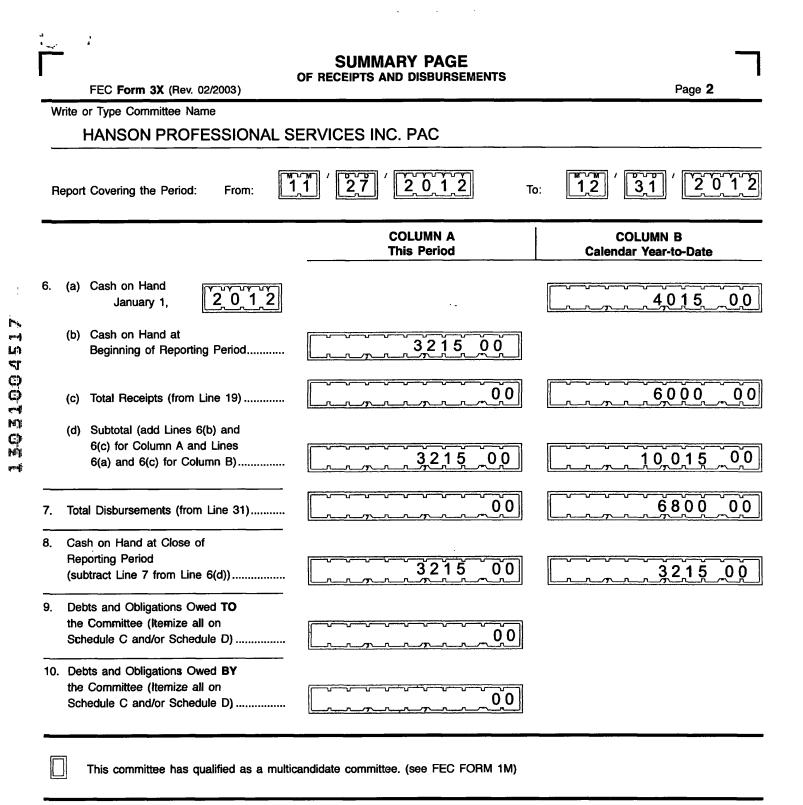
FEC A	REPORT OF AND DISBUF or Other Than An Au	RSEMENTS	<b>S</b>	20	RECEIV	
1. NAME OF <b>T</b> COMMITTEE (in full)	TYPE OR PRINT V	Example: If typin over the lines.	g, type			ENTER
HANSON PROF	ESSIONAL S	SERVICES	INC			
				<u> </u>		<u></u> ]
ADDRESS (number and street)	1525 SOUT	H SIXTH S				<u> </u>
Check if different than previously reported. (ACC)	SPRINGFIE	LD			62703 <sub>-</sub>	<u>↓ ↓ ↓ ↓</u>
2. FEC IDENTIFICATION NU	MBER V CI	ΙΤΥ 🔺	S		ZIP CO	DE 🔺
C 00406124	11		IEW N) <b>OR</b>	AM (A)	ENDED	
<ul> <li><b>4. TYPE OF REPORT</b> (Choose One)</li> <li>(a) Quarterly Reparts:</li> </ul>	Report L Due On: Ma	ar 20 (M3)	May 20 (M5) un 20 (M6)	Sep :	20 (M8)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1 July 15 Quarterly Report (Q2 October 15 Quarterly Report (Q3	1) (C) 12-Day PRE-Election Report for the:	or 20 (M4) J Primary (12P)		General (		Jan 31 (YE) Runoff (12R)
January 31 Year-End Report (YE		ion on	) ( <mark>מרמ</mark>	ᠰ᠋ᡗ᠊ᡩ᠋ᡗ᠆ᡩ᠂ᡁᡩᡀ ᠊᠆᠃᠆᠃ᡘᢘ᠆᠃ᡔᢩ	in the State o	f
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G	)	Runoff (3	0R)	Special (30S)
Termination Report (TER)		ion on		ᡩ᠋᠂ᡗ᠊ᢩᢌ᠄ᡘᠼᡒᡗ᠂ᢑᢇ	in the State o	f
5. Covering Period	<u> </u>	2 through	12	′ <b>[31</b> ′	2012	
I certify that I have examined this Type or Print Name of Treasurer		• •	elief it is true	e, correct and	complete.	
Signature of Treasurer	Geller	Am	Da	ate 01	) ′ <mark>11</mark> ′ [	2013
NOTE: Submission of false, erroned	ous, or incomplete informati	on may subject the pers	on signing thi	s Report to th	e penalties of 2 L	J.S.C. §437g.
Office Use Only					FEC FOR Rev. 12/20	

