

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Hanson for Congress Committee

Report Covering the Period: From: To:

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	52534.00	134964.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	52534.00	134964.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	70712.66	163215.08
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	70712.66	163215.08
8. Cash on Hand at Close of Reporting Period (from Line 27).....	80748.92	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	124154.28	

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

Write or Type Committee Name
Hanson for Congress Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

26735.92

81060.92

(ii) Unitemized.....

20798.08

44903.08

(iii) TOTAL of contributions

47534.00

125964.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

5000.00

9000.00

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

52534.00

134964.00

(add Lines 11(a)(iii), (b), (c), and (d))

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

40000.00

109000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

40000.00

109000.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

92534.00

243964.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	70712.66	163215.08
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	70712.66	163215.08

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	58927.58
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	92534.00
25. SUBTOTAL (add Line 23 and Line 24).....	151461.58
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	70712.66
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	80748.92

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

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

Mailing Address 3114 8th Ave

City State Zip Code
Kearney NE 68845

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

Name of Employer Occupation
University of NE Foundation Executive

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 24 / 2006

Transaction ID: SA11A1.6323

Amount of Each Receipt this Period
100.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Dale A Adams

Mailing Address 2006 N. Delaware Ave

City State Zip Code
York NE 68467

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

Name of Employer Occupation
Cornerstone Bank-York Banker

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 235.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 02 / 2006

Transaction ID: SA11A1.5903

Amount of Each Receipt this Period
110.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Dean L Aden

Mailing Address 4303 Country Club Lane

City State Zip Code
Kearney NE 68845

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

Name of Employer Occupation
Brown Transfer Trucking Company executive

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 13 / 2006

Transaction ID: SA11A1.6071

Amount of Each Receipt this Period
100.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	310.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

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

Mailing Address 72629 South Road

City State Zip Code
Wilcox NE 68982

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

Name of Employer Self employed Occupation Farmer

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 08 / 2006

Transaction ID: SA11A1.6034

Amount of Each Receipt this Period
500.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 1444 Garfield Drive

City State Zip Code
Holdrege NE 68949

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 26 / 2006

Transaction ID: SA11A1.5937

Amount of Each Receipt this Period
100.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address Box 38

City State Zip Code
Woodriver NE 68883

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

Name of Employer Self Employed Occupation Insurance Agent

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 01 / 2006

Transaction ID: SA11A1.5915

Amount of Each Receipt this Period
250.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **850.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

A. Full Name (Last, First, Middle Initial)
M. James Barr

Mailing Address 1014 Road 16

City York State NE Zip Code 68467

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2006

Transaction ID: SA11A1.5886

Amount of Each Receipt this Period
500.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
M. James Barr

Mailing Address 1014 Road 16

City York State NE Zip Code 68467

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1110.00

Date of Receipt
MM / DD / YYYY
03 / 02 / 2006

Transaction ID: SA11A1.5904

Amount of Each Receipt this Period
110.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 17 21st Avenue

City Kearney State NE Zip Code 68845

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

Name of Employer Wells Fargo Bank Occupation Banker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 420.00

Date of Receipt
MM / DD / YYYY
03 / 01 / 2006

Transaction ID: SA11A1.5852

Amount of Each Receipt this Period
100.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	710.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

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

Mailing Address 64 Village Hill Drive

City State Zip Code
Dix Hills NY 11746

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

Name of Employer Self-Employed Occupation
Dairy Livestock Investor

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 08 / 2006

Transaction ID: SA11A1.5740

Amount of Each Receipt this Period
500.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Allen G Blezek

Mailing Address 7700 Myrtle Street

City State Zip Code
Lincoln NE 68506

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

Name of Employer Nebraska Leadership Council Occupation
Director

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2006

Transaction ID: SA11A1.5914

Amount of Each Receipt this Period
250.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 2703 w 44th Street

City State Zip Code
Kearney NE 68845

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

Name of Employer The Buckle, Inc Occupation
Executive Assistant

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 900.00

Date of Receipt
MM / DD / YYYY
03 / 21 / 2006

Transaction ID: SA11A1.6189

Amount of Each Receipt this Period
600.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	1350.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

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

Mailing Address PO Box 158

City State Zip Code
Kearney NE 68847

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

Name of Employer Occupation
Brown transfer Management

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2006

Transaction ID: SA11A1.6274

Amount of Each Receipt this Period
500.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Jerry A. Catlett

Mailing Address PO Box 157

City State Zip Code
Bruning NE 68322

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

Name of Employer Occupation
Bruning State Bank Banker Officer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
02 / 24 / 2006

Transaction ID: SA11A1.5952

Amount of Each Receipt this Period
100.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Sandra K Cook-Fong

Mailing Address 205 Blue Mill Road

City State Zip Code
Kearney NE 68847

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

Name of Employer Occupation
UNK Professor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
370.00

Date of Receipt
MM / DD / YYYY
01 / 01 / 2006

Transaction ID: SA11A1.5664

Amount of Each Receipt this Period
50.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	650.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

