

**FEC
FORM 3X**

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

RECEIVED

2012 FEB 23 AM 11:25
Office Use Only

12030744753

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

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 **N** 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 / 2012 through 01 / 31 / 2012

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 / 16 / 2012

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**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

HANSON PROFESSIONAL SERVICES INC. PAC

Report Covering the Period: From: / / To: / /

1203074754

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		<input type="text" value="4015 00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="4015 00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="3250 00"/>	<input type="text" value="3250 00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="7265 00"/>	<input type="text" value="7265 00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="250 00"/>	<input type="text" value="250 00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="7015 00"/>	<input type="text" value="7015 00"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="00"/>	

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: 01 / 01 / 2012 To: 01 / 31 / 2012

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).....	3,250 00	3,250 00
(ii) Unitemized		
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3,250 00	3,250 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)	3,250 00	3,250 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)).....▶	3,250 00	3,250 00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	3,250 00	3,250 00

12030744755

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.....	250 00	250 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))..	250 00	250 00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	250 00	250 00

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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)	3 2 5 0 0 0	3 2 5 0 0 0
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3 2 5 0 0 0	3 2 5 0 0 0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0 0	0 0
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0 0	0 0

12030744757

**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 5	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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

A. Full Name (Last, First, Middle Initial)
POTTS, GARY, J.

Mailing Address
12215 CHEROKEE ST

City **LEAWOOD** State **KS** Zip Code **66209**

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 ▼
250 00

Date of Receipt
01 / 20 / 2012

Amount of Each Receipt this Period
250 00

B. Full Name (Last, First, Middle Initial)
VORNDRAN, DAVID, A

Mailing Address
6054 BROOKSHIRE DR

City **PITTSBORO** State **IN** Zip Code **46167**

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

Name of Employer **HANSON PROFESSIONAL SERVICES INC.** Occupation **AVP**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250 00

Date of Receipt
01 / 20 / 2012

Amount of Each Receipt this Period
250 00

C. Full Name (Last, First, Middle Initial)
MCCREE, JOHN, W

Mailing Address
2005 OAK CREEK RD

City **SPRINGFIELD** State **IL** Zip Code **62704**

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

Name of Employer **HANSON PROFESSIONAL SERVICES INC.** Occupation **SR CIVIL ENGINEER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250 00

Date of Receipt
01 / 17 / 2012

Amount of Each Receipt this Period
250 00

SUBTOTAL of Receipts This Page (optional).....▶ **750 00**

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

12030744758

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

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

FOR LINE NUMBER: PAGE 2 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)
MCQUILLAN, MICHAEL, F

Mailing Address
12303 HALSGAME LN

City **CREVE COEUR** State **MO** Zip Code **63141**

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 ▼ **250 00**

Date of Receipt **01 / 24 / 2012**

Amount of Each Receipt this Period **250 00**

B. Full Name (Last, First, Middle Initial)
SAUSER, D., BRENT

Mailing Address
2704 LIBBYS LANE

City **OCOE** State **FL** Zip Code **34761**

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

Name of Employer **HANSON PROFESSIONAL SERVICES INC.** Occupation **AVP**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250 00**

Date of Receipt **01 / 24 / 2012**

Amount of Each Receipt this Period **250 00**

C. Full Name (Last, First, Middle Initial)
BROWN, KIRK

Mailing Address
15 GEORGETOWNE RD

City **SHERMAN** State **IL** Zip Code **62684**

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

Name of Employer **HANSON PROFESSIONAL SERVICES INC.** Occupation **SR POLICY ADVISER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250 00**

Date of Receipt **01 / 24 / 2012**

Amount of Each Receipt this Period **250 00**

SUBTOTAL of Receipts This Page (optional).....▶ **750 00**

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

12030744759

**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
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
CUSICK, ROBERT, W

Mailing Address
40 VILLA GROVE

City **SPRINGFIELD** State **IL** Zip Code **62707**

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

Name of Employer **HANSON PROFESSIONAL SERVICES INC.** Occupation **EXEC VP**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250 00

Date of Receipt
01 / 19 / 2012

Amount of Each Receipt this Period
250 00

B. Full Name (Last, First, Middle Initial)
BARTOLOMUCCI JR, THOMAS

Mailing Address
9390 QLD 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 ▼
250 00

Date of Receipt
01 / 19 / 2012

Amount of Each Receipt this Period
250 00

C. Full Name (Last, First, Middle Initial)
WHALEN, DANIEL, J.

Mailing Address
206 MAYS DRIVE

City **BLOOMINGTON** State **IL** Zip Code **61701**

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

Name of Employer **HANSON PROFESSIONAL SERVICES INC.** Occupation **AVP**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250 00

Date of Receipt
01 / 19 / 2012

Amount of Each Receipt this Period
250 00

SUBTOTAL of Receipts This Page (optional).....▶ **750 00**

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

12030744760

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)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
BALL, JEFFERY, T.

