

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

Hanson for Congress Committee

ADDRESS (number and street) P.O. Box 783

Check if different than previously reported. (ACC)

Kearney NE 68848

2. **FEC IDENTIFICATION NUMBER** C00412494

CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**

3. IS THIS REPORT NEW (N) OR AMENDED (A)

NE 03

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)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on _____ in the State of _____

(c) 30-Day **POST**-Election Report for the:

General (30G) Runoff (30R) Special (30S)

Election on _____ in the State of _____

5. Covering Period 10 01 2005 through 12 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 Todd Brown

Signature of Treasurer Electronically Filed by Todd Brown Date 05 02 2006

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

Write or Type Committee Name

Hanson for Congress Committee

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	29010.00	82430.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	29010.00	82430.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	51660.41	92502.42
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	51660.41	92502.42
8. Cash on Hand at Close of Reporting Period (from Line 27).....	58927.58	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	80282.21	

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

Write or Type Committee Name
Hanson for Congress Committee

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	5

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

14315.00

54325.00

(ii) Unitemized.....

11195.00

24105.00

(iii) TOTAL of contributions

25510.00

78430.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

(c) Other Political Committees (such as PACS).....

3500.00

4000.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

29010.00

82430.00

(add Lines 11(a)(iii), (b), (c), and (d))

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

44000.00

69000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

44000.00

69000.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

73010.00

151430.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	51660.41	92502.42
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	51660.41	92502.42

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	37577.99
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	73010.00
25. SUBTOTAL (add Line 23 and Line 24).....	110587.99
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	51660.41
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	58927.58

CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19)
(Millionaires' Amendment)

Name of Candidate John Hanson		Candidate ID Number H6NE03107
Name of Principal Campaign Committee Hanson for Congress Committee		Committee ID Number C C00412494
Committee Address P.O. Box 783		
City Kearney	State NE	ZIP 68848
Report Covering Period (check one) <input type="checkbox"/> through June 30, or <input checked="" type="checkbox"/> through December 31 of the year preceding the year of the general election		
	Primary	General
1. Gross receipts of authorized committees	151430.00	0.00
2. Aggregate amount of contributions from personal funds of the candidate	80282.00	0.00
3. Gross receipts minus the candidate's personal contributions	71148.00	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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 for Congress Committee

Full Name (Last, First, Middle Initial) A. Jon Abegglen		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 5	
Mailing Address 3114 8th Ave		Transaction ID: SA11A1.5119	
City State Zip Code Kearney NE 68845	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation University of NE Foundation Executive	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Arlynn Aldinger		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 5	
Mailing Address 72629 South Road		Transaction ID: SA11A1.5136	
City State Zip Code Wilcox NE 68982	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Self employed Farmer	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Arlynn Aldinger		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 5	
Mailing Address 72629 South Road		Transaction ID: SA11A1.5271	
City State Zip Code Wilcox NE 68982	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Self employed Farmer	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	1250.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

A. Full Name (Last, First, Middle Initial)
Kelly Anderson

Mailing Address 10919 740 Road

City Loomis State NE Zip Code 68958

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

Name of Employer Self Employed Occupation Farmer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
11 / 09 / 2005

Transaction ID: SA11A1.5212

Amount of Each Receipt this Period
500.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
M. James Barr

Mailing Address 1014 Road 16

City York State NE Zip Code 68467

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
11 / 23 / 2005

Transaction ID: SA11A1.5330

Amount of Each Receipt this Period
500.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 11295 741 Road

City Holdrege State NE Zip Code 68949

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

Name of Employer Self Employed Occupation Farmer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 01 / 2005

Transaction ID: SA11A1.5168

Amount of Each Receipt this Period
250.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

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

Mailing Address 44120 RD 756

City Lexington State NE Zip Code 68850

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

Name of Employer Platte Valley Auto Occupation Sales

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 5

Transaction ID: SA11A1.5454

Amount of Each Receipt this Period
500.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Meredith Brestin

Mailing Address 11 Lakeview Drive

City Kearney State NE Zip Code 68845

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

Name of Employer Women's Friendship Ministries Occupation Writer/Speaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 5

Transaction ID: SA11A1.5450

Amount of Each Receipt this Period
200.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 44322 Drive 749

City Overton State NE Zip Code 68863

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

Name of Employer N/A Occupation Housewife

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 5

Transaction ID: SA11A1.5525

Amount of Each Receipt this Period
250.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	950.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Full Name (Last, First, Middle Initial) A. Tom Carlson		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 5	
Mailing Address 415 East Ave		Transaction ID: SA11A1.5140	
City State Zip Code Holdrege NE 68949	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self Employed	Occupation Insurance Agent		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Hank Dicke		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 5	
Mailing Address 1227 Pamala		Transaction ID: SA11A1.5274	
City State Zip Code Holdrege NE 68949	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Agro National Insurance	Occupation Insurance Rep.		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Nancy R Eberle		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 4 / 2 0 0 5	
Mailing Address 520 Road 20		Transaction ID: SA11A1.5413	
City State Zip Code Bradshaw NE 68319	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Congressman Tom Osborne	Occupation Field Rep.		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

A. Full Name (Last, First, Middle Initial)
Anna M Feddersen

Mailing Address 1930 West 41st

City State Zip Code
Kearney NE 68845

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

Name of Employer None Occupation Housewife

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1070.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 5

Transaction ID: SA11A1.5464

Amount of Each Receipt this Period
500.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Rod K Gangwish

Mailing Address 52685 70th Road

City State Zip Code
Shelton NE 68826

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

Name of Employer Self Occupation Farmer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 5

Transaction ID: SA11A1.5498

Amount of Each Receipt this Period
250.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 10 Valley View Heights

City State Zip Code
Kearney NE 68845

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

Name of Employer Self-Employed Occupation Irrigation Contractor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1570.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 1 / 2 0 0 5

Transaction ID: SA11A1.5144

Amount of Each Receipt this Period
1000.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Full Name (Last, First, Middle Initial) A. Terry Gerdes		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 9 / 2 0 0 5	
Mailing Address 10 Valley View Heights		Transaction ID: SA11A1.5451	
City State Zip Code Kearney NE 68845	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Self-Employed Occupation Irrigation Contractor	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Election Cycle-to-Date ▼ 2070.00			

Full Name (Last, First, Middle Initial) B. Joseph Gustafson		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 5	
Mailing Address 608 West 18 Road		Transaction ID: SA11A1.5396	
City State Zip Code Phillips NE 68865	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Self Employed Occupation Farmer	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Election Cycle-to-Date ▼ 500.00			

Full Name (Last, First, Middle Initial) C. Linda Heiden		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 0 5	
Mailing Address 74384 Rd 438		Transaction ID: SA11A1.5102	
City State Zip Code Bertrand NE 68927	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Junkin Insurance Occupation Insurance Agent	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Election Cycle-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional) ▶	1250.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

A. Full Name (Last, First, Middle Initial)
Linda Heiden

Mailing Address 74384 Rd 438

City State Zip Code
Bertrand NE 68927

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

Name of Employer Occupation
Junkin Insurance Insurance Agent

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 325.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 5