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

Mailing Address 18608 Lamont Street

City State Zip Code
Omaha NE 68130

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

Name of Employer Occupation
Rain & Hail LLC Division Manager - Crop Insurance

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2006

Transaction ID: SA11A1.6153

Amount of Each Receipt this Period
50.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
David WM Fairbanks

Mailing Address PO Box 571

City State Zip Code
Lexington NE 68850

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

Name of Employer Occupation
Fairbanks International Farm Equipment Dealer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
01 / 05 / 2006

Transaction ID: SA11A1.5637

Amount of Each Receipt this Period
100.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
David WM Fairbanks

Mailing Address PO Box 571

City State Zip Code
Lexington NE 68850

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

Name of Employer Occupation
Fairbanks International Farm Equipment Dealer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 700.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2006

Transaction ID: SA11A1.6195

Amount of Each Receipt this Period
100.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Full Name (Last, First, Middle Initial) A. Anna M Feddersen		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2006	
Mailing Address 1930 West 41st		Transaction ID: SA11A1.6200	
City State Zip Code Kearney NE 68845	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer None Occupation Housewife	Election Cycle-to-Date ▼ 1570.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. FIRST NATIONAL OF NEBRASKA PAC		Date of Receipt M M / D D / Y Y Y Y 01 / 25 / 2006	
Mailing Address 1620 DODGE STREET STOP 3395		Transaction ID: SA11A1.5756	
City State Zip Code OMAHA NE 68197	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C C00300863		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Election Cycle-to-Date ▼ 2000.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dennis Gengenbach		Date of Receipt M M / D D / Y Y Y Y 02 / 28 / 2006	
Mailing Address 43540 Road 739		Transaction ID: SA11A1.5905	
City State Zip Code Smithfield NE 68976	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self Occupation Farmer	Election Cycle-to-Date ▼ 500.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	2750.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

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

Mailing Address PO Box 283

City State Zip Code
Hildreth NE 68947

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

Name of Employer Self Occupation Investor/Rancher

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 24 / 2006

Transaction ID: SA11A1.6332

Amount of Each Receipt this Period
300.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 74384 Road 438
P.O. Box 37

City State Zip Code
Bertrand NE 68927

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

Name of Employer Junkin Insurance Agency Occupation President/Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

450.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 14 / 2006

Transaction ID: SA11A1.6140

Amount of Each Receipt this Period
100.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Thomas J Henning

Mailing Address 820 West 82nd Street

City State Zip Code
Kearney NE 68845

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

Name of Employer Cash-Wa Distributing Occupation Businessman

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2006

Transaction ID: SA11A1.6369

Amount of Each Receipt this Period
150.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **550.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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 for Congress Committee

A. Full Name (Last, First, Middle Initial)
B. Keith Heuermann

Mailing Address 504 West Hwy 34

City State Zip Code
Phillips NE 68865

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

Name of Employer Self Employed Occupation
farmer

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 17 / 2006

Transaction ID: SA11A1.6177

Amount of Each Receipt this Period
200.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Margaret A High

Mailing Address 322 Stable Drive

City State Zip Code
Bertrand NE 68927

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

Name of Employer Self Employed Occupation
retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 21 / 2006

Transaction ID: SA11A1.5872

Amount of Each Receipt this Period
100.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 320 Keopple

City State Zip Code
Bertrand NE 68927

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

Name of Employer Self Employed Occupation
Farmer

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 29 / 2006

Transaction ID: SA11A1.6353

Amount of Each Receipt this Period
250.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	550.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

A. Full Name (Last, First, Middle Initial)
Marc J Hock

Mailing Address 4179 Norwood Drive

City State Zip Code
Grand Island NE 68803

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

Name of Employer Occupation
Pinnacle Bancorp, Inc Banking/Insurance

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 2 / 2 0 0 6

Transaction ID: SA11A1.5856

Amount of Each Receipt this Period
250.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 10355 Westside Rd

City State Zip Code
Overton NE 68863

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

Name of Employer Occupation
Self Employed Businessman

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

220.00

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.6030

Amount of Each Receipt this Period
120.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
C.G. Kelly Holthus

Mailing Address P.O. Box 69

City State Zip Code
York NE 68467

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

Name of Employer Occupation
Self-Employed Bank Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 1 7 / 2 0 0 6

Transaction ID: SA11A1.5888

Amount of Each Receipt this Period
1000.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1370.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

A. Full Name (Last, First, Middle Initial)
Kendell G Holthus

Mailing Address 1402 Road 11

City York State NE Zip Code 68467

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

Name of Employer Cornerstone Bank Occupation Banker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 16 / 2006

Transaction ID: SA11A1.6085

Amount of Each Receipt this Period
500.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address PO Box 4

City Kearney State NE Zip Code 68845

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

Name of Employer Self Employed Occupation sales

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2006

Transaction ID: SA11A1.5696

Amount of Each Receipt this Period
1000.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address PO Box 4