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FE6AN026



#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

FE6AN026

		ETAILED SUMMARY PAGE of Receipts	٦
	FEC Form 3X (Rev. 06/2004)		Page 3
W	rite or Type Committee Name		
	HANSON PROFESSIONAL SEF	RVICES INC. PAC	
Re	eport Covering the Period: From:		
	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		6000 00
	(i) Itemized (use Schedule A)		
	(ii) Unitemized		
	(iii) TOTAL (add		
	Lines 11(a)(i) and (ii)		
	(b) Political Party Committees		
	(c) Other Political Committees		
	(such as PACs)	<u></u>	L <u>r_r_s_r_s_r_</u>
	(d) Total Contributions (add Lines		
	11(a)(iii), (b), and (c)) (Carry		6000 00
10	Totals to Line 33, page 5)		Lange manage
12.	Transfers From Affiliated/Other		
	Party Committees		
13	All Loans Received		
14	Loan Repayments Received		
	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		
10	(Dividends, Interest, etc.)	Lana and and and and and and and and and	Lanna and
10.	Transfers from Non-Federal and Levin Funds (a) Non-Federal Account		
	(from Schedule H3)		
	(b) Levin Funds (from Schedule H5)		
	(b) Levin Funds (non Schedule FIS)		
	(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))▶		6000 00
20.	Total Federal Receipts		
	(subtract Line 18(c) from Line 19)►		

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### **DETAILED SUMMARY PAGE**

of Disbursements

Page 4

# FEC Form 3X (Rev. 02/2003)

Federal Share .....

(ii) Non-Federal Share.....

Expenditures .....

(add 21(a)(i), (a)(ii), and (b)) ..... >

Committees.....

Federal Candidates/Committees and Other Political Committees.....

(use Schedule E)..... Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....

(a) Allocated Federal/Non-Federal Activity (from Schedule H4)

(b) Other Federal Operating

22. Transfers to Affiliated/Other Party

(c) Total Operating Expenditures

21. Operating Expenditures:

(i)

Contributions to

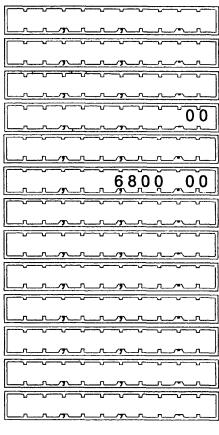
24. Independent Expenditures

#### COLUMN A Total This Period

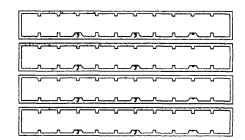
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COLUMN B Calendar Year-to-Date



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27. 28. Loans Made..... Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees .....

26. Loan Repayments Made .....

- (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))....▶
- Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))...
- 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

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
<ol> <li>Total Contributions (other than loans) (from Line 11(d), page 3)</li> </ol>		6000 00
34. Total Contribution Refunds (from Line 28(d))		
<ol> <li>Net Contributions (other than loans) (subtract Line 34 from Line 33)</li> </ol>		6000 00
<ol> <li>Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))</li> </ol>		
<ol> <li>Offsets to Operating Expenditures (from Line 15, page 3)</li> </ol>		
38. Net Operating Expenditures (subtract Line 37 from Line 36)		