Transaction ID: SA11A1.5151

Amount of Each Receipt this Period
75.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Fred R Hervert

Mailing Address 29635 Ravenna Road

City State Zip Code
Ravenna NE 68869

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

Name of Employer Occupation
Self-Employed Farmer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 5

Transaction ID: SA11A1.5463

Amount of Each Receipt this Period
250.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Lee A Isaacson

Mailing Address Box 469

City State Zip Code
Holdrege NE 68494

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

Name of Employer Occupation
Lundeen-Isaacson Insurance Agent

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 1 / 2 0 0 5

Transaction ID: SA11A1.5166

Amount of Each Receipt this Period
250.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **575.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

A. Full Name (Last, First, Middle Initial)
Robert P Isaacson

Mailing Address 1804 Tilden Street

City State Zip Code
Holdrege NE 68949

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

Name of Employer
Self Employed

Occupation
Insurance Agent

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 5

Transaction ID: SA11A1.5272

Amount of Each Receipt this Period
250.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Brad Kernick

Mailing Address 4308 Country Club Lane

City State Zip Code
Kearney NE 68845

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

Name of Employer
Eakes

Occupation
Businessman

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

370.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: SA11A1.5672

Amount of Each Receipt this Period
120.00

In-kind - office copies
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address PO Box 29

City State Zip Code
Brunswick NE 68720

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

Name of Employer
Brunswick State Bank

Occupation
Banking

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

220.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 5

Transaction ID: SA11A1.5148

Amount of Each Receipt this Period
20.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	390.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

A. Full Name (Last, First, Middle Initial)
William I Lundell

Mailing Address 2 North Lake Drive

City State Zip Code
Kearney NE 68847

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

Name of Employer retired Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 5

Transaction ID: SA11A1.5276

Amount of Each Receipt this Period
150.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
William I Lundell

Mailing Address 2 North Lake Drive

City State Zip Code
Kearney NE 68847

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

Name of Employer retired Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: SA11A1.5484

Amount of Each Receipt this Period
100.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
James P Masat

Mailing Address 3304 Buffalo Ct

City State Zip Code
Grand Island NE 68803

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

Name of Employer Self Occupation
Insurance Sales

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 5

Transaction ID: SA11A1.5526

Amount of Each Receipt this Period
500.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

A. Full Name (Last, First, Middle Initial)
Bartholomew L McLeay

Mailing Address 12936 Burt Street

City State Zip Code
Omaha NE 68154

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

Name of Employer Occupation
Kutak Rock Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 5 / 2 0 0 5

Transaction ID: SA11A1.5307

Amount of Each Receipt this Period
100.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Beverly Ochsner

Mailing Address 1002 North Horseshoe Ave

City State Zip Code
Sutton NE 68979

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

Name of Employer Occupation
Retired Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: SA11A1.5470

Amount of Each Receipt this Period
250.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address P.O. Box 514

City State Zip Code
Valentine NE 69201

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

Name of Employer Occupation
Self-Employed Rancher 3 Bar Cattle Company Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
700.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 8 / 2 0 0 5

Transaction ID: SA11A1.5207

Amount of Each Receipt this Period
200.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	550.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

A. Full Name (Last, First, Middle Initial)
John Sahling

Mailing Address 3212 20th Ave

City State Zip Code
Kearney NE 68845

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

Name of Employer Occupation
Sahling Kenworth Truck Dealer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
11 / 25 / 2005

Transaction ID: SA11A1.5328

Amount of Each Receipt this Period
500.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Robert J Schmidt

Mailing Address 219 12th Ave

City State Zip Code
Holdrege NE 68949

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

Name of Employer Occupation
Self Employed Insurance Agent

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 15 / 2005

Transaction ID: SA11A1.5279

Amount of Each Receipt this Period
250.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Dennis R Shardt

Mailing Address 2404 West 48th Street Place

City State Zip Code
Kearney NE 68845

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

Name of Employer Occupation
NE National Bank Investments

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
12 / 20 / 2005

Transaction ID: SA11A1.5528

Amount of Each Receipt this Period
500.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

A. Full Name (Last, First, Middle Initial) Frank Sibert		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 5	
Mailing Address HC 15 Box 16		Transaction ID: SA11A1.5326	
City Valentine	State NE	Amount of Each Receipt this Period 500.00	
Zip Code 69201		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer retired	Occupation Retired		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

B. Full Name (Last, First, Middle Initial) Leonard Skov		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 5	
Mailing Address 1602 West 36th Street		Transaction ID: SA11A1.5497	
City Kearney	State NE	Amount of Each Receipt this Period 100.00	
Zip Code 68845		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer retired	Occupation retired		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 385.00		

C. Full Name (Last, First, Middle Initial) Jo Slawski		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 5	
Mailing Address 2602 West 39th		Transaction ID: SA11A1.5419	
City Kearney	State NE	Amount of Each Receipt this Period 1000.00	
Zip Code 68845		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Self employed	Occupation Investment Advisor		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

SUBTOTAL of Receipts This Page (optional)	1600.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

A. Full Name (Last, First, Middle Initial)
Richard K Turner

Mailing Address PO Box 617

City State Zip Code
Holdrege NE 68949

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

Name of Employer
Self Employed

Occupation
Insurance Agent

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 5

Transaction ID: SA11A1.5162

Amount of Each Receipt this Period
250.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Deborah Van Matre

Mailing Address Box 102

City State Zip Code
Gibbon NE 68840

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

Name of Employer
NE Turkey Growers

Occupation
Plant Manager

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
320.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 5

Transaction ID: SA11A1.5078

Amount of Each Receipt this Period
250.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Robert Van Vleet

Mailing Address Box 199

City State Zip Code
Sidney NE 69162

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

Name of Employer
Convert -A- Ball Manufacturing

Occupation
President/Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 0 5

Transaction ID: SA11A1.5088

Amount of Each Receipt this Period
500.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Full Name (Last, First, Middle Initial) A. Cynthia Wendell		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 5	
Mailing Address 1616 East Ave		Transaction ID: SA11A1.5121	
City State Zip Code Holdrege NE 68949	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Holdrege Public Schools	Occupation Administrator		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Greg W Wilke		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 5	
Mailing Address 2302 W Leota		Transaction ID: SA11A1.5243	
City State Zip Code North Platte NE 69101	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer First National Bank	Occupation Banker		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Ronald D Woollen		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 5	
Mailing Address 72403 V Road		Transaction ID: SA11A1.5277	
City State Zip Code Wilcox NE 68982	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Self Employed	Occupation Farmer		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	750.00
TOTAL This Period (last page this line number only) ▶	14315.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 60
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Full Name (Last, First, Middle Initial) A. AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 5
Mailing Address 1120 Connecticut Avenue NW		Transaction ID: SA11C.5566
City Washington State DC Zip Code 20036	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C C00004275	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. INTERNATIONAL FOODSERVICE DISTRIBUTORS ASSOCIATION POLITICAL ACTION COMMITTEE (IFDAC)		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 5
Mailing Address 201 PARK WASHINGTON COURT		Transaction ID: SA11C.5100
City FALLS CHURCH State VA Zip Code 22046	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C C00383521	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. KUTAK ROCK LLP POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 0 5
Mailing Address 1801 California Street Suite 3100		Transaction ID: SA11C.5097
City DENVER State CO Zip Code 80202	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C C00160986	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 / 60
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

