

**FEC
FORM 3X**

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

RECEIVED
2013 FEB 26 AM 11:19
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **FEC MAIL CENTER**
12FE4M5

HANSON PROFESSIONAL SERVICES INC PAC

ADDRESS (number and street) **1525 SOUTH SIXTH STREET**

Check if different than previously reported. (ACC)

SPRINGFIELD IL 62703

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 00406124

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
- Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
- Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on / / in the State of

(d) 30-Day POST-Election Report for the:

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

Election on / / in the State of

5. Covering Period 01 / 01 / 2013 through 01 / 31 / 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer **JO ELLEN KEIM**

Signature of Treasurer  Date 02 / 12 / 2013

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

13031042661

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

HANSON PROFESSIONAL SERVICES INC. PAC

Report Covering the Period: From:

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

 To:

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

**COLUMN A
This Period**

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

6. (a) Cash on Hand January 1,	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="padding: 2px;">Y</td><td style="padding: 2px;">Y</td><td style="padding: 2px;">Y</td><td style="padding: 2px;">Y</td><td style="padding: 2px;">Y</td><td style="padding: 2px;">Y</td><td style="padding: 2px;">/</td><td style="padding: 2px;">D</td><td style="padding: 2px;">D</td><td style="padding: 2px;">/</td><td style="padding: 2px;">M</td><td style="padding: 2px;">M</td></tr><tr><td style="padding: 2px;">2</td><td style="padding: 2px;">0</td><td style="padding: 2px;">1</td><td style="padding: 2px;">3</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr></table>	Y	Y	Y	Y	Y	Y	/	D	D	/	M	M	2	0	1	3									<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="padding: 2px;">3</td><td style="padding: 2px;">2</td><td style="padding: 2px;">1</td><td style="padding: 2px;">5</td><td style="padding: 2px;">0</td><td style="padding: 2px;">0</td></tr></table>	3	2	1	5	0	0
Y	Y	Y	Y	Y	Y	/	D	D	/	M	M																					
2	0	1	3																													
3	2	1	5	0	0																											
(b) Cash on Hand at Beginning of Reporting Period.....	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="padding: 2px;">3</td><td style="padding: 2px;">2</td><td style="padding: 2px;">1</td><td style="padding: 2px;">5</td><td style="padding: 2px;">0</td><td style="padding: 2px;">0</td></tr></table>	3	2	1	5	0	0	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="padding: 2px;">3</td><td style="padding: 2px;">2</td><td style="padding: 2px;">1</td><td style="padding: 2px;">5</td><td style="padding: 2px;">0</td><td style="padding: 2px;">0</td></tr></table>	3	2	1	5	0	0																		
3	2	1	5	0	0																											
3	2	1	5	0	0																											
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="padding: 2px;">0</td><td style="padding: 2px;">0</td></tr></table>	0	0	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="padding: 2px;">0</td><td style="padding: 2px;">0</td></tr></table>	0	0																										
0	0																															
0	0																															
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="padding: 2px;">3</td><td style="padding: 2px;">2</td><td style="padding: 2px;">1</td><td style="padding: 2px;">5</td><td style="padding: 2px;">0</td><td style="padding: 2px;">0</td></tr></table>	3	2	1	5	0	0	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="padding: 2px;">3</td><td style="padding: 2px;">2</td><td style="padding: 2px;">1</td><td style="padding: 2px;">5</td><td style="padding: 2px;">0</td><td style="padding: 2px;">0</td></tr></table>	3	2	1	5	0	0																		
3	2	1	5	0	0																											
3	2	1	5	0	0																											
7. Total Disbursements (from Line 31).....	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="padding: 2px;">0</td><td style="padding: 2px;">0</td></tr></table>	0	0	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="padding: 2px;">0</td><td style="padding: 2px;">0</td></tr></table>	0	0																										
0	0																															
0	0																															
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="padding: 2px;">3</td><td style="padding: 2px;">2</td><td style="padding: 2px;">1</td><td style="padding: 2px;">5</td><td style="padding: 2px;">0</td><td style="padding: 2px;">0</td></tr></table>	3	2	1	5	0	0	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="padding: 2px;">3</td><td style="padding: 2px;">2</td><td style="padding: 2px;">1</td><td style="padding: 2px;">5</td><td style="padding: 2px;">0</td><td style="padding: 2px;">0</td></tr></table>	3	2	1	5	0	0																		
3	2	1	5	0	0																											
3	2	1	5	0	0																											
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="padding: 2px;">0</td><td style="padding: 2px;">0</td></tr></table>	0	0	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="padding: 2px;">0</td><td style="padding: 2px;">0</td></tr></table>	0	0																										
0	0																															
0	0																															
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="padding: 2px;">0</td><td style="padding: 2px;">0</td></tr></table>	0	0	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="padding: 2px;">0</td><td style="padding: 2px;">0</td></tr></table>	0	0																										
0	0																															
0	0																															

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This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	00	00
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	00	00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	00	00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	00	00

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DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

33. Total Contributions (other than loans) (from Line 11(d), page 3)	00	00
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	00	00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	00	00
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	00	00

13031042665

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

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

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

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)

Date of Receipt

MM	DD	YYYY
----	----	------

Mailing Address

City State Zip Code

Amount of Each Receipt this Period

Amount

FEC ID number of contributing federal political committee.

C	Committee ID
---	--------------

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Year-to-Date

Full Name (Last, First, Middle Initial)

Date of Receipt

MM	DD	YYYY
----	----	------

Mailing Address

City State Zip Code

Amount of Each Receipt this Period

Amount

FEC ID number of contributing federal political committee.

C	Committee ID
---	--------------

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Year-to-Date

Full Name (Last, First, Middle Initial)

Date of Receipt

MM	DD	YYYY
----	----	------

Mailing Address

City State Zip Code

Amount of Each Receipt this Period

Amount

FEC ID number of contributing federal political committee.

C	Committee ID
---	--------------

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Year-to-Date

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

00

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

00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)			PAGE 1 OF 1		
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)

A.		Date of Disbursement	
Mailing Address		M M / D D / Y Y Y Y Y Y	
City	State	Zip Code	
Purpose of Disbursement		Amount of Each Disbursement this Period	
Candidate Name		0 1 1	
Category/Type			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.		Date of Disbursement	
Mailing Address		M M / D D / Y Y Y Y Y Y	
City	State	Zip Code	
Purpose of Disbursement		Amount of Each Disbursement this Period	
Candidate Name		0 1 1	
Category/Type			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.		Date of Disbursement	
Mailing Address		M M / D D / Y Y Y Y Y Y	
City	State	Zip Code	
Purpose of Disbursement		Amount of Each Disbursement this Period	
Candidate Name		0 1 1	
Category/Type			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional).....▶	0 0
TOTAL This Period (last page this line number only).....▶	0 0

13031042667

SCHEDULE C (FEC Form 3X)

LOANS

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

LOAN SOURCE Full Name (Last, First, Middle Initial)		Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address		
City	State ZIP Code	
Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....▶	<input type="text" value="00"/>
TOTALS This Period (last page in this line only).....▶	<input type="text" value="00"/>

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

13031042668

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional).....▶	00
2) TOTALS This Period (last page this line number only).....▶	00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶	00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	00

13031042669

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 1 OF 1
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

13031042670

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional).....▶	00
2) TOTALS This Period (last page this line number only).....▶	00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶	00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	00

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

13031042671

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) <i>2/19/13</i>
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>JMP</i> PREPARER	<i>2/26/13</i> DATE PREPARED

(3/2005)