City Kearney State NE Zip Code 68845

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

Name of Employer Self Employed Occupation sales

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1050.00

Date of Receipt
MM / DD / YYYY
03 / 24 / 2006

Transaction ID: SA11A1.6318

Amount of Each Receipt this Period
50.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	1550.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

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

Mailing Address 10329 HWY 136

City Oxford State NE Zip Code 68967

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

Name of Employer Self Employed Occupation Rancher

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 21 / 2006

Transaction ID: SA11A1.5735

Amount of Each Receipt this Period
250.00

In-kind - Cattleman's classic booth
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Lee A Isaacson

Mailing Address Box 469

City Holdrege State NE Zip Code 68494

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

Name of Employer Lundeen-Isaacson Occupation Insurance Agent

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 08 / 2006

Transaction ID: SA11A1.6049

Amount of Each Receipt this Period
250.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 4308 Country Club Lane

City Kearney State NE Zip Code 68845

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

Name of Employer Eakes Occupation Businessman

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 520.00

Date of Receipt
MM / DD / YYYY
03 / 23 / 2006

Transaction ID: SA11A1.6183

Amount of Each Receipt this Period
150.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **650.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

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

Mailing Address 4308 Country Club Lane

City State Zip Code
Kearney NE 68845

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

Name of Employer Occupation
Eakes Businessman

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
865.92

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2006

Transaction ID: SA11A1.6528

Amount of Each Receipt this Period
345.92

In-kind - copies
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
H. Hod Kosman

Mailing Address 190498 CR-G

City State Zip Code
Scottsbluff NE 69361

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

Name of Employer Occupation
Platte valley Co's Financial Services

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 20 / 2006

Transaction ID: SA11A1.6219

Amount of Each Receipt this Period
250.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address PO Box 327

City State Zip Code
Bridgeport NE 69336

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

Name of Employer Occupation
self farmer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 04 / 2006

Transaction ID: SA11A1.5648

Amount of Each Receipt this Period
200.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	795.92
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

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

Mailing Address Box 423

City State Zip Code
Bridgeport NE 68336

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

Name of Employer Occupation
Self Employed Farmer

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2006

Transaction ID: SA11A1.5687

Amount of Each Receipt this Period
500.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Charles J Larsen

Mailing Address 1780 K Road

City State Zip Code
Minden NE 68959

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

Name of Employer Occupation
Faith Christian School Teacher

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

400.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2006

Transaction ID: SA11A1.5692

Amount of Each Receipt this Period
200.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 2280 29 Road

City State Zip Code
Kearney NE 68847

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

Name of Employer Occupation
Kearney Area Ag Prod. Alliance Director

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2006

Transaction ID: SA11A1.5774

Amount of Each Receipt this Period
250.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	950.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

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

Mailing Address 2280 29 Road

City State Zip Code
Kearney NE 68847

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

Name of Employer Occupation
Kearney Area Ag Prod. Alliance Director

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 15 / 2006

Transaction ID: SA11A1.6084

Amount of Each Receipt this Period
200.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Arlene K Loschen

Mailing Address 1107 W 42nd Street

City State Zip Code
Kearney NE 68845

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

Name of Employer Occupation
The Buckle, Inc Director of Human Resources

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 24 / 2006

Transaction ID: SA11A1.6261

Amount of Each Receipt this Period
100.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Eric D Maaske

Mailing Address 1105 Central Ave

City State Zip Code
Kearney NE 68847

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

Name of Employer Occupation
Highland Financial Investment Manager

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 25 / 2006

Transaction ID: SA11A1.5667

Amount of Each Receipt this Period
500.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **800.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

A. Full Name (Last, First, Middle Initial) Eric D Maaske Mailing Address 1105 Central Ave City State Zip Code Kearney NE 68847 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2006 Transaction ID: SA11A1.6112 Amount of Each Receipt this Period 100.00 Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Highland Financial Investment Manager Receipt For: 2006 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 600.00		

B. Full Name (Last, First, Middle Initial) James P Masat Mailing Address 3304 Buffalo Ct City State Zip Code Grand Island NE 68803 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 03 / 04 / 2006 Transaction ID: SA11A1.5855 Amount of Each Receipt this Period 500.00 Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Self Insurance Sales Receipt For: 2006 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00		

C. Full Name (Last, First, Middle Initial) Michael J McCloskey Mailing Address 5431 E 600 North City State Zip Code Fair Oaks IN 47943 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 02 / 01 / 2006 Transaction ID: SA11A1.5751 Amount of Each Receipt this Period 500.00 Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Self Employed Dairy Farmer Receipt For: 2006 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	1100.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

A. Full Name (Last, First, Middle Initial) Nancy S McCoy Mailing Address #4 Kings Ct City State Zip Code Kearney NE 68845 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2006 Transaction ID: SA11A1.6135 Amount of Each Receipt this Period 2000.00 Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation N/A homemaker Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00		