A. Full Name (Last, First, Middle Initial)
LAYWERS FOR BETTER GOVERNMENT - FEDERAL

Mailing Address 330 North Wabash

City State Zip Code
Chicago IL 60611

FEC ID number of contributing federal political committee. **C** C00217984

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 0 5

Transaction ID: SA11C.5675

Amount of Each Receipt this Period
250.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
RAIN AND HAIL INSURANCE SOCIETY POLITICAL ACTION COMMITTEE

Mailing Address 9200 Northpark Drive Suite 300

City State Zip Code
Johnston IA 50131

FEC ID number of contributing federal political committee. **C** C00279505

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 0 5

Transaction ID: SA11C.5099

Amount of Each Receipt this Period
250.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	3500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 60
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input checked="" type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Full Name (Last, First, Middle Initial) A. John Hanson		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 1 / 2 0 0 5	
Mailing Address P.O. Box 783		Transaction ID: SA11D.5574	
City Kearney	State NE	Zip Code 68848	Amount of Each Receipt this Period 1484.81
FEC ID number of contributing federal political committee. C		travel and phone expense	
Name of Employer	Occupation		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ .00		

Full Name (Last, First, Middle Initial) B. John Hanson		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 5	
Mailing Address P.O. Box 783		Transaction ID: SA11D.5542	
City Kearney	State NE	Zip Code 68848	Amount of Each Receipt this Period 2002.65
FEC ID number of contributing federal political committee. C		Travel and Phone Expense	
Name of Employer	Occupation		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ .00		

Full Name (Last, First, Middle Initial) C. John Hanson		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 5	
Mailing Address P.O. Box 783		Transaction ID: SA11D.5538	
City Kearney	State NE	Zip Code 68848	Amount of Each Receipt this Period 1154.92
FEC ID number of contributing federal political committee. C		Phone and Travel Expense	
Name of Employer	Occupation		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ .00		

SUBTOTAL of Receipts This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 / 60
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

A. Full Name (Last, First, Middle Initial)
John Hanson

Mailing Address P.O. Box 783

City State Zip Code
Kearney NE 68848

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
69000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	9	/	2	0	0	5

Transaction ID: SA13A.5537

Amount of Each Receipt this Period
44000.00

Loan from personall funds
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	44000.00
TOTAL This Period (last page this line number only)	▶	44000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 24 / 60

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Full Name (Last, First, Middle Initial) A. Brianne Aldinger		Transaction ID: SB17.5064 Date of Disbursement 10 / 05 / 2005
Mailing Address 72629 South Road		Amount of Each Disbursement this Period 625.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Wilcox State NE Zip Code 68982	Category/ Type 001	
Purpose of Disbursement Political Consulting		
Candidate Name Hanson for Congress Committee		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Brianne Aldinger		Transaction ID: SB17.5029 Date of Disbursement 10 / 18 / 2005
Mailing Address 72629 South Road		Amount of Each Disbursement this Period 213.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Wilcox State NE Zip Code 68982	Category/ Type 002	
Purpose of Disbursement Campaign Expense-travel		
Candidate Name Hanson for Congress Committee		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Brianne Aldinger		Transaction ID: SB17.5192 Date of Disbursement 11 / 08 / 2005
Mailing Address 72629 South Road		Amount of Each Disbursement this Period 625.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Wilcox State NE Zip Code 68982	Category/ Type 001	
Purpose of Disbursement Political Consulting		
Candidate Name Hanson for Congress Committee		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1463.90
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 25 / 60

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Full Name (Last, First, Middle Initial) A. Brianne Aldinger		Transaction ID: SB17.5218 Date of Disbursement 11 / 16 / 2005
Mailing Address 72629 South Road		Amount of Each Disbursement this Period 625.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Wilcox State NE Zip Code 68982	001 Category/ Type	
Purpose of Disbursement Political Consulting Candidate Name Hanson for Congress Committee		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 03		

Full Name (Last, First, Middle Initial) B. Brianne Aldinger		Transaction ID: SB17.5287 Date of Disbursement 12 / 01 / 2005
Mailing Address 72629 South Road		Amount of Each Disbursement this Period 625.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Wilcox State NE Zip Code 68982	001 Category/ Type	
Purpose of Disbursement Political Consulting Candidate Name Hanson for Congress Committee		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 03		

Full Name (Last, First, Middle Initial) C. Brianne Aldinger		Transaction ID: SB17.5372 Date of Disbursement 12 / 15 / 2005
Mailing Address 72629 South Road		Amount of Each Disbursement this Period 625.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Wilcox State NE Zip Code 68982	001 Category/ Type	
Purpose of Disbursement Political Consulting Candidate Name Hanson for Congress Committee		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 03		

SUBTOTAL of Disbursements This Page (optional) ▶	1875.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 26 / 60

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

<p>A. Alltel</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address P.O. Box 94255</p> <p>City Palatine State IL Zip Code 60094</p> <p>Purpose of Disbursement Telephone</p> <p>Candidate Name Hanson for Congress Committee</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NE District: 03</p>		<p>Transaction ID: SB17.5170</p> <p>Date of Disbursement</p> <p>10 / 05 / 2005</p> <p>Amount of Each Disbursement this Period</p> <p>273.92</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type: 001</p>		

<p>B. Alltel</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address P.O. Box 94255</p> <p>City Palatine State IL Zip Code 60094</p> <p>Purpose of Disbursement Telephone</p> <p>Candidate Name Hanson for Congress Committee</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NE District: 03</p>		<p>Transaction ID: SB17.5110</p> <p>Date of Disbursement</p> <p>10 / 25 / 2005</p> <p>Amount of Each Disbursement this Period</p> <p>124.99</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type:</p>		

<p>C. Alltel</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address P.O. Box 94255</p> <p>City Palatine State IL Zip Code 60094</p> <p>Purpose of Disbursement Telephone</p> <p>Candidate Name Hanson for Congress Committee</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NE District: 03</p>		<p>Transaction ID: SB17.5111</p> <p>Date of Disbursement</p> <p>10 / 25 / 2005</p> <p>Amount of Each Disbursement this Period</p> <p>270.26</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type:</p>		

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>669.17</p>
<p>TOTAL This Period (last page this line number only)</p>	

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Full Name (Last, First, Middle Initial) A. Alltel		Transaction ID: SB17.5293 Date of Disbursement 11 / 14 / 2005	
Mailing Address P.O. Box 94255		Amount of Each Disbursement this Period 268.20	
City Palatine	State IL	Zip Code 60094	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Campaign Expense-telephone		001 Category/ Type	
Candidate Name Hanson for Congress Committee			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NE District: 03			