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ITEMIZED RECEIPTS Use separate schedule(s) for each category of the Detailed Summary Page	LINE NUMBER: PAGE 1 OF 1 k only one)
ITEMIZED RECEIPTS for each category of the Detailed Summary Page	
	11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Statements may not be sold or used by any person for	
or for commercial purposes, other than using the name and address of any political committee to solic	the purpose of constantly committee.
NAME OF COMMITTEE (In Full)	
HANSON PROFESSIONAL SERVICES INC. PAC	
Full Name (Last, First;-Middle Initial) A. Da	ate of Receipt
	· ·
City State Zip Code	
An	nount of Each Receipt this Period
FEC ID number of contributing federal political committee.	
Name of Employer Occupation	
Receipt For:	
Receipt For: Aggregate Year-to-Date ▼	
Other (specify) ▼	
Full Name (Last, First, Middle Initial)	
	ate of Receipt
Mailing Address	
City State Zip Code	
Ar	mount of Each Receipt this Period
FEC ID number of contributing	
	<u></u>
Name of Employer Occupation	
Receipt For:     Aggregate Year-to-Date ▼       Primary     General	
Full Name (Last, First, Middle Initial)	
	ate of Receipt
Mailing Address	لمبصفيتما العيها السيبعا
City State Zip Code	
	mount of Each Receipt this Period
FEC ID number of contributing	······································
	<u></u>
Name of Employer Occupation	
Receipt For: Aggregate Year-to-Date ▼	
Primary General General	
Other (specify) -	
······································	
	00
SUBTOTAL of Receipts This Page (optional)	
SUBTOTAL of Receipts This Page (optional)	

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SC	CHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 1 OF 1
JTI	EMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	
• • •		for each category of the Detailed Summary Page	21b	22 X 23 24 25 26
			27	28a 28b 28c 29 30b
An or	y information copied from such Reports and Stater for commercial purposes, other than using the nan	nents may not be sold or used ne and address of any political	t by any perso committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$\left \right\rangle$	HANSON PROFESSIONAL S	SERVICES INC. PAC	;	
Kennen	Full Name (Last, First, Middle Initial)			
Α.				Date of Disbursement
	Mailing Address			
	City	State Zip Code		
	Purpose of Disbursement	F	011	Amount of Each Disbursement this Period
	Candidate Name	<u>Ľ</u>	Category/ Type	
	Office Sought: House Disburser	ment For:	1.740	
	Senate President	Primary General Other (specify)		
	State: District:			
	Full Name (Last, First, Middle Initial)			
В.				Date of Disbursement
	Mailing Address			
	City	State Zip Code		
	Purpose of Disbursement		011	Amount of Each Disbursement this Period
	Candidate Name			
			Category/ Type	The second
	Office Sought:   House   Disburser	ment For:	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Primary General		
	President	Other (specify)		
	State: District:			
~	Full Name (Last, First, Middle Initial)			
C.				
	Mailing Address			
	City	State Zip Code		
	Purpose of Disbursement	011	· · · · · · · · · · · · · · · · · · ·	
	Candidate Name		0 1 1 Category/ Type	Amount of Each Disbursement this Period
	Office Sought: House Disburser	ment For:	i î ha	
	Senate	Primary General		
	President	Other (specify) ▼		
_	State: District:	· · · · · · · · · · · · · · · · · · ·		
s	UBTOTAL of Disbursements This Page (optional)		►	
				00
- I T	OTAL This Period (last page this line number only)	)	🕨	

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# SCHEDULE C (FEC Form 3X)