B. Full Name (Last, First, Middle Initial) Jennifer McFarland Mailing Address 2019 West 1st Street City State Zip Code Grand Island NE 68803 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 02 / 23 / 2006 Transaction ID: SA11A1.5897 Amount of Each Receipt this Period 300.00 Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation requested requested Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 300.00		

C. Full Name (Last, First, Middle Initial) Richard Mercer Mailing Address 3385 East 11th Street City State Zip Code Kearney NE 68847 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2006 Transaction ID: SA11A1.6083 Amount of Each Receipt this Period 100.00 Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Retired Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 225.00		

SUBTOTAL of Receipts This Page (optional)	2400.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Full Name (Last, First, Middle Initial) A. Janet D Miller		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2006	
Mailing Address 2020 Birchwood Road		Transaction ID: SA11A1.6145	
City State Zip Code North Platte NE 69101	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Requested Occupation Requested	Election Cycle-to-Date 275.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. Duane Murdoch		Date of Receipt M M / D D / Y Y Y Y 01 / 04 / 2006	
Mailing Address PO Box 796		Transaction ID: SA11A1.5646	
City State Zip Code Oxford NE 68967	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Self employed Occupation Farmer	Election Cycle-to-Date 1000.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. John Northrop		Date of Receipt M M / D D / Y Y Y Y 03 / 18 / 2006	
Mailing Address 2430 N Elm Avenue		Transaction ID: SA11A1.6174	
City State Zip Code Hastings NE 68901	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Abbott Labs Occupation Pharmaceutical Rep.	Election Cycle-to-Date 1200.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional)	1450.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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 for Congress Committee

A. Full Name (Last, First, Middle Initial)
Anthony G Orphanos

Mailing Address 63 Crosby Street

City State Zip Code
New York NY 10012

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

Name of Employer Occupation
Austin Investment Investment Advisor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 0 3 / 2 0 0 6

Transaction ID: SA11A1.5747

Amount of Each Receipt this Period
500.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 9011 Whispering Wind Road

City State Zip Code
Lincoln NE 68512

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

Name of Employer Occupation requested
requested requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 0 2 / 2 0 0 6

Transaction ID: SA11A1.5908

Amount of Each Receipt this Period
250.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address PO Box 51

City State Zip Code
Bridgeport NE 69336

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

Name of Employer Occupation
Self Employed Insurance Agent

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 0 5 / 2 0 0 6

Transaction ID: SA11A1.5636

Amount of Each Receipt this Period
100.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	850.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

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

Mailing Address PO Box 51

City State Zip Code
Bridgeport NE 69336

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

Name of Employer
Self Employed

Occupation
Insurance Agent

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
03 / 21 / 2006

Transaction ID: SA11A1.6199

Amount of Each Receipt this Period
100.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Stephen J Posner

Mailing Address 18 Ursula Drive

City State Zip Code
Roslyn NY 11576

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

Name of Employer Requested

Occupation Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 08 / 2006

Transaction ID: SA11A1.5753

Amount of Each Receipt this Period
250.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
David E Rappa

Mailing Address 161 Grand Street 8A

City State Zip Code
New York NY 10013

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

Name of Employer
Austin Investment

Occupation
Finance

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 12 / 2006

Transaction ID: SA11A1.5741

Amount of Each Receipt this Period
250.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	600.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

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

Mailing Address P.O. Box 514

City State Zip Code
Valentine NE 69201

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

Name of Employer Occupation
Self-Employed Rancher 3 Bar Cattle Company Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
900.00

Date of Receipt
MM / DD / YYYY
02 / 02 / 2006

Transaction ID: SA11A1.5689

Amount of Each Receipt this Period
200.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address P.O. Box 514

City State Zip Code
Valentine NE 69201

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

Name of Employer Occupation
Self-Employed Rancher 3 Bar Cattle Company Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
950.00

Date of Receipt
MM / DD / YYYY
03 / 24 / 2006

Transaction ID: SA11A1.6227

Amount of Each Receipt this Period
50.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Richard D Rhoads

Mailing Address 5000 Avenue F Place

City State Zip Code
Kearney NE 68847

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

Name of Employer Occupation
Self employed Self employed

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
820.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2006

Transaction ID: SA11A1.5871

Amount of Each Receipt this Period
250.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

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

Mailing Address 1602 West 36th Street

City State Zip Code
Kearney NE 68845

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

Name of Employer retired Occupation retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 485.00

Date of Receipt
MM / DD / YYYY
02 / 17 / 2006

Transaction ID: SA11A1.5801

Amount of Each Receipt this Period
100.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 1602 West 36th Street

City State Zip Code
Kearney NE 68845

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

Name of Employer retired Occupation retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 535.00

Date of Receipt
MM / DD / YYYY
03 / 08 / 2006

Transaction ID: SA11A1.6011

Amount of Each Receipt this Period
50.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 2602 West 39th