Full Name (Last, First, Middle Initial) B. Alltel		Transaction ID: SB17.5283 Date of Disbursement 11 / 30 / 2005	
Mailing Address P.O. Box 94255		Amount of Each Disbursement this Period 124.81	
City Palatine	State IL	Zip Code 60094	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Campaign Expense-telephone		001 Category/ Type	
Candidate Name Hanson for Congress Committee			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NE District: 03			

Full Name (Last, First, Middle Initial) C. Alltel		Transaction ID: SB17.5530 Date of Disbursement 12 / 14 / 2005	
Mailing Address P.O. Box 94255		Amount of Each Disbursement this Period 274.07	
City Palatine	State IL	Zip Code 60094	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Telephone		001 Category/ Type	
Candidate Name Hanson for Congress Committee			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NE District: 03			

SUBTOTAL of Disbursements This Page (optional) ▶	667.08
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Full Name (Last, First, Middle Initial) A. Alltel		Transaction ID: SB17.5375 Date of Disbursement 12 / 15 / 2005	
Mailing Address P.O. Box 94255		Amount of Each Disbursement this Period 124.73	
City Palatine State IL Zip Code 60094	Purpose of Disbursement Campaign Expense-telephone Candidate Name Hanson for Congress Committee Category/Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jacob Barth		Transaction ID: SB17.5091 Date of Disbursement 10 / 10 / 2005	
Mailing Address 57033 Old Hwy 8		Amount of Each Disbursement this Period 300.00	
City Pilger State NE Zip Code 68768	Purpose of Disbursement Campaign Expense-travel Candidate Name Hanson for Congress Committee Category/Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Keith G Becker		Transaction ID: SB17.4791 Date of Disbursement 10 / 03 / 2005	
Mailing Address P.O. Box 2264		Amount of Each Disbursement this Period 89.34	
City Kearney State NE Zip Code 68848	Purpose of Disbursement Campaign Expense-mileage Candidate Name Hanson for Congress Committee Category/Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶

514.07

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Full Name (Last, First, Middle Initial) A. Keith G Becker		Transaction ID: SB17.4792 Date of Disbursement 10 / 03 / 2005	
Mailing Address P.O. Box 2264		Amount of Each Disbursement this Period 128.92	
City Kearney	State NE	Zip Code 68848	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Expense-telephone		001 Category/ Type	
Candidate Name Hanson for Congress Committee			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NE District: 03			

Full Name (Last, First, Middle Initial) B. Keith G Becker		Transaction ID: SB17.4793 Date of Disbursement 10 / 03 / 2005	
Mailing Address P.O. Box 2264		Amount of Each Disbursement this Period 750.00	
City Kearney	State NE	Zip Code 68848	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Political Consulting		001 Category/ Type	
Candidate Name Hanson for Congress Committee			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NE District: 03			

Full Name (Last, First, Middle Initial) C. Keith G Becker		Transaction ID: SB17.5183 Date of Disbursement 10 / 04 / 2005	
Mailing Address P.O. Box 2264		Amount of Each Disbursement this Period 185.57	
City Kearney	State NE	Zip Code 68848	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Campaign expense-office supplies		007 Category/ Type	
Candidate Name Hanson for Congress Committee			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NE District: 03			

SUBTOTAL of Disbursements This Page (optional)	1064.49
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Full Name (Last, First, Middle Initial) A. Keith G Becker		Transaction ID: SB17.5020 Date of Disbursement 10 / 14 / 2005	
Mailing Address P.O. Box 2264		Amount of Each Disbursement this Period 750.00	
City Kearney	State NE	Zip Code 68848	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Political Consulting		001 Category/ Type	
Candidate Name Hanson for Congress Committee			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NE District: 03			

Full Name (Last, First, Middle Initial) B. Keith G Becker		Transaction ID: SB17.5021 Date of Disbursement 10 / 14 / 2005	
Mailing Address P.O. Box 2264		Amount of Each Disbursement this Period 46.75	
City Kearney	State NE	Zip Code 68848	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Campaign Expense-office supplies		001 Category/ Type	
Candidate Name Hanson for Congress Committee			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NE District: 03			

Full Name (Last, First, Middle Initial) C. Keith G Becker		Transaction ID: SB17.5131 Date of Disbursement 11 / 01 / 2005	
Mailing Address P.O. Box 2264		Amount of Each Disbursement this Period 750.00	
City Kearney	State NE	Zip Code 68848	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Political Consulting		001 Category/ Type	
Candidate Name Hanson for Congress Committee			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NE District: 03			

SUBTOTAL of Disbursements This Page (optional) ▶	1546.75
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Full Name (Last, First, Middle Initial) A. Keith G Becker		Transaction ID: SB17.5132 Date of Disbursement 11 / 01 / 2005	
Mailing Address P.O. Box 2264		Amount of Each Disbursement this Period 88.78	
City Kearney	State NE	Zip Code 68848	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Campaign office supplies		001 Category/ Type	
Candidate Name Hanson for Congress Committee			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Keith G Becker		Transaction ID: SB17.5219 Date of Disbursement 11 / 16 / 2005	
Mailing Address P.O. Box 2264		Amount of Each Disbursement this Period 750.00	
City Kearney	State NE	Zip Code 68848	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Political Consulting		001 Category/ Type	
Candidate Name Hanson for Congress Committee			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Keith G Becker		Transaction ID: SB17.5221 Date of Disbursement 11 / 16 / 2005	
Mailing Address P.O. Box 2264		Amount of Each Disbursement this Period 23.10	
City Kearney	State NE	Zip Code 68848	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement campaign mileage expense		002 Category/ Type	
Candidate Name Hanson for Congress Committee			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	861.88
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Full Name (Last, First, Middle Initial) A. Keith G Becker		Transaction ID: SB17.5223 Date of Disbursement 11 / 16 / 2005	
Mailing Address P.O. Box 2264		Amount of Each Disbursement this Period 70.14	
City Kearney	State NE	Zip Code 68848	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Campaign Expense- travel		Category/ Type 002	
Candidate Name Hanson for Congress Committee			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NE District: 03			

Full Name (Last, First, Middle Initial) B. Keith G Becker		Transaction ID: SB17.5288 Date of Disbursement 12 / 01 / 2005	
Mailing Address P.O. Box 2264		Amount of Each Disbursement this Period 750.00	
City Kearney	State NE	Zip Code 68848	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Political Consulting		Category/ Type 001	
Candidate Name Hanson for Congress Committee			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NE District: 03			

Full Name (Last, First, Middle Initial) C. Keith G Becker		Transaction ID: SB17.5362 Date of Disbursement 12 / 07 / 2005	
Mailing Address P.O. Box 2264		Amount of Each Disbursement this Period 62.06	
City Kearney	State NE	Zip Code 68848	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Campaign Expense- travel		Category/ Type 002	
Candidate Name Hanson for Congress Committee			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NE District: 03			