Mailing Address
10142 WICS ROAD

City **DAWSON** State **IL** Zip Code **62520**

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 ▼
250 00

Date of Receipt
01 / 25 / 2012

Amount of Each Receipt this Period
250 00

B. Full Name (Last, First, Middle Initial)
KEIM, JO, E.

Mailing Address
15251 W LOAMI RD

City **NEW BERLIN** State **IL** Zip Code **62670**

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

Name of Employer **HANSON PROFESSIONAL SERVICES INC.** Occupation **TREASURER, SR VP**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250 00

Date of Receipt
01 / 25 / 2012

Amount of Each Receipt this Period
250 00

C. Full Name (Last, First, Middle Initial)
WILKINSON, EUGENE, R.

Mailing Address
5 CARAVAN LANE

City **SPRINGFIELD** State **IL** Zip Code **62712**

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

Name of Employer **HANSON PROFESSIONAL SERVICES INC.** Occupation **CHAIRMAN**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250 00

Date of Receipt
01 / 17 / 2012

Amount of Each Receipt this Period
250 00

SUBTOTAL of Receipts This Page (optional)..... ▶ **750 00**

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

12030744761

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 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

Full Name (Last, First, Middle Initial)

A. MESSMORE, JAMES, P.

Mailing Address

815 COMMERCE DRIVE, SUITE 200

City

OAK BROOK

State

IL

Zip Code

60523

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 ▼

250 00

Date of Receipt

01 / **17** / **2012**

Amount of Each Receipt this Period

250 00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

/ /

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

/ /

Amount of Each Receipt this Period

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

250 00

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

3250 00

12030744762

**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)

<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. FRIENDS OF TIM JOHNSON

Mailing Address
1801 DIAL COURT

City State Zip Code
SPRINGFIELD IL 62704

Purpose of Disbursement
CONTRIBUTION TO FEDERAL CANDIDATE

Candidate Name
TIM JOHNSON

Office Sought: House
 Senate
 President
State: IL District: 13

Disbursement For: Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

01 / 18 / 2012

Amount of Each Disbursement this Period

250 00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

250 00

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

250 00

12030744763

SCHEDULE C (FEC Form 3X)

LOANS

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

PAGE 1 OF 1

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:

% (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)..... ▶

 00

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

 00

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

12030744764

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 checked="" type="checkbox"/> 9 <input type="checkbox"/> 10

1203074765

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

SCHEDULE D (FEC Form 3X)

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 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 <input style="width:95%; height: 15px;" type="text"/>	Payment This Period <input style="width:95%; height: 15px;" type="text"/>	Outstanding Balance at Close of This Period <input style="width:95%; height: 15px;" type="text"/>
Amount Incurred This Period <input style="width:95%; height: 15px;" type="text"/>		

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 <input style="width:95%; height: 15px;" type="text"/>	Payment This Period <input style="width:95%; height: 15px;" type="text"/>	Outstanding Balance at Close of This Period <input style="width:95%; height: 15px;" type="text"/>
Amount Incurred This Period <input style="width:95%; height: 15px;" type="text"/>		

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 <input style="width:95%; height: 15px;" type="text"/>	Payment This Period <input style="width:95%; height: 15px;" type="text"/>	Outstanding Balance at Close of This Period <input style="width:95%; height: 15px;" type="text"/>
Amount Incurred This Period <input style="width:95%; height: 15px;" type="text"/>		

1) SUBTOTALS This Period: This Page (optional)..... ▶	<input style="width:95%; height: 15px;" type="text" value="00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input style="width:95%; height: 15px;" type="text" value="00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶	<input style="width:95%; height: 15px;" type="text" value="00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input style="width:95%; height: 15px;" type="text" value="00"/>

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