City State Zip Code
Kearney NE 68845

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

Name of Employer Self employed Occupation Investment Advisor

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2100.00

Date of Receipt
MM / DD / YYYY
03 / 21 / 2006

Transaction ID: SA11A1.6194

Amount of Each Receipt this Period
100.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 250.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

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

Mailing Address Box 566

City State Zip Code
Crestine CO 81131

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

Name of Employer Self Employed Occupation
Self Employed Attorney/Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 02 / 2006

Transaction ID: SA11A1.5749

Amount of Each Receipt this Period
500.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address PO Box 40

City State Zip Code
Ord NE 68862

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

Name of Employer Self Employed Occupation
Self Employed Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 03 / 2006

Transaction ID: SA11A1.5986

Amount of Each Receipt this Period
250.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address Box 25

City State Zip Code
Palisade NE 69040

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

Name of Employer South West Public Power Occupation
South West Public Power Manager

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2006

Transaction ID: SA11A1.5796

Amount of Each Receipt this Period
250.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **1000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Full Name (Last, First, Middle Initial) A. Darrell Tagge		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 6	
Mailing Address 112 West 11th Avenue		Transaction ID: SA11A1.5781	
City State Zip Code Holdrege NE 68949	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Tagge Engineering Consulting	Occupation Consultant		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Elroy Thieszen		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6	
Mailing Address 87738 489th Avenue		Transaction ID: SA11A1.6336	
City State Zip Code O'Neill NE 68763	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self	Occupation farmer		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Gary W Thompson		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6	
Mailing Address PO Box 391		Transaction ID: SA11A1.5690	
City State Zip Code Arapahoe NE 68922	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Banker	Occupation First National Bank		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

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

Mailing Address 52315 310th Road

City State Zip Code
Ravenna NE 68869

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

Name of Employer Self Employed Occupation Farmer

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 320.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 09 / 2006

Transaction ID: SA11A1.6035

Amount of Each Receipt this Period
250.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Deborah Van Matre

Mailing Address Box 102

City State Zip Code
Gibbon NE 68840

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

Name of Employer NE Turkey Growers Occupation Plant Manager

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 570.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 15 / 2006

Transaction ID: SA11A1.6109

Amount of Each Receipt this Period
250.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Peter Austin Vlachos

Mailing Address 156 West 86th Street, Apt #9A

City State Zip Code
New York NY 10024

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

Name of Employer Austin Investment Occupation Investment Adviser

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 27 / 2006

Transaction ID: SA11A1.5743

Amount of Each Receipt this Period
250.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Full Name (Last, First, Middle Initial) A. Linda M Vosik		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2006	
Mailing Address #7 Kings Ct		Transaction ID: SA11A1.6110	
City Kearney	State NE	Zip Code 68845	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer None	Occupation Housewife	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 370.00			

Full Name (Last, First, Middle Initial) B. Loran Wach		Date of Receipt M M / D D / Y Y Y Y 02 / 24 / 2006	
Mailing Address HCR 65 Box 73		Transaction ID: SA11A1.5895	
City Wauneta	State NE	Zip Code 69045	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer self employed	Occupation farmer	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 500.00			

Full Name (Last, First, Middle Initial) C. Loran Wach		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2006	
Mailing Address HCR 65 Box 73		Transaction ID: SA11A1.6234	
City Wauneta	State NE	Zip Code 69045	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer self employed	Occupation farmer	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 550.00			

SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

A. Full Name (Last, First, Middle Initial)
Jolene F Ward

Mailing Address 2545 E 92nd Street

City State Zip Code
Kearney NE 68847

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

Name of Employer none Occupation none

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.5944

Amount of Each Receipt this Period
50.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 56640 716 Road

City State Zip Code
Fairbury NE 68352

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

Name of Employer Jeferson County Health Ce-nter Occupation Hospital Administrator

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.6081

Amount of Each Receipt this Period
500.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 207 E 54th Street

City State Zip Code
Kearney NE 68847

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

Name of Employer New Life Assembly Occupation Clergy

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 570.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.5715

Amount of Each Receipt this Period
500.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1050.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

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

Mailing Address 6747 South 34th Street

City Lincoln State NE Zip Code 68516

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

Name of Employer USDA/FSA Occupation Exec. Director

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2006

Transaction ID: SA11A1.5940

Amount of Each Receipt this Period
500.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address No. 6 21st Ave Place

City Kearney State NE Zip Code 68845

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

Name of Employer Self-Employed Occupation Hotel Chain Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1170.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2006

Transaction ID: SA11A1.6070

Amount of Each Receipt this Period
100.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Salvatore J Zizza

Mailing Address One Gracie Square

City New York State NY Zip Code 10028

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

Name of Employer Zizza and Co Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2006

Transaction ID: SA11A1.5745

Amount of Each Receipt this Period
500.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	1100.00
TOTAL This Period (last page this line number only)	26735.92