SUBTOTAL of Disbursements This Page (optional) ▶	882.20
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Full Name (Last, First, Middle Initial) A. Keith G Becker		Transaction ID: SB17.5373 Date of Disbursement 12 / 15 / 2005	
Mailing Address P.O. Box 2264		Amount of Each Disbursement this Period 750.00	
City Kearney	State NE	Zip Code 68848	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Political Consulting		Category/ Type 001	
Candidate Name Hanson for Congress Committee			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NE District: 03			

Full Name (Last, First, Middle Initial) B. Bob's Super Store		Transaction ID: SB17.5036 Date of Disbursement 10 / 18 / 2005	
Mailing Address 620 East 25th Street		Amount of Each Disbursement this Period 207.68	
City Kearney	State NE	Zip Code 68847	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Campaign Event Expense-catering		Category/ Type 007	
Candidate Name Hanson for Congress Committee			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NE District: 03			

Full Name (Last, First, Middle Initial) C. Buckle, Inc		Transaction ID: SB17.5059 Date of Disbursement 10 / 05 / 2005	
Mailing Address 2900 West 24th		Amount of Each Disbursement this Period 1174.69	
City Kearney	State NE	Zip Code 68845	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Campaign Expense- promotional		Category/ Type 006	
Candidate Name Hanson for Congress Committee			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NE District: 03			

SUBTOTAL of Disbursements This Page (optional)	2132.37
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Full Name (Last, First, Middle Initial) A. Buffalo Bill Farm & Ranch Expo		Transaction ID: SB17.5228 Date of Disbursement 11 / 22 / 2005	
Mailing Address 502 South Dewey		Amount of Each Disbursement this Period 275.00	
City North Platte State NE Zip Code 69101	Purpose of Disbursement Farm & Ranch Expo Candidate Name Hanson for Congress Committee Category/Type 007	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Capitol Promotions		Transaction ID: SB17.5047 Date of Disbursement 10 / 05 / 2005	
Mailing Address 2362 Oakdale Avenue		Amount of Each Disbursement this Period 439.65	
City Glenside State PA Zip Code 19038	Purpose of Disbursement Campaign Expense - promotional Candidate Name Hanson for Congress Committee Category/Type 004	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Capitol Promotions		Transaction ID: SB17.5096 Date of Disbursement 10 / 21 / 2005	
Mailing Address 2362 Oakdale Avenue		Amount of Each Disbursement this Period 290.00	
City Glenside State PA Zip Code 19038	Purpose of Disbursement Campaign Expense - promotional Candidate Name Hanson for Congress Committee Category/Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1004.65
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Full Name (Last, First, Middle Initial) A. Capitol Promotions		Transaction ID: SB17.5126 Date of Disbursement 10 / 31 / 2005
Mailing Address 2362 Oakdale Avenue		Amount of Each Disbursement this Period 90.35 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Glenside State PA Zip Code 19038	Category/ Type 004	
Purpose of Disbursement Campaign Expense - promotional		
Candidate Name Hanson for Congress Committee		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Capitol Promotions		Transaction ID: SB17.5367 Date of Disbursement 12 / 15 / 2005
Mailing Address 2362 Oakdale Avenue		Amount of Each Disbursement this Period 491.42 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Glenside State PA Zip Code 19038	Category/ Type 001	
Purpose of Disbursement Campaign Materials-promotional		
Candidate Name Hanson for Congress Committee		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Cash Wa		Transaction ID: SB17.5061 Date of Disbursement 10 / 05 / 2005
Mailing Address PO Box 309		Amount of Each Disbursement this Period 458.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Kearney State NE Zip Code 68845	Category/ Type 006	
Purpose of Disbursement Campaign Event Expense-candy		
Candidate Name Hanson for Congress Committee		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1040.72
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Full Name (Last, First, Middle Initial) A. Chef Lalanne's		Transaction ID: SB17.5296 Date of Disbursement 12 / 01 / 2005
Mailing Address PO Box 1087		Amount of Each Disbursement this Period 239.89 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City North Platte	State NE Zip Code 69101	
Purpose of Disbursement Campaign Event Expense-catering Candidate Name Hanson for Congress Committee Category/Type 007		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Dannehl Feed and Seed		Transaction ID: SB17.5065 Date of Disbursement 10 / 05 / 2005
Mailing Address 21270 133 Road		Amount of Each Disbursement this Period 318.61 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Riverdale	State NE Zip Code 68870	
Purpose of Disbursement Campaign Event Expense-tent rental Candidate Name Hanson for Congress Committee Category/Type 007		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Fred Evans		Transaction ID: SB17.5127 Date of Disbursement 10 / 31 / 2005
Mailing Address 1512 N. Jefferson Street		Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lexington	State NE Zip Code 68850	
Purpose of Disbursement Campaign Event Expense-travel Candidate Name Hanson for Congress Committee Category/Type 007		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	858.50
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

A. Frontier Full Name (Last, First, Middle Initial) Mailing Address 60 Church Street City Gloversville State NY Zip Code 12078 Purpose of Disbursement Campaign Expense - telephone Candidate Name Hanson for Congress Committee Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.5300 Date of Disbursement: M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5 Amount of Each Disbursement this Period: 83.88 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Frontier Full Name (Last, First, Middle Initial) Mailing Address 60 Church Street City Gloversville State NY Zip Code 12078 Purpose of Disbursement Campaign Expense - telephone Candidate Name Hanson for Congress Committee Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.5374 Date of Disbursement: M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5 Amount of Each Disbursement this Period: 164.08 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Gateway Farm Expo Full Name (Last, First, Middle Initial) Mailing Address PO Box 607 City Kearney State NE Zip Code 68848 Purpose of Disbursement Campaign Event Expense-booth Candidate Name Hanson for Congress Committee Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.5044 Date of Disbursement: M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 5 Amount of Each Disbursement this Period: 325.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	572.96
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Full Name (Last, First, Middle Initial) A. Dennis Gengenbach		Transaction ID: SB17.5359 Date of Disbursement 12 / 07 / 2005	
Mailing Address 43540 Road 739		Amount of Each Disbursement this Period 522.09	
City Smithfield State NE Zip Code 68976	Purpose of Disbursement campaign expense - event catering Candidate Name Hanson for Congress Committee Category/Type 007	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. H and E Air Service, Inc.		Transaction ID: SB17.5134 Date of Disbursement 11 / 01 / 2005	
Mailing Address PO Box 1744		Amount of Each Disbursement this Period 300.00	
City Kearney State NE Zip Code 68848	Purpose of Disbursement Office rental Candidate Name Hanson for Congress Committee Category/Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. H and E Air Service, Inc.		Transaction ID: SB17.5295 Date of Disbursement 12 / 01 / 2005	
Mailing Address PO Box 1744		Amount of Each Disbursement this Period 300.00	
City Kearney State NE Zip Code 68848	Purpose of Disbursement Office rental Candidate Name Hanson for Congress Committee Category/Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1122.09
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Full Name (Last, First, Middle Initial) A. Happy Hollow Club		Transaction ID: SB17.5040 Date of Disbursement 10 / 18 / 2005	
Mailing Address 1701 South 105th Street		Amount of Each Disbursement this Period 641.36	
City Omaha State NE Zip Code 68124	Purpose of Disbursement Campaign Expense - catering Candidate Name Hanson for Congress Committee Category/Type 007	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Shon Hawke		Transaction ID: SB17.5370 Date of Disbursement 12 / 15 / 2005	
Mailing Address 3502 Ave M		Amount of Each Disbursement this Period 391.43	
City Kearney State NE Zip Code 68847	Purpose of Disbursement Campaign Expense - office renovation Candidate Name Hanson for Congress Committee Category/Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Holiday Inn and Captain's Table		Transaction ID: SB17.5054 Date of Disbursement 10 / 05 / 2005	
Mailing Address 110 2nd Ave		Amount of Each Disbursement this Period 1008.00	
City Kearney State NE Zip Code 68845	Purpose of Disbursement Campaign Expense Event- catering Candidate Name Hanson for Congress Committee Category/Type 006	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	2040.79
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Full Name (Last, First, Middle Initial) A. Intellicom, Inc		Transaction ID: SB17.5303 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5	
Mailing Address 1700 2nd Avenue		Amount of Each Disbursement this Period 719.90	
City Kearney	State NE	Zip Code 68847	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Campaign Expense - advertising		Category/ Type 004	
Candidate Name Hanson for Congress Committee			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NE District: 03			

