

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

U.S. HOUSE OF REPRESENTATIVES OFFICE OF THE CLERK

2005 MAR -03 09:10 AM

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

ADDRESS (number and street) 1535 SOUTH SIXTH ST SPRINGFIELD IL 62703

2. FEC IDENTIFICATION NUMBER 00406134 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 01 01 2005 through 01 31 2005

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 [Handwritten Signature] Date 03 03 2005

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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Page 2

Write or Type Committee Name

HANSON Professional Services INC PAC

Report Covering the Period:

From:

01 01 2005

To:

12 31 2005

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

| | | |
|--|----------------|----------------|
| 5. (a) Cash on Hand January 1, <u>2005</u> | | <u>1900.00</u> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <u>1900.00</u> | |
| (c) Total Receipts (from Line 19)..... | <u>1250.00</u> | <u>1250.00</u> |
| (d) Subtotal (add Lines 5(b) and 6(c) for Column A and Lines 6(e) and 6(f) for Column B)..... | <u>3150.00</u> | <u>3150.00</u> |
| 7. Total Disbursements (from Line 31)..... | <u>0.00</u> | <u>0.00</u> |
| 6. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <u>3150.00</u> | <u>3150.00</u> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | <u>0.00</u> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | <u>0.00</u> | |

This committee has qualified as a multicandidate committee. (see FEC FORM 114)

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. 02/2003)

Page 3

Write or Type Committee Name

HANSON PROFESSIONAL SERVICES INC PAC

Report Covering the Period:

From:

01 01 2005

To:

01 31 2005

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).....

1,250.00

1,250.00

(ii) Unitemized.....

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

1,250.00

1,250.00

(b) Political Party Committees.....

(c) Other Political Committees

(such as PACs).....

(d) Total Contributions (add Lines

11(a)(ii), (b), and (c)) (Carry

Totals to Line 33, page 5).....▶

1,250.00

1,250.00

12. Transfers From Affiliated/Other

Party Committees.....

0

0

13. All Loans Received.....

0

0

14. Loan Repayments Received.....

0

0

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0

0

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0

0

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0

0

18. Transfers from Non-Federal and Levin Funds:

(a) Non-Federal Account

(from Schedule H3).....

0

0

(b) Levin Funds (from Schedule H5).....

0

0

(c) Total Transfers (add 18(a) and 18(b)).....

0

0

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 17, and 18(c)).....▶

1,250.00

1,250.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

1,250.00

1,250.00

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 | | |
| 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, 24, 25, 26, 27, 28(d), 29 and 30(c)) | | |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(b)(ii) from Line 31)..... | | |

DETAILED SUMMARY PAGE
of Disbursements

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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) | 1,250.00 | 1,250.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | | |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 1,250.00 | 1,250.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | | 0 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | | 0 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | | 0 |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

| | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|
| FOR LINE NUMBER: | | PAGE | | OF | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 17 |
| <input type="checkbox"/> 15 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

Any information posted 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 testing the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (If Full)
HANSON PROFESSIONAL SERVICES INC PAC

A. Full Name (Last, First, Middle Initial)
LUNDIN Tracy K

Mailing Address
2331 Chesapeake LANDING

City
Springfield IL 62707

FEC ID number of contributing federal political committee
10

Name of Employer
HANSON PROFESSIONAL SERVICES INC

Occupation
ENGINEER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
01/14/2005

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Messmore JAMES P

Mailing Address
1487 Breatwood LAKE

City
Wherton IL 60187

FEC ID number of contributing federal political committee
10

Name of Employer
HANSON PROFESSIONAL SERVICES INC

Occupation
ENGINEER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
150.00

Date of Receipt
01/18/2005

Amount of Each Receipt this Period
150.00

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

Mailing Address

City

FEC ID number of contributing federal political committee
10

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) ▶

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

250.00

250.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

| | | | | | | | | |
|--|--------------------------------------|-----------------------------|--|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s) for each category of line Detailed Summary Page | FOR LINE NUMBER: (check only one) | | | | | | | |
| | <input type="checkbox"/> 21b | <input type="checkbox"/> 27 | <input checked="" type="checkbox"/> 28 | <input type="checkbox"/> 22b | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 | <input type="checkbox"/> 29 |

Any information received from such Reports and Statements may not be 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) _____

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: _____

Category Type: _____

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: _____

Category Type: _____

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: _____

Category Type: _____

SUBTOTAL of Disbursements This Page (optional) _____

TOTAL This Period (total page this line number only) _____

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page
 PAGE 1 OF 1
 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)
HANSON PROFESSIONAL SERVICES INC PAC

LOAN SOURCE Full Name (Last, First, Middle Initial)
 Mailing Address
 City State ZIP Code

Election:
 Primary
 General
 Other (specify) _____

Original Amount of Loan
 Cumulative Payment To Date
 Balance Outstanding at Close of This Period

TERMS Date Incurred Date Due Interest Rate Secured:
 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 |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding |

SUBTOTALS This Period This Page (optional) _____
 TOTALS This Period (last page in this line only) _____
 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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) 1 / 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 |

| | | | |
|--|-----------------------------|--------------------------|---------------------|
| 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 |

| | | | |
|--|-----------------------------|--------------------------|---------------------|
| 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 |

| | |
|---|--|
| 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) | |

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

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

PAGE 1 OF 1
FOR LINE NUMBER:
(check only one) 1 2

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 |

| | | | |
|--|-----------------------------|---------------------------|---------------------|
| 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 |

| | | | |
|--|-----------------------------|---------------------------|---------------------|
| 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 |

| | |
|---|--|
| 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) | |

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) 3/2/05 |
| <input type="checkbox"/> USPS Priority Mail | Postmarked |
| | Delivery 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 |
| <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 |
| <i>G/R</i> PREPARER | 3/7/05 DATE PREPARED |