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 75
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Full Name (Last, First, Middle Initial) A. AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)		Date of Receipt M M / D D / Y Y Y Y Y 03 / 22 / 2006
Mailing Address 1120 Connecticut Avenue NW		Transaction ID: SA11C.6310
City Washington State DC Zip Code 20036	FEC ID number of contributing federal political committee. C C00004275	Amount of Each Receipt this Period 2500.00
Name of Employer Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) B. AMERICAN SUGARBEET GROWERS ASSOCIATION POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y Y 03 / 08 / 2006
Mailing Address 1156 15TH ST NW SUITE 1101		Transaction ID: SA11C.6057
City WASHINGTON State DC Zip Code 20005	FEC ID number of contributing federal political committee. C C00167684	Amount of Each Receipt this Period 500.00
Name of Employer Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. WELLS FARGO AND COMPANY EMPLOYEE PAC (AKA WELLS FARGO EMPLOYEE PAC)		Date of Receipt M M / D D / Y Y Y Y Y 03 / 17 / 2006
Mailing Address Sixth and Marquette SIXTH AND MARQUETTE		Transaction ID: SA11C.6311
City Minneapolis State MN Zip Code 55479	FEC ID number of contributing federal political committee. C C00034595	Amount of Each Receipt this Period 2000.00
Name of Employer Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼ 2000.00		

SUBTOTAL of Receipts This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	5000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 75
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input checked="" type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

A. Full Name (Last, First, Middle Initial) John Hanson Mailing Address P.O. Box 783 City State Zip Code Kearney NE 68848 FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 1 / 2 0 0 6 Transaction ID: SA11D.6522 Amount of Each Receipt this Period 672.70 Travel Expense <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]
--	--	---

B. Full Name (Last, First, Middle Initial) John Hanson Mailing Address P.O. Box 783 City State Zip Code Kearney NE 68848 FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 1 / 2 0 0 6 Transaction ID: SA11D.6524 Amount of Each Receipt this Period 1461.44 Travel expense <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]
--	--	--

C. Full Name (Last, First, Middle Initial) John Hanson Mailing Address P.O. Box 783 City State Zip Code Kearney NE 68848 FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 1 / 2 0 0 6 Transaction ID: SA11D.6526 Amount of Each Receipt this Period 1737.93 travel expense <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]
--	--	--

SUBTOTAL of Receipts This Page (optional)	0.00
TOTAL This Period (last page this line number only)	0.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 35 / 75
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 13a	<input type="checkbox"/> 13b
		<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

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

Mailing Address P.O. Box 783

City State Zip Code
Kearney NE 68848

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
109000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2006

Transaction ID: SA13A.6391

Amount of Each Receipt this Period
40000.00

Loan
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	40000.00
TOTAL This Period (last page this line number only)	▶	40000.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 36 / 75

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Full Name (Last, First, Middle Initial) A. Acoustics		Transaction ID: SB17.5585 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 6
Mailing Address PO Box 1251		Amount of Each Disbursement this Period 213.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Kearney State NE Zip Code 68848		
Purpose of Disbursement Office maintance Candidate Name Hanson for Congress Committee Category/Type 001		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 03		

Full Name (Last, First, Middle Initial) B. Brianne Aldinger		Transaction ID: SB17.5599 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 6
Mailing Address 72629 South Road		Amount of Each Disbursement this Period 625.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Wilcox State NE Zip Code 68982		
Purpose of Disbursement Political consulting expense Candidate Name Hanson for Congress Committee Category/Type 001		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 03		

Full Name (Last, First, Middle Initial) C. Brianne Aldinger		Transaction ID: SB17.5581 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6
Mailing Address 72629 South Road		Amount of Each Disbursement this Period 750.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Wilcox State NE Zip Code 68982		
Purpose of Disbursement Political consulting expense Candidate Name Hanson for Congress Committee Category/Type 001		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 03		

SUBTOTAL of Disbursements This Page (optional) ▶	1588.00
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Full Name (Last, First, Middle Initial) A. Brianne Aldinger		Transaction ID: SB17.5617 Date of Disbursement 01 / 30 / 2006
Mailing Address 72629 South Road		Amount of Each Disbursement this Period 750.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Wilcox State NE Zip Code 68982	001 Category/ Type	
Purpose of Disbursement Political consulting expense		
Candidate Name Hanson for Congress Committee		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Brianne Aldinger		Transaction ID: SB17.5734 Date of Disbursement 02 / 13 / 2006
Mailing Address 72629 South Road		Amount of Each Disbursement this Period 750.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Wilcox State NE Zip Code 68982	001 Category/ Type	
Purpose of Disbursement Political consulting expense		
Candidate Name Hanson for Congress Committee		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Brianne Aldinger		Transaction ID: SB17.5811 Date of Disbursement 02 / 27 / 2006
Mailing Address 72629 South Road		Amount of Each Disbursement this Period 750.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Wilcox State NE Zip Code 68982	001 Category/ Type	
Purpose of Disbursement Political consulting expense		
Candidate Name Hanson for Congress Committee		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2250.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Full Name (Last, First, Middle Initial) A. Brianne Aldinger		Transaction ID: SB17.6062 Date of Disbursement 03 / 15 / 2006	
Mailing Address 72629 South Road		Amount of Each Disbursement this Period 750.00	
City Wilcox State NE Zip Code 68982	Purpose of Disbursement Political consulting expense Candidate Name Hanson for Congress Committee	001 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