Full Name (Last, First, Middle Initial) B. Intellicom Computer Consulting Inc		Transaction ID: SB17.5369 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5	
Mailing Address PO Box 2672		Amount of Each Disbursement this Period 294.63	
City Kearney	State NE	Zip Code 68848	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Campaign Expense - advertising		Category/ Type 004	
Candidate Name Hanson for Congress Committee			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NE District: 03			

Full Name (Last, First, Middle Initial) C. Jim Banks Political Consulting		Transaction ID: SB17.4859 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 5	
Mailing Address 934 Hans Brinker Street		Amount of Each Disbursement this Period 500.00	
City Colorado Springs	State CO	Zip Code 80907	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Political Consulting Fee		Category/ Type 001	
Candidate Name Hanson for Congress Committee			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NE District: 03			

SUBTOTAL of Disbursements This Page (optional) ▶	1514.53
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Full Name (Last, First, Middle Initial) A. Jim Banks Political Consulting		Transaction ID: SB17.4860 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 5
Mailing Address 934 Hans Brinker Street		Amount of Each Disbursement this Period 419.19 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Colorado Springs State CO Zip Code 80907	Category/Type 002	
Purpose of Disbursement Travel Expense		
Candidate Name Hanson for Congress Committee		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Jim Banks Political Consulting		Transaction ID: SB17.5190 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 5
Mailing Address 934 Hans Brinker Street		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Colorado Springs State CO Zip Code 80907	Category/Type 001	
Purpose of Disbursement Campaign Expense - Political consulting		
Candidate Name Hanson for Congress Committee		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Jim Banks Political Consulting		Transaction ID: SB17.5193 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 5
Mailing Address 934 Hans Brinker Street		Amount of Each Disbursement this Period 455.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Colorado Springs State CO Zip Code 80907	Category/Type 002	
Purpose of Disbursement Campaign Expense - travel		
Candidate Name Hanson for Congress Committee		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1374.19
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Full Name (Last, First, Middle Initial) A. Jim Banks Political Consulting		Transaction ID: SB17.5294 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5
Mailing Address 934 Hans Brinker Street		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Colorado Springs State CO Zip Code 80907		
Purpose of Disbursement Political consulting Candidate Name Hanson for Congress Committee Category/Type 001		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 03		

Full Name (Last, First, Middle Initial) B. Kearney Hub Newspaper		Transaction ID: SB17.5130 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 5
Mailing Address 13 East 22nd Street		Amount of Each Disbursement this Period 95.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Kearney State NE Zip Code 68848		
Purpose of Disbursement Campaign Expense - Advertising Candidate Name Hanson for Congress Committee Category/Type 004		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 03		

Full Name (Last, First, Middle Initial) C. KRVN 880 Radio		Transaction ID: SB17.5171 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 5
Mailing Address P.O. Box 880		Amount of Each Disbursement this Period 600.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lexington State NE Zip Code 68850		
Purpose of Disbursement Campaign Expense - Advertising Candidate Name Hanson for Congress Committee Category/Type 007		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 03		

SUBTOTAL of Disbursements This Page (optional) ▶	1195.70
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Full Name (Last, First, Middle Initial) A. KRVN 880 Radio		Transaction ID: SB17.5033 Date of Disbursement 10 / 18 / 2005
Mailing Address P.O. Box 880		Amount of Each Disbursement this Period 171.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lexington State NE Zip Code 68850	004 Category/ Type	
Purpose of Disbursement Campaign Expense - Advertising		
Candidate Name Hanson for Congress Committee		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. KRVN 880 Radio		Transaction ID: SB17.5360 Date of Disbursement 12 / 06 / 2005
Mailing Address P.O. Box 880		Amount of Each Disbursement this Period 192.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lexington State NE Zip Code 68850	004 Category/ Type	
Purpose of Disbursement Campaign Expense - Advertising		
Candidate Name Hanson for Congress Committee		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Lamar Outdoor Advertising		Transaction ID: SB17.5062 Date of Disbursement 10 / 05 / 2005
Mailing Address 3870 North Sky Park Road		Amount of Each Disbursement this Period 2565.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Grand Island State NE Zip Code 68801	004 Category/ Type	
Purpose of Disbursement Campaign Expense - Advertising		
Candidate Name Hanson for Congress Committee		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2928.40
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Full Name (Last, First, Middle Initial) A. Lamar Outdoor Advertising		Transaction ID: SB17.5063 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 5
Mailing Address 3870 North Sky Park Road		Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Grand Island State NE Zip Code 68801	Category/Type 004	
Purpose of Disbursement Campaign Expense - Advertising		
Candidate Name Hanson for Congress Committee		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Lamar Outdoor Advertising		Transaction ID: SB17.5187 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 5
Mailing Address 3870 North Sky Park Road		Amount of Each Disbursement this Period 2560.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Grand Island State NE Zip Code 68801	Category/Type 004	
Purpose of Disbursement Campaign Expense - Advertising		
Candidate Name Hanson for Congress Committee		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. LIPS - Lisa's Instant Print Service		Transaction ID: SB17.5042 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 5
Mailing Address 824 West 24th		Amount of Each Disbursement this Period 2183.29 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Kearney State NE Zip Code 68845	Category/Type 004	
Purpose of Disbursement Campaign Expense - Advertising		
Candidate Name Hanson for Congress Committee		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5043.29
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

A. Full Name (Last, First, Middle Initial)
LIPS - Lisa's Instant Print Service

Mailing Address 824 West 24th

City State Zip Code
Kearney NE 68845

Purpose of Disbursement
Campaign Expense- office printing
Candidate Name
Hanson for Congress Committee

004
Category/
Type

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
 Other (specify) ▼
State: NE District: 03

Transaction ID: SB17.5188

Date of Disbursement

11 / 08 / 2005

Amount of Each Disbursement this Period

568.97

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Low Investments

Mailing Address Saint James Square 3

City State Zip Code
Kearney NE 68848

Purpose of Disbursement
Campaign Expense -advertising
Candidate Name
Hanson for Congress Committee

