

**FEC
FORM 3X**

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

RECEIVED
FEDERAL
OPERATIONS CENTER

2006 SEP 25 A 8:11

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 IL 62703

2. FEC IDENTIFICATION NUMBER **C00406124** CITY STATE ZIP CODE

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 **08 01 2006** through **08 31 2006**

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 *Jo Ellen Keim* Date **09 15 2006**

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: **08** ' **01** ' **2006** To: **08** ' **31** ' **2006**

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, 2006 | | 415000 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 1050000 | |
| (c) Total Receipts (from Line 19) | 0 | 1245000 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 650000 | 1660000 |
| 7. Total Disbursements (from Line 31)..... | 1000000 | 1110000 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 550000 | 550000 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 00 | |

0280616420

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. 02/2003)

Page 3

Write or Type Committee Name

HANSON PROFESSIONAL SERVICES INC PAC

Report Covering the Period: From: **08** ' **01** ' **2006** To: **08** ' **31** ' **2006**

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).....

00

124500

(ii) Unitemized.....

00

00

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

00

124500

(b) Political Party Committees.....

00

00

(c) Other Political Committees (such as PACs).....

00

124500

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

00

00

12. Transfers From Affiliated/Other Party Committees.....

00

00

13. All Loans Received.....

00

00

14. Loan Repayments Received.....

00

00

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

00

00

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

00

00

17. Other Federal Receipts (Dividends, Interest, etc.).....

00

00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

00

00

(b) Levin Funds (from Schedule H5).....

00

00

(c) Total Transfers (add 18(a) and 18(b))..

00

00

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

00

124500

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

00

124500

12608163092

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)) | | |
| 22. Transfers to Affiliated/Other Party Committees..... | | |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 1,000.00 | 10,600.00 |
| 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 | | 500.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H8) | | |
| (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 | 11,100.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 1,000.00 | 10,600.00 |

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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) | | 12,450.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | | |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | | 12,450.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | | 0 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | | |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0 | 0 |

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**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 |
| <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

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

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

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

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

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

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).....▶

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

20030916092

**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 7

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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. ROSKAM ILLINOIS Victory Committee

Mailing Address

423 W Wesley Street

City

Wheaton

State

IL

Zip Code

60187

Purpose of Disbursement

Political contribution - federal candidate

Candidate Name

Peter Roskam

011

Category/
Type

Date of Disbursement

08' 11' 2006

Amount of Each Disbursement this Period

25000

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: IL

District: 6

Full Name (Last, First, Middle Initial)

B. Jerry Weller for Congress

Mailing Address

C/O WINNING Systems 105 S YORK Suite 500

City

Elmhurst

State

IL

Zip Code

60126

Purpose of Disbursement

Political contribution - federal candidate

Candidate Name

Jerry Weller

011

Category/
Type

Date of Disbursement

08' 07' 2006

Amount of Each Disbursement this Period

25000

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: IL

District: 11

Full Name (Last, First, Middle Initial)

C. Talent for Senate

Mailing Address

9467 Dielman Rock Island Industrial Drive

City

ST LOUIS

State

MO

Zip Code

63132

Purpose of Disbursement

Political contribution - federal candidate

Candidate Name

JIM TALENT

011

Category/
Type

Date of Disbursement

08' 09' 2006

Amount of Each Disbursement this Period

50000

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: MO

District:

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

100000

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

100000

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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 /

21b 22 23 24 25 26
 27 28a 28b 28c 29 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.

Mailing Address

Date of Disbursement

MM / DD / YYYY

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

B.

Mailing Address

Date of Disbursement

MM / DD / YYYY

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

MM / DD / YYYY

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

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

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

0
0

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:

/ /

 / /

 % (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: | <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).....▶

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.

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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 | |

| | | |
|---|---------------------|---|
| 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 | |

| | | |
|---|---------------------|---|
| 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 | |

| | | |
|---|---------------------|---|
| 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)▶ | |

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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

25039190929

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

or

9/25/06

PREPARER
 (3/2005)

DATE PREPARED

250910030