Full Name (Last, First, Middle Initial) B. Alltel		Transaction ID: SB17.5616 Date of Disbursement 01 / 15 / 2006	
Mailing Address P.O. Box 94255		Amount of Each Disbursement this Period 253.41	
City Palatine State IL Zip Code 60094	Purpose of Disbursement Phone Candidate Name Hanson for Congress Committee	001 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

Full Name (Last, First, Middle Initial) C. Alltel		Transaction ID: SB17.5579 Date of Disbursement 01 / 16 / 2006	
Mailing Address P.O. Box 94255		Amount of Each Disbursement this Period 127.30	
City Palatine State IL Zip Code 60094	Purpose of Disbursement Phone Candidate Name Hanson for Congress Committee	001 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

SUBTOTAL of Disbursements This Page (optional) ▶	1130.71
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

<p>A. Alltel</p> <p>Full Name (Last, First, Middle Initial) Hanson for Congress Committee</p> <p>Mailing Address P.O. Box 94255</p> <p>City Palatine State IL Zip Code 60094</p> <p>Purpose of Disbursement Office phone expense</p> <p>Candidate Name Hanson for Congress Committee</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NE District: 03</p>		<p>Transaction ID: SB17.5613</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="112.62"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p><input type="text" value="001"/></p>

<p>B. Alltel</p> <p>Full Name (Last, First, Middle Initial) Hanson for Congress Committee</p> <p>Mailing Address P.O. Box 94255</p> <p>City Palatine State IL Zip Code 60094</p> <p>Purpose of Disbursement telephone</p> <p>Candidate Name Hanson for Congress Committee</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NE District: 03</p>		<p>Transaction ID: SB17.6060</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="261.63"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p><input type="text" value="001"/></p>

<p>C. Alltel</p> <p>Full Name (Last, First, Middle Initial) Hanson for Congress Committee</p> <p>Mailing Address P.O. Box 94255</p> <p>City Palatine State IL Zip Code 60094</p> <p>Purpose of Disbursement Phone</p> <p>Candidate Name Hanson for Congress Committee</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NE District: 03</p>		<p>Transaction ID: SB17.5816</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="127.05"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p><input type="text" value="001"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 40 / 75

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Full Name (Last, First, Middle Initial) A. Alltel		Transaction ID: SB17.6201 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 6
Mailing Address P.O. Box 94255		Amount of Each Disbursement this Period 276.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Palatine State IL Zip Code 60094		
Purpose of Disbursement Telephone Expense Candidate Name Hanson for Congress Committee Category/Type 001		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 03		

Full Name (Last, First, Middle Initial) B. Alltel		Transaction ID: SB17.6064 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6
Mailing Address P.O. Box 94255		Amount of Each Disbursement this Period 126.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Palatine State IL Zip Code 60094		
Purpose of Disbursement telephone expense Candidate Name Hanson for Congress Committee Category/Type 001		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 03		

Full Name (Last, First, Middle Initial) C. Keith G Becker		Transaction ID: SB17.5580 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 6
Mailing Address P.O. Box 2264		Amount of Each Disbursement this Period 460.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Kearney State NE Zip Code 68848		
Purpose of Disbursement Political consulting expense Candidate Name Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶

863.13

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Full Name (Last, First, Middle Initial) A. Keith G Becker		Transaction ID: SB17.5802 Date of Disbursement 01 / 21 / 2006	
Mailing Address P.O. Box 2264		Amount of Each Disbursement this Period 300.00	
City Kearney	State NE	Zip Code 68848	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Political Consulting		Category/ Type 001	
Candidate Name Hanson for Congress Committee			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NE District: 03			

Full Name (Last, First, Middle Initial) B. Keith G Becker		Transaction ID: SB17.5615 Date of Disbursement 01 / 25 / 2006	
Mailing Address P.O. Box 2264		Amount of Each Disbursement this Period 31.50	
City Kearney	State NE	Zip Code 68848	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Travel expense		Category/ Type 002	
Candidate Name Hanson for Congress Committee			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NE District: 03			

Full Name (Last, First, Middle Initial) C. Keith G Becker		Transaction ID: SB17.5714 Date of Disbursement 02 / 03 / 2006	
Mailing Address P.O. Box 2264		Amount of Each Disbursement this Period 500.00	
City Kearney	State NE	Zip Code 68848	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Political consulting expense		Category/ Type 001	
Candidate Name Hanson for Congress Committee			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NE District: 03			