001
Category/
Type

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
 Other (specify) ▼
State: NE District: 03

Transaction ID: SB17.4921

Date of Disbursement

10 / 10 / 2005

Amount of Each Disbursement this Period

250.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

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

Mailing Address Saint James Square 3

City State Zip Code
Kearney NE 68848

Purpose of Disbursement
Campaign Expense- advertising
Candidate Name
Hanson for Congress Committee

001
Category/
Type

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
 Other (specify) ▼
State: NE District: 03

Transaction ID: SB17.4922

Date of Disbursement

10 / 10 / 2005

Amount of Each Disbursement this Period

250.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1068.97

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Full Name (Last, First, Middle Initial) A. Lowe Investments		Transaction ID: SB17.5133 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5	
Mailing Address Saint James Square 3		Amount of Each Disbursement this Period 250.00	
City Kearney State NE Zip Code 68848	Purpose of Disbursement Campaign expense- advertising Candidate Name Hanson for Congress Committee Category/Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Full Name (Last, First, Middle Initial) B. Mail Express		Transaction ID: SB17.5046 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 5	
Mailing Address PO Box 3048		Amount of Each Disbursement this Period 7131.78	
City Kearney State NE Zip Code 68848	Purpose of Disbursement Campaign Expense - postage Candidate Name Hanson for Congress Committee Category/Type 004	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Full Name (Last, First, Middle Initial) C. Mail Express		Transaction ID: SB17.5034 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 5	
Mailing Address PO Box 3048		Amount of Each Disbursement this Period 619.08	
City Kearney State NE Zip Code 68848	Purpose of Disbursement Campaign Expense - postage Candidate Name Hanson for Congress Committee Category/Type 004	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	8000.86
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Full Name (Last, First, Middle Initial)		Transaction ID: SB17.5186																					
A. Mail Express		Date of Disbursement																					
Mailing Address PO Box 3048		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	8	/	2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	0	8	/	2	0	0	5														
City	State	Zip Code	Amount of Each Disbursement this Period																				
Kearney	NE	68848	1633.12																				
Purpose of Disbursement Campaign Expense - postage		004	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																				
Candidate Name Hanson for Congress Committee		Category/ Type																					
Office Sought:	Disbursement For: 2006																						
<input checked="" type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General																						
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼																						
<input type="checkbox"/> President																							
State: NE	District: 03																						

Full Name (Last, First, Middle Initial)		Transaction ID: SB17.5060																					
B. Mattley Advertising and Design		Date of Disbursement																					
Mailing Address 2314 Central Ave Masonic BLD #200		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>0</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	5	/	2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	0	5	/	2	0	0	5														
City	State	Zip Code	Amount of Each Disbursement this Period																				
Kearney	NE	68847	2953.76																				
Purpose of Disbursement Campaign Expense - Advertising		004	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																				
Candidate Name Hanson for Congress Committee		Category/ Type																					
Office Sought:	Disbursement For: 2006																						
<input checked="" type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General																						
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼																						
<input type="checkbox"/> President																							
State: NE	District: 03																						

Full Name (Last, First, Middle Initial)		Transaction ID: SB17.5189																					
C. Mattley Advertising and Design		Date of Disbursement																					
Mailing Address 2314 Central Ave Masonic BLD #200		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	8	/	2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	0	8	/	2	0	0	5														
City	State	Zip Code	Amount of Each Disbursement this Period																				
Kearney	NE	68847	958.50																				
Purpose of Disbursement Campaign Expense - Advertising		004	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																				
Candidate Name Hanson for Congress Committee		Category/ Type																					
Office Sought:	Disbursement For: 2006																						
<input checked="" type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General																						
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼																						
<input type="checkbox"/> President																							
State: NE	District: 03																						

SUBTOTAL of Disbursements This Page (optional)	5545.38
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Full Name (Last, First, Middle Initial) A. Miller Signs		Transaction ID: SB17.5058 Date of Disbursement 10 / 05 / 2005	
Mailing Address 2515 Grand Avenue		Amount of Each Disbursement this Period 401.35	
City Kearney State NE Zip Code 68845	Purpose of Disbursement Campaign Expense - Advertising Candidate Name Hanson for Congress Committee Category/Type 004	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. NE Ag Classic		Transaction ID: SB17.5555 Date of Disbursement 12 / 23 / 2005	
Mailing Address PO Box 80671		Amount of Each Disbursement this Period 125.00	
City Lincoln State NE Zip Code 68501	Purpose of Disbursement Campaign Expense-registration fee Candidate Name Hanson for Congress Committee Category/Type 007	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Office Max		Transaction ID: SB17.5390 Date of Disbursement 12 / 12 / 2005	
Mailing Address 2130 North Diers Ave		Amount of Each Disbursement this Period 54.58	
City Grand Island State NE Zip Code 68803	Purpose of Disbursement Campaign Expense - office supplies Candidate Name Hanson for Congress Committee Category/Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	580.93
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Full Name (Last, First, Middle Initial) A. Pro Printing		Transaction ID: SB17.5298 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5
Mailing Address PO Box 608		Amount of Each Disbursement this Period 2314.42 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City North Platte State NE Zip Code 69101		
Purpose of Disbursement Campaign Expense - Advertising Candidate Name Hanson for Congress Committee Category/Type 004		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 03		

Full Name (Last, First, Middle Initial) B. PS Catering		Transaction ID: SB17.5285 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 5
Mailing Address 43528 Rd 725		Amount of Each Disbursement this Period 746.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Oxford State NE Zip Code 68967		
Purpose of Disbursement Campaign Event Expense-catering Candidate Name Hanson for Congress Committee Category/Type 007		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 03		

Full Name (Last, First, Middle Initial) C. Splendid Fare		Transaction ID: SB17.5158 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 5
Mailing Address 1310 Braddock Place		Amount of Each Disbursement this Period 745.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandra State VA Zip Code 22314		
Purpose of Disbursement Campaign Event Expense-catering Candidate Name Hanson for Congress Committee Category/Type 007		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 03		

SUBTOTAL of Disbursements This Page (optional) ▶	3806.11
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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 for Congress Committee

A. Full Name (Last, First, Middle Initial)
Gary Trompke

Mailing Address P.O. Box 262

City Axtell State NE Zip Code 68924

Purpose of Disbursement
Campaign Expense - office renovation

Candidate Name
Hanson for Congress Committee

Office Sought: House
 Senate
 President

State: NE District: 03

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB17.5363

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	3	/	2	0	0	5

Amount of Each Disbursement this Period

400.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

001
Category/
Type

B. Full Name (Last, First, Middle Initial)
United States Postal Service

Mailing Address 2401 Ave E

City Kearney State NE Zip Code 68847

Purpose of Disbursement
Mail Expense-postage

Candidate Name
Hanson for Congress Committee

Office Sought: House
 Senate
 President

State: NE District: 03

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB17.5090

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	7	/	2	0	0	5

Amount of Each Disbursement this Period

55.50

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

001
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ►

455.50

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

49830.48

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 51 / 60
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Transaction ID: SC/10.4126

