

**FEC
FORM 3X**

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

RECEIVED
2013 MAR 25 PM 12:19
Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5EC 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)
- 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)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

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

02 / 01 / 2013 through 02 / 28 / 2013

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

03 / 12 / 2013

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

Office Use Only

FEC FORM 3X
Rev. 12/2004

13031050929

**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:

M	M
02	

 /

D	D
01	

 /

2	0	1	3
---	---	---	---

 To:

M	M
02	

 /

D	D
28	

 /

2	0	1	3
---	---	---	---

13031050930

	COLUMN A This Period	COLUMN B Calendar Year-to-Date												
6. (a) Cash on Hand January 1, <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>2</td><td>0</td><td>1</td><td>3</td></tr></table>	2	0	1	3		<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>3</td><td>2</td><td>1</td><td>5</td><td>0</td><td>0</td></tr></table>	3	2	1	5	0	0		
2	0	1	3											
3	2	1	5	0	0									
(b) Cash on Hand at Beginning of Reporting Period.....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>3</td><td>2</td><td>1</td><td>5</td><td>0</td><td>0</td></tr></table>	3	2	1	5	0	0							
3	2	1	5	0	0									
(c) Total Receipts (from Line 19)	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>3</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr></table>	3	0	0	0	0	0	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>3</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr></table>	3	0	0	0	0	0
3	0	0	0	0	0									
3	0	0	0	0	0									
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>6</td><td>2</td><td>1</td><td>5</td><td>0</td><td>0</td></tr></table>	6	2	1	5	0	0	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>6</td><td>2</td><td>1</td><td>5</td><td>0</td><td>0</td></tr></table>	6	2	1	5	0	0
6	2	1	5	0	0									
6	2	1	5	0	0									
7. Total Disbursements (from Line 31).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>5</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr></table>	5	0	0	0	0	0	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>5</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr></table>	5	0	0	0	0	0
5	0	0	0	0	0									
5	0	0	0	0	0									
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>5</td><td>7</td><td>1</td><td>5</td><td>0</td><td>0</td></tr></table>	5	7	1	5	0	0	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>5</td><td>7</td><td>1</td><td>5</td><td>0</td><td>0</td></tr></table>	5	7	1	5	0	0
5	7	1	5	0	0									
5	7	1	5	0	0									
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr></table>	0	0	0	0	0	0							
0	0	0	0	0	0									
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr></table>	0	0	0	0	0	0							
0	0	0	0	0	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

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:

M	M
0	2

 /

D	D
0	1

 /

Y	Y	Y	Y
2	0	1	3

 To:

M	M
0	2

 /

D	D
2	8

 /

Y	Y	Y	Y
2	0	1	3

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).....

3000 00

3000 00

(ii) Unitemized

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

3000 00

3000 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).....▶

3000 00

3000 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)).....▶

3000 00

3000 00

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

3000 00

3000 00

12031050931

DETAILED SUMMARY PAGE
of Disbursements

13031050932

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.....	500 00	500 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))..	500 00	500 00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	500 00	500 00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

13031050933

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)	3000 00	3000 00
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3000 00	3000 00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	00	00
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	00	00

**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 2 OF 4

<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

13031050935

A. Full Name (Last, First, Middle Initial)
RAYHILL, DANIEL, J

Mailing Address
7524 WENTWORTH DR

City **SPRINGFIELD** State **IL** Zip Code **62711**

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

02 / 21 / 2013

Amount of Each Receipt this Period

250 00

B. Full Name (Last, First, Middle Initial)
MOLL, JAMES, W

Mailing Address
1850 W LAUREL

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

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

02 / 19 / 2013

Amount of Each Receipt this Period

250 00

C. Full Name (Last, First, Middle Initial)
TRACHTMAN, JAMES, A.

Mailing Address
12 IRONWOOD CT

City **CARMEL** State **IN** Zip Code **46033**

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

02 / 20 / 2013

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)..... ▶

**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 4
(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)
BRADFORD, WILLIAM, C.

Mailing Address
1460 SHADWELL CIRCLE

City **HEATHROW** State **FL** Zip Code **32746**

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
02 / 26 / 2013

Amount of Each Receipt this Period
250 00

B. Full Name (Last, First, Middle Initial)
PECORI, SERGIO A

Mailing Address
4517 TURTLE BAY

City **SPRINGFIELD** State **IL** Zip Code **62711**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250 00

Date of Receipt
02 / 12 / 2013

Amount of Each Receipt this Period
250 00

C. Full Name (Last, First, Middle Initial)
COOMBE, JOHN P

Mailing Address
3317 QUAIL CHASE

City **SPRINGFIELD** State **IL** Zip Code **62711**

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
02 / 14 / 2013

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).....▶

13031050936

**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 4 OF 4

<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. 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

02 / 26 / 2013

Amount of Each Receipt this Period

250 00

Full Name (Last, First, Middle Initial)

B. 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

02 / 14 / 2013

Amount of Each Receipt this Period

250 00

Full Name (Last, First, Middle Initial)

C. 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

02 / 14 / 2013

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)..... ▶

3000 00

13031050937

**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 1

<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. RODNEY FOR CONGRESS

Date of Disbursement

MM / DD / YYYY
02 / 17 / 2013

Mailing Address
PO BOX 344

City State Zip Code
TAYLORVILLE IL 62568

Purpose of Disbursement
CONTRIBUTION TO FEDERAL CANDIDATE

0 1 1
Category/
Type

Amount of Each Disbursement this Period

500 00

Candidate Name
RODNEY DAVIS

Office Sought: House Senate President
Disbursement For: Primary General
Other (specify) ▼
State: **IL** District: **13**

Full Name (Last, First, Middle Initial)

B. Date of Disbursement

MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

0 1 1
Category/
Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General
Other (specify) ▼
State: District:

Full Name (Last, First, Middle Initial)

C. Date of Disbursement

MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

0 1 1
Category/
Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General
Other (specify) ▼
State: District:

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

500 00

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

500 00

13031050938

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.

13031050939

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

13031050940

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"/>	Amount Incurred 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"/>
----------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------	------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------

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"/>	Amount Incurred 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"/>
----------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------	------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------

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"/>	Amount Incurred 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"/>
----------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------	------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------

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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