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

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NAME OF COMMITTEE (in Full)         HANSON PROFESSIONAL SERVICES INC. PAC         LOAN SUURCE Full Name (Last, First, Middle Initial)	
LOAN SUUHCE       Full Name'(Last, First, Middle Initial)       Election:         Mailing Address       Primary         City       State       ZIP Code         Original Amount of Loan       Cumulative Payment To Date       Balance Outstanding at Close of This F         TERMS       Date Incurred       Date Due       Interest Rate       Secured:         Image: City       Image: City       Image: City       Yes       City         TERMS       Date Incurred       Date Due       Interest Rate       Secured:         Image: City       Image: City       Image: City       Yes       City         List All Endorsers or Guarantors (if any) to Loan Source       Name of Employer       Mailing Address       Occupation         City       State       ZIP Code       Ousranteed Ousranteed Ousranteed       Image: City       State       ZIP Code         2. Full Name (Last, First, Middle Initial)       Name of Employer       Mailing Address       Occupation         City       State       ZIP Code       Curranteed Ousranteed       Image: City       State       ZIP Code         3. Full Name (Last, First, Middle Initial)       Name of Employer       Mailing Address       Occupation         3. Full Name (Last, First, Middle Initial)       Name of Employer       Mailing	
Mailing Address       Primary General Other (specify) ▼         City       State       ZIP Code         Original Amount of Loan       Cumulative Payment To Date       Balance Outstanding at Close of This F         Image: Comparison of Comp	
Mailing Address       Primary General Other (specify) ▼         City       State       ZIP Code         Original Amount of Loan       Cumulative Payment To Date       Balance Outstanding at Close of This F         Image: Comparison of Comp	
Mailing Address       □ Other (specify) ▼         City       State       ZIP Code         Original Amount of Loan       Cumulative Payment To Date       Balance Outstanding at Close of This F         Image: Comparison of Comp	
City       State       ZIP Code         Original Amount of Loan       Cumulative Payment To Date       Balance Outstanding at Close of This F         Image: Comparison of Compar	
Original Amount of Loan       Cumulative Payment To Date       Balance Outstanding at Close of This F         Image: Comparison of Comparison of Comparison of City       Date Incurred       Date Due       Interest Rate       Secured:         Image: Comparison of Comparison of City       State       ZIP Code       Name of Employer         City       State       ZIP Code       Occupation         Amount       Guaranteed       Outstanding:       Occupation         State       ZIP Code       Occupation       Amount         Guaranteed       Occupation       Amount       Guaranteed         Outstanding:       Occupation       Amount       Guaranteed         Outstanding:       Occupation       Amount       Guaranteed       Outstanding:         State       ZIP Code       Occupation       Amount       Guaranteed         Outstanding:       Occupation       Occupation       Occupation	
TERMS       Date Incurred       Date Due       Interest Rate       Secured:         MUM       (UVVVVV)       MUM       (UVVVV)       Yes         List All Endorsers or Guarantors (if any) to Loan Source       1.       Full Name (Last, First, Middle Initial)       Name of Employer         Mailing Address       Occupation       Amount       Amount       Outstanding:       Occupation         2. Full Name (Last, First, Middle Initial)       Name of Employer       Occupation       Amount       Outstanding:       Occupation         Amount       City       State       ZIP Code       Occupation       Occupation         Mailing Address       Occupation       Amount       Occupation       Occupation         Mailing Address       Occupation       Occupation       Occupation	
TERMS       Date Incurred       Date Due       Interest Rate       Secured:         Image: A constraint of the secure o	s Period
Date Incurred       Date Due       Interest Rate       Secured:         Image: Constraint of the secure of the sec	
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City       State       ZIP Code       Amount Guaranteed Outstanding:         2. Full Name (Last, First, Middle Initial)       Name of Employer         Mailing Address       Occupation         City       State       ZIP Code         Guaranteed Outstanding:       Occupation         3. Full Name (Last, First, Middle Initial)       Name of Employer         Mailing Address       Occupation         Mailing Address       Occupation	
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City     State     ZIP Code       Guaranteed     Guaranteed       Outstanding:	
City     State     ZIP Code     Guaranteed       3. Full Name (Last, First, Middle Initial)     Name of Employer       Mailing Address     Occupation	
City     State     ZIP Code     Guaranteed       3. Full Name (Last, First, Middle Initial)     Name of Employer       Mailing Address     Occupation	
3. Full Name (Last, First, Middle Initial)       Name of Employer         Mailing Address       Occupation	]
Mailing Address Occupation	ت. 
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Amount	 7]
City State ZIP Code Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial) Name of Employer	
Mailing Address Occupation	
Amount	 
City State ZIP Code Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)	00
TOTALS This Period (last page in this line only)	00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summ	nmary.

