

2004 SEP 20 A 8 55

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12724MS

HANSON PROFESSIONAL SERVICES INC. PAC

ADDRESS (number and street)

1525 SOUTH SIXTH STREET

(Check if address is changed)

SPRINGFIELD

IL

62703

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE

09/15/2004

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement 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

Jo Ellen Keim

Date

09/15/2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 30 DAYS.

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-294-1100

FEC FORM 1 (Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

(d) This committee is a (National, State or subcommittee) committee of the (Democratic, Republican, etc.) Party.

(e) This committee is a separate segregated fund.

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

HAWSON PROFESSIONAL SERVICES INC. _____

Mailing Address 1525 SOUTH SIXTH STREET _____

SPRINGFIELD IL 62703 _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship CONNECTED _____

Type of Connected Organization

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

CONTINUATION PAGE ATTACHED

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

(d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

(e) This committee is a separate segregated fund

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

B. Name of Any Connected Organization or Affiliated Committee

HANSON GROUP INC.

Mailing Address 1525 SOUTH SIXTH STREET
 SPRINGFIELD IL 62703
 CITY STATE ZIP CODE

Relationship CONNECTED

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name:

HANSON PROFESSIONAL SERVICES INC. PAC

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name: JO ELLEN KEIM

Mailing Address: HANSON PROFESSIONAL SERVICES INC. PAC
1525 SOUTH SIXTH STREET
SPRINGFIELD IL 62703

Title or Position: CITY STATE ZIP CODE
TREASURER Telephone number 217-747-9394

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer: JO ELLEN KEIM

Mailing Address: 1525 SOUTH SIXTH STREET
SPRINGFIELD IL 62703

Title or Position: CITY STATE ZIP CODE
TREASURER Telephone number 217-747-9394

Full Name of Designated Agent: ROBERT W. BUSICK

Mailing Address: 1525 SOUTH SIXTH STREET
SPRINGFIELD IL 62703

Title or Position: CITY STATE ZIP CODE
ASSISTANT TREASURER Telephone number 217-788-2450

5. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

ILLINOIS NATIONAL BANK

Mailing Address

322 EAST CAPITOL

SPRINGFIELD

IL

62701

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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.

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<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
<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

861
 PREPARER

(5/2004)

9-20-04
 DATE PREPARED