this Period  
**500.00**

SUBTOTAL of Receipts This Page (optional)..... **1500.00**

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

27039393449



**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 4 OF 7	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)  
Knodler, Robert J.

Mailing Address  
3034 Waddell Avenue

City State Zip Code  
West Palm Beach FL 33411

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 ▼  
500.00

Date of Receipt  
01 / 16 / 2007

Amount of Each Receipt this Period  
500.00

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

Mailing Address  
5 Caravan Lane

City State Zip Code  
Springfield IL 62701

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 ▼  
500.00

Date of Receipt  
01 / 22 / 2007

Amount of Each Receipt this Period  
500.00

C. Full Name (Last, First, Middle Initial)  
Borrowman, Phillip E.

Mailing Address  
8205 W 154<sup>th</sup> Street

City State Zip Code  
Overland Park KS 66223

FEC ID number of contributing federal political committee.  
C

Name of Employer  
Hanson Professional Services Inc.

Occupation  
Senior VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
01 / 29 / 2007

Amount of Each Receipt this Period  
500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1500.00

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

27039393450

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

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

FOR LINE NUMBER: PAGE 5 OF 7

<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. **Coombe, John P.**

Mailing Address  
**4413 Blackwolf Rd**

City State Zip Code  
**Springfield IL 62711**

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

Name of Employer  
**Hanson Professional Services Inc.**

Occupation  
**Exec VP / COO**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt  
**01 / 29 / 2007**

Amount of Each Receipt this Period  
**500.00**

Full Name (Last, First, Middle Initial)  
B. **Harms, John E.**

Mailing Address  
**124 Pebble Beach**

City State Zip Code  
**Springfield IL 62704**

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

Name of Employer  
**Hanson Professional Services Inc.**

Occupation  
**Senior VP**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt  
**01 / 30 / 2007**

Amount of Each Receipt this Period  
**500.00**

Full Name (Last, First, Middle Initial)  
C. **Moll, James W.**

Mailing Address  
**1850 W. Laurel**

City State Zip Code  
**Springfield IL 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 ▼  
**500.00**

Date of Receipt  
**01 / 30 / 2007**

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).....

27039393451

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

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

FOR LINE NUMBER: PAGE 6 OF 7  
(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

Full Name (Last, First, Middle Initial)  
A. Sachtleben, Rod A.

Mailing Address  
525 Big Horn Basin Ct

City Wildwood State MO Zip Code 63011

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 500.00

Date of Receipt  
01 / 30 / 2007

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
B. Kemp, Stuart M.

Mailing Address  
2469 Malmaison Drive

City Belvidere State IL Zip Code 61008

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 500.00

Date of Receipt  
01 / 30 / 2007

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
C. Knuchey, Todd A.

Mailing Address  
2808 Erin Lane

City Nashville State TN Zip Code 37221

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 500.00

Date of Receipt  
01 / 31 / 2007

Amount of Each Receipt this Period  
500.00

SUBTOTAL of Receipts This Page (optional) 1500.00

TOTAL This Period (last page this line number only)

27039393452

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

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

FOR LINE NUMBER: PAGE 7 OF 7  
(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**

**A.** Full Name (Last, First, Middle Initial)  
**Bradford, William C.**

Mailing Address  
**1460 Shadwell Circle**

City **Heathrow** State **FL** Zip Code **32746**

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

Name of Employer **HANSON PROFESSIONAL SERVICES INC** Occupation **SENIOR VP**

Receipt For:  
 Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **50000**

Date of Receipt  
**01 / 26 / 2007**

Amount of Each Receipt this Period  
**50000**

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

**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 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)..... **50000**

TOTAL This Period (last page this line number only)..... **975000**

27039393454

**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**

Full Name (Last, First, Middle Initial)

**A. Peter DeFAZIO for Congress**

Date of Disbursement

01 / 19 / 2007

Mailing Address

PO BOX 1316

City

Springfield

State

OR

Zip Code

97477

Purpose of Disbursement

Political contribution - federal candidate

011

Amount of Each Disbursement this Period

100000

Candidate Name

Peter DeFAZIO

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: OR

District: 4

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

00 / 00 / 0000

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

000

Category/  
Type

Amount of Each Disbursement this Period

000000

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

00 / 00 / 0000

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

000

Category/  
Type

Amount of Each Disbursement this Period

000000

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

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

100000

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

100000

27039393454

**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)

<b>A.</b>		Date of Disbursement	
Mailing Address		MM / DD / YYYY	
City	State	Zip Code	
Purpose of Disbursement		Category/ Type	Amount of Each Disbursement this Period
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

<b>B.</b>		Date of Disbursement	
Mailing Address		MM / DD / YYYY	
City	State	Zip Code	
Purpose of Disbursement		Category/ Type	Amount of Each Disbursement this Period
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

<b>C.</b>		Date of Disbursement	
Mailing Address		MM / DD / YYYY	
City	State	Zip Code	
Purpose of Disbursement		Category/ Type	Amount of Each Disbursement this Period
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

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

MM / DD / YYYY

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

MM / DD / YYYY

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**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:
Mailing Address		<input type="checkbox"/> Primary
City State ZIP Code		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
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	Date Due	Interest Rate	Secured:
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> % (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: <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"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text"/>
<b>TOTALS</b> This Period (last page in this line only).....	<input type="text"/>

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**

(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	

Outstanding Balance Beginning This Period		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<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	

Outstanding Balance Beginning This Period		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<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	

Outstanding Balance Beginning This Period		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<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"/>

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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).....▶	
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)▶	

27039393458

**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
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 2/20/07
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input 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

*ER*  
 PREPARER

2/26/07  
 DATE PREPARED

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