LOAN SOURCE Full Name (Last, First, Middle Initial) John Hanson, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. Box 783	
City Kearney State NE ZIP Code 68848	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

TERMS

Date Incurred M M 06 D D 09 Y Y Y Y 2005	Date Due on Demand	Interest Rate 0 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------------------------------------	-----------------------	----------------------------	---------------------------------------------------------------------------------

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	5000.00
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 C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 52 / 60
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Transaction ID: SC/10.4178

LOAN SOURCE Full Name (Last, First, Middle Initial) John Hanson, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. Box 783	
City Kearney State NE ZIP Code 68848	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

TERMS

Date Incurred M M 07 D D 20 Y Y Y Y 2005	Date Due on demand	Interest Rate 0 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------------------------------------	-----------------------	----------------------------	---------------------------------------------------------------------------------

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	5000.00
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 C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 53 / 60
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Transaction ID: SC/10.4231

LOAN SOURCE Full Name (Last, First, Middle Initial) John Hanson, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. Box 783	
City Kearney State NE ZIP Code 68848	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

TERMS

Date Incurred MM DD YY YY 08 03 2005	Date Due on Demand	Interest Rate 0 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--------------------------------------------	-----------------------	----------------------------	---------------------------------------------------------------------------------

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	5000.00
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 C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 54 / 60
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
 Hanson for Congress Committee

Transaction ID: SC/10.4785

LOAN SOURCE Full Name (Last, First, Middle Initial) John Hanson, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. Box 783	
City Kearney State NE ZIP Code 68848	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

TERMS

Date Incurred MM DD YYYY 09 30 2005	Date Due on demand	Interest Rate 0 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
-------------------------------------------	-----------------------	----------------------------	---------------------------------------------------------------------------------

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	10000.00
TOTALS 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.	

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 55 / 60
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Transaction ID: SC/10.5537

LOAN SOURCE Full Name (Last, First, Middle Initial) John Hanson, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. Box 783	
City Kearney State NE ZIP Code 68848	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
44000.00	0.00	44000.00

TERMS

Date Incurred M M 1 2 D D 2 9 Y Y Y Y 2 0 0 5	Date Due on demand	Interest Rate 0 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--------------------------------------------------	-----------------------	----------------------------	---------------------------------------------------------------------------------

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	44000.00
TOTALS This Period (last page in this line only)	69000.00
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 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
 Hanson for Congress Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor John Hanson	Nature of Debt (Purpose): Billboards paid by John R. Hanson
Mailing Address P.O. Box 783	
City State ZIP Code Kearney NE 68848	

Outstanding Balance Beginning This Period <input type="text" value="1275.00"/>	Transaction ID: SD10.4128	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1275.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor John Hanson	Nature of Debt (Purpose): Hotel
Mailing Address P.O. Box 783	
City State ZIP Code Kearney NE 68848	

Outstanding Balance Beginning This Period <input type="text" value="68.32"/>	Transaction ID: SD10.4180	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="68.32"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor John Hanson	Nature of Debt (Purpose): June Mileage Expenses
Mailing Address P.O. Box 783	
City State ZIP Code Kearney NE 68848	

Outstanding Balance Beginning This Period <input type="text" value="852.60"/>	Transaction ID: SD10.4937	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="852.60"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="2195.92"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTALS 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"/>

SCHEDULE D (FEC Form 3)
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 for Congress Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor John Hanson	Nature of Debt (Purpose): Alltel phone bill paid by John
Mailing Address P.O. Box 783	
City State ZIP Code Kearney NE 68848	

Outstanding Balance Beginning This Period 271.84	Transaction ID: SD10.4236	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 271.84

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor John Hanson	Nature of Debt (Purpose): Frontier Office phone bill/internet
Mailing Address P.O. Box 783	
City State ZIP Code Kearney NE 68848	

Outstanding Balance Beginning This Period 71.94	Transaction ID: SD10.4239	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 71.94

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor John Hanson	Nature of Debt (Purpose): Sprint Phone Bill
Mailing Address P.O. Box 783	
City State ZIP Code Kearney NE 68848	

Outstanding Balance Beginning This Period 182.38	Transaction ID: SD10.4241	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 182.38

1) SUBTOTALS This Period This Page (optional).....	526.16
2) TOTALS This Period (last page this line number only).....	
3) TOTALS 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 3)
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 for Congress Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor John Hanson	Nature of Debt (Purpose): July Mileage Expense
Mailing Address P.O. Box 783	
City State ZIP Code Kearney NE 68848	

Outstanding Balance Beginning This Period 1928.15	Transaction ID: SD10.4940	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1928.15

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor John Hanson	Nature of Debt (Purpose): Sam's Club - Campaign Supplies
Mailing Address P.O. Box 783	
City State ZIP Code Kearney NE 68848	

Outstanding Balance Beginning This Period 101.85	Transaction ID: SD10.4920	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 101.85

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor John Hanson	Nature of Debt (Purpose): Wal-Mart - Campaign Supplies
Mailing Address P.O. Box 783	
City State ZIP Code Kearney NE 68848	

Outstanding Balance Beginning This Period 32.50	Transaction ID: SD10.4990	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 32.50

1) SUBTOTALS This Period This Page (optional).....	▶	2062.50
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS 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 3)
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 for Congress Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor John Hanson	Nature of Debt (Purpose): Sprint Long Distance Bill
Mailing Address P.O. Box 783	
City State ZIP Code Kearney NE 68848	

Outstanding Balance Beginning This Period 155.65	Transaction ID: SD10.4917	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 155.65

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor John Hanson	Nature of Debt (Purpose): August Mileage Expense
Mailing Address P.O. Box 783	
City State ZIP Code Kearney NE 68848	

Outstanding Balance Beginning This Period 1699.60	Transaction ID: SD10.4942	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1699.60

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor John Hanson	Nature of Debt (Purpose): travel and phone expense
Mailing Address P.O. Box 783	
City State ZIP Code Kearney NE 68848	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.5575	
Amount Incurred This Period 1484.81	Payment This Period 0.00	Outstanding Balance at Close of This Period 1484.81

1) SUBTOTALS This Period This Page (optional).....	3340.06
2) TOTALS This Period (last page this line number only).....	
3) TOTALS 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 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 60 / 60
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
 Hanson for Congress Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor John Hanson	Nature of Debt (Purpose): Travel and Phone Expense
Mailing Address P.O. Box 783	
City State ZIP Code Kearney NE 68848	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID: SD10.5543	
Amount Incurred This Period <input type="text" value="2002.65"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2002.65"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor John Hanson	Nature of Debt (Purpose): Phone and Travel Expense
Mailing Address P.O. Box 783	
City State ZIP Code Kearney NE 68848	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID: SD10.5541	
Amount Incurred This Period <input type="text" value="1154.92"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1154.92"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="3157.57"/>
2) TOTALS This Period (last page this line number only).....	<input type="text" value="11282.21"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value=""/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text" value=""/>