

2010 APR 26 AM 7:57

FEC  
FORM 3X

REPORT OF RECEIPTS  
AND DISBURSEMENTS  
For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

HANSON PROFESSIONAL SERVICES INC PAC

ADDRESS (number and street)

1525 SOUTH SIXTH ST

Check if different than previously reported. (ACC)

SPRINGFIELD ILL 62703

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C00406124

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

Table with columns for report types (Monthly Report Due On) and dates (Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31).

(c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)

Election on [MM/DD/YYYY] in the State of [ ]

(d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

Election on [MM/DD/YYYY] in the State of [ ]

5. Covering Period 03/01/2010 through 03/31/2010

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

Type or Print Name of Treasurer Jo Ellen Keim

Signature of Treasurer [Handwritten Signature]

Date 04/20/2010

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

Table with 10 columns for Office Use Only.

FEC FORM 3X  
Rev. 12/2004

10030313679

**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: **03 '01 '2010** To: **03 '31 '2010**

10030313680

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <b>2010</b>		<b>10,065.00</b>
(b) Cash on Hand at Beginning of Reporting Period.....	<b>7,565.00</b>	
(c) Total Receipts (from Line 19).....	<b>3,750.00</b>	<b>3,750.00</b>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<b>11,315.00</b>	<b>13,815.00</b>
7. Total Disbursements (from Line 31).....	<b>500.00</b>	<b>3,000.00</b>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<b>10,815.00</b>	<b>10,815.00</b>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<b>0</b>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<b>0</b>	

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 Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**HANSON PROFESSIONAL SERVICES INC. PAC**

Report Covering the Period: From: 03 / 01 / 2010 To: 03 / 31 / 2010

10030313681

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3,150.00	3,750.00
(ii) Unitemized .....		
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3,150.00	3,750.00
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	3,150.00	3,750.00
12. Transfers From Affiliated/Other Party Committees.....		
13. All Loans Received.....		
14. Loan Repayments Received.....		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....		
17. Other Federal Receipts (Dividends, Interest, etc.).....		
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....		
(b) Levin Funds (from Schedule H5).....		
(c) Total Transfers (add 18(a) and 18(b))..		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	3,150.00	3,750.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	3,150.00	3,750.00

**DETAILED SUMMARY PAGE  
of Disbursements**

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures .....		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0	0
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	50000	300000
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))..	50000	300000
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	50000	300000

10030313682

**DETAILED SUMMARY PAGE  
of Disbursements**

FEC Form 3X (Rev. 02/2003)

Page 5

**III. Net Contributions/Operating Ex-  
penditures**

**COLUMN A  
Total This Period**

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

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

37,500.00
37,500.00
0
0

37,500.00
37,500.00
0
0

10030313683

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE / OF 5	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

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

Mailing Address  
**176 Maple Grove**

City **Springfield** State **IL** Zip Code **62712**

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**2,500.00**

Date of Receipt  
**03 / 04 / 2010**

Amount of Each Receipt this Period  
**2,500.00**

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

Mailing Address  
**9390 Old Indian Trail**

City **Chatham** State **IL** Zip Code **62629**

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**2,500.00**

Date of Receipt  
**03 / 05 / 2010**

Amount of Each Receipt this Period  
**2,500.00**

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

Mailing Address  
**1987 Brentwood Lane**

City **Wheaton** State **IL** Zip Code **60189**

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

Name of Employer **Hanson Professional Services Inc.** Occupation **Sr. VP**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**2,500.00**

Date of Receipt  
**03 / 08 / 2010**

Amount of Each Receipt this Period  
**2,500.00**

SUBTOTAL of Receipts This Page (optional)..... **7,500.00**

TOTAL This Period (last page this line number only)..... **7,500.00**

10030311684

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE <u>2</u> OF <u>5</u>	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial) <b>Wilkinson, Eugene, R</b>		Date of Receipt <b>03 / 08 / 2010</b>
Mailing Address <b>5 Caravan Lane</b>		Amount of Each Receipt this Period <b>2,500.00</b>
City <b>Springfield</b>	State Zip Code <b>IL 62707</b>	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>Hanson Professional Services Inc.</b>	Occupation <b>Chairman Emeritus</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>2,500.00</b>	

B. Full Name (Last, First, Middle Initial) <b>Ball, Jeffery, T</b>		Date of Receipt <b>03 / 08 / 2010</b>
Mailing Address <b>10142 WICS Road</b>		Amount of Each Receipt this Period <b>2,500.00</b>
City <b>Dawson</b>	State Zip Code <b>IL 62520</b>	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>Hanson Professional Services Inc.</b>	Occupation <b>Senior VP</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>2,500.00</b>	

C. Full Name (Last, First, Middle Initial) <b>McCree, John, W</b>		Date of Receipt <b>03 / 08 / 2010</b>
Mailing Address <b>2005 Oak Creek Rd</b>		Amount of Each Receipt this Period <b>2,500.00</b>
City <b>Springfield</b>	State Zip Code <b>IL 62704</b>	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>Hanson Professional Services Inc.</b>	Occupation <b>Senior Project Manager</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>2,500.00</b>	

SUBTOTAL of Receipts This Page (optional).....▶	<b>7,500.00</b>
TOTAL This Period (last page this line number only).....▶	<b>7,500.00</b>

10030313685

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 3 OF 5	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. <b>Cusick, Robert, W</b>		Date of Receipt
Mailing Address <b>40 Villa Grove</b>		<b>03</b> / <b>08</b> / <b>2010</b>
City <b>Springfield</b>	State <b>IL</b>	Zip Code <b>62712</b>
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>250.00</b>	
Name of Employer <b>Hanson Professional Services Inc.</b>	Occupation <b>Exec. VP</b>	Aggregate Year-to-Date <b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. <b>Comella, Anthony, C</b>		Date of Receipt
Mailing Address <b>34 Oklahoma Ct</b>		<b>03</b> / <b>08</b> / <b>2010</b>
City <b>Morton</b>	State <b>IL</b>	Zip Code <b>61550</b>
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>250.00</b>	
Name of Employer <b>Hanson Professional Services Inc.</b>	Occupation	Aggregate Year-to-Date <b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. <b>Keim, Jo, E</b>		Date of Receipt
Mailing Address <b>15251 West Loami Rd</b>		<b>03</b> / <b>08</b> / <b>2010</b>
City <b>New Berlin</b>	State <b>IL</b>	Zip Code <b>62670</b>
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>250.00</b>	
Name of Employer <b>Hanson Professional Services Inc.</b>	Occupation <b>Chief Financial Officer</b>	Aggregate Year-to-Date <b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<b>750.00</b>
TOTAL This Period (last page this line number only).....▶	

1003031368



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

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

FOR LINE NUMBER: PAGE 4 OF 5  
(check only one)

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

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

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

Mailing Address  
**2331 Chesapeake Landing**

City **Springfield** State **IL** Zip Code **62712**

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

Date of Receipt **03 / 15 / 2010**

Amount of Each Receipt this Period **250.00**

Name of Employer **Hanson Professional Services Inc** Occupation **Senior VP**

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date **250.00**

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

Mailing Address  
**15 Georgetown Rd**

City **Sherman** State **IL** Zip Code **62684**

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

Date of Receipt **03 / 16 / 2010**

Amount of Each Receipt this Period **250.00**

Name of Employer **Hanson Professional Services Inc** Occupation **Senior Policy Advisor**

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date **250.00**

C. Full Name (Last, First, Middle Initial)  
**Nelson, John, W**

Mailing Address  
**3712 Parador Dr**

City **Naperville** State **IL** Zip Code **60564**

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

Date of Receipt **03 / 30 / 2010**

Amount of Each Receipt this Period **250.00**

Name of Employer **Hanson Professional Services Inc** Occupation **VP**

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date **250.00**

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

TOTAL This Period (last page this line number only)..... **750.00**

10030313687

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

**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE <b>5</b> OF <b>5</b>	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial) <b>Bradford, William, C</b>		Date of Receipt <b>03 / 30 / 2010</b>
Mailing Address <b>1460 Shadwell Circle</b>		Amount of Each Receipt this Period <b>250.00</b>
City <b>Heathrow</b>	State Zip Code <b>FL 32746</b>	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>Hanson Professional Services Inc.</b>	Occupation <b>Sr. VP</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>250.00</b>	

B. Full Name (Last, First, Middle Initial) <b>Vorndran, David, A</b>		Date of Receipt <b>03 / 30 / 2010</b>
Mailing Address <b>6054 Brookshire Dr</b>		Amount of Each Receipt this Period <b>250.00</b>
City <b>Pittsboro</b>	State Zip Code <b>IN 46167</b>	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>Hanson Professional Services Inc.</b>	Occupation <b>VP</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>250.00</b>	

C. Full Name (Last, First, Middle Initial) <b>Kemp, Stuart, M</b>		Date of Receipt <b>03 / 30 / 2010</b>
Mailing Address <b>2469 Malmaison Dr</b>		Amount of Each Receipt this Period <b>250.00</b>
City <b>Belvidere</b>	State Zip Code <b>IL 61008</b>	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>Hanson Professional Services Inc.</b>	Occupation <b>VP</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>250.00</b>	

SUBTOTAL of Receipts This Page (optional).....▶	<b>750.00</b>
TOTAL This Period (last page this line number only).....▶	<b>3750.00</b>

1003031368

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

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

FOR LINE NUMBER:  
(check only one)

PAGE / OF /

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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

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NAME OF COMMITTEE (In Full)

HANSON PROFESSIONAL SERVICES INC. PAC

Full Name (Last, First, Middle Initial)

A. Debbie HALVORSON FOR CONGRESS

Date of Disbursement

03 / 29 / 2010

Mailing Address

PO Box 176

City

Crete

State

IL

Zip Code

60417

Purpose of Disbursement

Contribution to federal candidate

011

Candidate Name

Debbie HALVORSON

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: IL

District: 11

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Amount of Each Disbursement this Period

C.

Date of Disbursement

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Amount of Each Disbursement this Period

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

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

500.00

500.00

10030313689

**SCHEDULE C (FEC Form 3X)**

**LOANS**

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

PAGE / OF /  
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

**HANSON PROFESSIONAL SERVICES INC. PAC**

LOAN SOURCE Full Name (Last, First, Middle Initial)

Election:

- Primary
- General
- Other (specify) ▼

Mailing Address

City State ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

MM / DD / YYYY

MM / DD / YYYY

% (apr)

- Yes
- No

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

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

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount Guaranteed Outstanding:

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

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount Guaranteed Outstanding:

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

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount Guaranteed Outstanding:

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

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional) .....

**TOTALS** This Period (last page in this line only) .....

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

10030313690

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

PAGE / OF /  
FOR LINE NUMBER:  
(check only one)  9  
 10

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

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

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

1) SUBTOTALS This Period This Page (optional).....	0
2) TOTALS This Period (last page this line number only).....	0
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	0

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

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

PAGE / OF /

FOR LINE NUMBER: (check only one)

9  
 10

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

**A. Full Name (Last, First, Middle Initial) of Debtor or Creditor** Nature of Debt (Purpose):  
Mailing Address  
City State 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).....	▶	0
2) TOTALS This Period (last page this line number only).....	▶	0
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	0
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶		0

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*JmW*  
PREPARER 4/26/10  
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