SUBTOTAL of Disbursements This Page (optional)	831.50
TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Full Name (Last, First, Middle Initial) A. Keith G Becker		Transaction ID: SB17.5815 Date of Disbursement 03 / 06 / 2006	
Mailing Address P.O. Box 2264		Amount of Each Disbursement this Period 560.00	
City Kearney	State NE	Zip Code 68848	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Political Consulting		001 Category/ Type	
Candidate Name Hanson for Congress Committee			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Keith G Becker		Transaction ID: SB17.6065 Date of Disbursement 03 / 21 / 2006	
Mailing Address P.O. Box 2264		Amount of Each Disbursement this Period 450.00	
City Kearney	State NE	Zip Code 68848	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Political consulting expense		001 Category/ Type	
Candidate Name Hanson for Congress Committee			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Boerkirchers		Transaction ID: SB17.5590 Date of Disbursement 01 / 01 / 2006	
Mailing Address 829 Meridian Avenue		Amount of Each Disbursement this Period 383.78	
City Cozad	State NE	Zip Code 69130	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Office Expense		001 Category/ Type	
Candidate Name Hanson for Congress Committee			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶

1393.78

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Full Name (Last, First, Middle Initial) A. BrabenderCox		Transaction ID: SB17.5847 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6
Mailing Address 100 West Station Square Drive Suite 315		Amount of Each Disbursement this Period 18502.63 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Pittsburgh State PA Zip Code 15219		
Purpose of Disbursement Advertising Expense Candidate Name Hanson for Congress Committee Category/Type 004		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 03		

Full Name (Last, First, Middle Initial) B. BrabenderCox		Transaction ID: SB17.5845 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address 100 West Station Square Drive Suite 315		Amount of Each Disbursement this Period 4128.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Pittsburgh State PA Zip Code 15219		
Purpose of Disbursement Mailings Candidate Name Hanson for Congress Committee Category/Type 004		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 03		

Full Name (Last, First, Middle Initial) C. Capitol Promotions		Transaction ID: SB17.5614 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6
Mailing Address 2362 Oakdale Avenue		Amount of Each Disbursement this Period 542.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Glenside State PA Zip Code 19038		
Purpose of Disbursement Campaign Materials-promoitional items Candidate Name Hanson for Congress Committee Category/Type 006		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 03		

SUBTOTAL of Disbursements This Page (optional) ▶	23173.03
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Full Name (Last, First, Middle Initial) A. Chance's R		Transaction ID: SB17.5821	
Mailing Address 124 West 5th Street		Date of Disbursement 03 / 02 / 2006	
City York	State NE	Zip Code 68467	Amount of Each Disbursement this Period 206.18
Purpose of Disbursement Event Expense- catering		007	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name Hanson for Congress Committee		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NE	District: 03		

Full Name (Last, First, Middle Initial) B. Eakes Office Plus		Transaction ID: SB17.5729	
Mailing Address East Central Ave		Date of Disbursement 02 / 13 / 2006	
City Kearney	State NE	Zip Code 68847	Amount of Each Disbursement this Period 24.44
Purpose of Disbursement Office expense- supplies		006	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name Hanson for Congress Committee		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NE	District: 03		

Full Name (Last, First, Middle Initial) C. Eakes Office Plus		Transaction ID: SB17.5837	
Mailing Address East Central Ave		Date of Disbursement 02 / 23 / 2006	
City Kearney	State NE	Zip Code 68847	Amount of Each Disbursement this Period 18.66
Purpose of Disbursement Office supplies		001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name Hanson for Congress Committee		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NE	District: 03		

SUBTOTAL of Disbursements This Page (optional)	249.28
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Full Name (Last, First, Middle Initial) A. Eakes Office Plus		Transaction ID: SB17.5828 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6
Mailing Address East Central Ave		Amount of Each Disbursement this Period 281.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Kearney State NE Zip Code 68847	001 Category/Type	
Purpose of Disbursement Office supplies expense		
Candidate Name Hanson for Congress Committee		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Frontier		Transaction ID: SB17.5808 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6
Mailing Address 60 Church Street		Amount of Each Disbursement this Period 112.01 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Gloversville State NY Zip Code 12078	001 Category/Type	
Purpose of Disbursement Telephone expense		
Candidate Name Hanson for Congress Committee		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Frontier		Transaction ID: SB17.6304 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6
Mailing Address 60 Church Street		Amount of Each Disbursement this Period 112.11 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Gloversville State NY Zip Code 12078	001 Category/Type	
Purpose of Disbursement Telephone		
Candidate Name Hanson for Congress Committee		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	505.22
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Full Name (Last, First, Middle Initial) A. Gateway Farm Expo		Transaction ID: SB17.5843 Date of Disbursement 03 / 01 / 2006
Mailing Address PO Box 607		Amount of Each Disbursement this Period 9.00
City Kearney	State NE	
Zip Code 68848		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Event Expense		
Candidate Name Hanson for Congress Committee		Category/ Type 004
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NE District: 03		

Full Name (Last, First, Middle Initial) B. H and E Air Service, