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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 6121013

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE  
C 00406124

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)  
(b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11) (Non-Election Year Only), Dec 20 (M12) (Non-Election Year Only), Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)  
(d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)  
Election on: 10/31/2009 in the State of IL

5. Covering Period 10/01/2009 through 10/31/2009

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 [Signature] Date 11/20/2009

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 and 1 row. Column 1: Office Use Only. Column 2-10: Empty boxes. Right side: FEC FORM 3X Rev. 12/2004

29030193739

**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: 10 / 01 / 2009 To: 10 / 31 / 2009

|  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1, 2009   |                         | 7,765.00                          |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | 12,065.00               |                                   |
| (c) Total Receipts (from Line 19).....   | 0.00                    | 13,500.00                         |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....      | 12,065.00               | 21,265.00                         |
| 7. Total Disbursements (from Line 31).....   | 1,000.00                | 10,200.00                         |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                 | 11,065.00               | 11,065.00                         |
| 9. Debts and Obligations Owed TO<br>the Committee (Itemize all on<br>Schedule C and/or Schedule D).....  | 0                       |                                   |
| 10. Debts and Obligations Owed BY<br>the Committee (Itemize all on<br>Schedule C and/or Schedule D)..... | 0                       |                                   |

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

29030193740

**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: **10 01 2009** To: **10 31 2009**

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 0                             | 13500.00                          |
| (ii) Unitemized.....  |                               |                                   |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶   | 0                             | 13500.00                          |
| (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).....▶  | 0                             | 13500.00                          |
| 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)).....▶                         | 0                             | 13500.00                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶                                   | 0                             | 13500.00                          |

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**DETAILED SUMMARY PAGE  
of Disbursements**

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| II. Disbursements  |          | COLUMN A<br>Total This Period | COLUMN B<br>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.....         | 1,000.00 | 10,200.00                     |                                   |
| 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))..       | 1,000.00 | 10,200.00                     |                                   |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 1,000.00 | 10,200.00                     |                                   |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....
- 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) .....

0  
0  
0  
0  
0  
0

13500.00  
13500.00  
0  
0  
0

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

|   |   |                                    |                                    |                                   |                             |   |
|---|---|------------------------------------|------------------------------------|-----------------------------------|-----------------------------|---|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          |                                    | PAGE                               | /                                 | OF                          | / |
|   | <input checked="" type="checkbox"/> 11a<br>13 | <input type="checkbox"/> 11b<br>14 | <input type="checkbox"/> 11c<br>15 | <input type="checkbox"/> 12<br>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)<br><b>A.</b>  |                | Date of Receipt                    |
| Mailing Address   |                | M M / D D / Y Y Y Y                |
| City  | State Zip Code |                                    |
| FEC ID number of contributing federal political committee.  |                | Amount of Each Receipt this Period |
| Name of Employer  |                |                                    |
| Occupation  |                |                                    |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                |                                    |
| Aggregate Year-to-Date ▼  |                |                                    |

|   |                |                                    |
|---|----------------|------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B.</b>  |                | Date of Receipt                    |
| Mailing Address   |                | M M / D D / Y Y Y Y                |
| City  | State Zip Code |                                    |
| FEC ID number of contributing federal political committee.  |                | Amount of Each Receipt this Period |
| Name of Employer  |                |                                    |
| Occupation  |                |                                    |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                |                                    |
| Aggregate Year-to-Date ▼  |                |                                    |

|   |                |                                    |
|---|----------------|------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C.</b>  |                | Date of Receipt                    |
| Mailing Address   |                | M M / D D / Y Y Y Y                |
| City  | State Zip Code |                                    |
| FEC ID number of contributing federal political committee.  |                | Amount of Each Receipt this Period |
| Name of Employer  |                |                                    |
| Occupation  |                |                                    |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                |                                    |
| Aggregate Year-to-Date ▼  |                |                                    |

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

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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 / 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)<br><b>A. SCHOCK FOR CONGRESS</b>   |   | Date of Disbursement<br><b>10 12 2009</b>                  |
| Mailing Address<br><b>PO BOX 10555</b>   |   |  |
| City<br><b>Peoria</b>  | State<br><b>IL</b>  | Zip Code<br><b>61612</b>                                   |
| Purpose of Disbursement<br><b>POLITICAL CONTRIBUTION for federal candidate</b>   |   | Amount of Each Disbursement this Period<br><b>1,000.00</b> |
| Candidate Name<br><b>Aaron Schock</b>  |   |  |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: <b>IL</b>   | District: <b>18</b>   | Category/Type<br><b>011</b>                                |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B.</b>  |  | Date of Disbursement                    |
| Mailing Address   |  |   |
| City  | State  | Zip Code                                |
| Purpose of Disbursement   |  | Amount of Each Disbursement this Period |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State:  | District:  | Category/Type                           |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C.</b>  |  | Date of Disbursement                    |
| Mailing Address   |  |   |
| City  | State  | Zip Code                                |
| Purpose of Disbursement   |  | Amount of Each Disbursement this Period |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State:  | District:  | Category/Type                           |

|   |                 |
|---|-----------------|
| SUBTOTAL of Disbursements This Page (optional).....▶      | <b>1,000.00</b> |
| TOTAL This Period (last page this line number only).....▶ | <b>1,000.00</b> |

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**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:<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><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 |
|-------------------------|----------------------------|---|

|       |               |            |               |  |
|-------|---------------|------------|---------------|--|
| TERMS | Date Incurred | Date Due   | Interest Rate | Secured:   |
|       | MM/DD/YYYY    | MM/DD/YYYY | % (apr)       | <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: |
| 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: |

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|  |   |
|--|---|
| SUBTOTALS This Period This Page (optional).....▶       | 0 |
| TOTALS This Period (last page in this line only).....▶ | 0 |

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



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

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

0  
0  
0  
0

29030193748

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

|  |   |
|--|---|
| <input type="checkbox"/> Hand Delivered  | Date of Receipt                                     |
| <input type="checkbox"/> USPS First Class Mail                                   | Postmarked  |
| <input checked="" type="checkbox"/> USPS Registered/Certified                    | Postmarked (R/C)<br><i>11/20/09</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                       |

*Jm W*  
PREPARER

*11/30/09*  
DATE PREPARED

29030193749