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FEC Schedule C (Form 3X) Rev. 02/2003

SCHEDULE D (FEC Form 3X)	(Use separate	PAGE 1	OF 1
DEBTS AND OBLIGATIONS Excluding Loans	schedule(s) for each numbered line)	(check only one)	<b>X</b> 9
NAME OF COMMITTEE (In Full)		L	10
HANSON PROFESSIONAL SERVICES INC. PAC			
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of D	Debt (Purpose):	
Mailing Address			
City State Zip Code			
Outstanding Balance Beginning This Period			
Amount Incurred This Period Payment This Period		ng Balance at Close of T	
Langer grander langer grander			
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of D	Debt (Purpose):	
Mailing Address			
City State Zip Code			
Outstanding Balance Beginning This Period			
Amount Incurred This Period Payment This Period	Outstandi	ng Balance at Close of 1	This Period
		**\}\}**\}\}	
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		ebt (Purpose):	<u>_/**}5(]</u>
	INALUIE OF L	vebt (raiposa).	
Mailing Address			
City State Zip Code			
			·
Outstanding Balance Beginning This Period			
Amount Incurred This Period Payment This Period		ng Balance at Close of T	This Period
		<u></u>	m_r_l
1) SUBTOTALS This Period This Page (optional)			00
<ul><li>2) TOTALS This Period (last page this line number only)</li></ul>		<b>Ţ</b> 作作Ţ作作 <b></b> Ţ作ŢŢ	00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)			00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page on			00

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SCHEDULE D (FEC Form	3X)	(Use separate	PAGE 1 OF 1
DEBTS AND OBLIGATIONS	S · · · · · · · · · · · · · · · · · · ·	schedule(s) for each	FOR LINE NUMBER: (check only one)
Excluding Loans		numbered line)	X 10
NAME OF COMMITTEE (In Full)			
HANSON PROFESSIO	DNAL SERVICES INC. PAC		
A. Full Name (Last, First, Middle Init	tial) of Debtor or Creditor	Nature of D	ebt (Purpose):
Mailing Address	· · · · · · · · · · · · · · · · · · ·		
City State	Zip Code		
•	· · · · · · · · · · · · · · · · · · ·		
Outstanding Balance Beginning Th			
Arnount Incurred This Perio	Dd Payment This Period		ng Balance at Close of This Period
B. Full Name (Last, First, Middle Initi	ial) of Debtor or Creditor	Nature of D	Debt (Purpose):
Mailing Address			
City State	Zip Code		
Outstanding Balance Beginning Th	nis Period		
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Amount Incurred This Perio	Dd Payment This Period		ing Balance at Close of This Period
C. Full blome (I ant First Middle Is)			
C. Full Name (Last, First, Middle Ini		Nautre of L	Debt (Purpose):
Mailing Address			
City	State Zip Code		
Outstanding Balance Beginning Th			
Amount Incurred This Perio	•		ing Balance at Close of This Period
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1) SUBTOTALS This Period This Page	e (optional)	►	
			00
2) TOTALS This Period (last page this	s line number only)		<u></u>
3) TOTAL OUTSTANDING LOANS fro	om Schedule C (last page only)	►	<u>00</u>
4) ADD 2) and 3) and carry forward to	o appropriate line of Summary Page (last page or		

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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)
USPS Priority Mail	Postmarked
Delivery Confirmation <sup>™</sup> or Signature Confirmation <sup>™</sup> 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
Date o	f Receipt or Postmarked
Amk	1/16/13
(3/2005)	DATE PREPARED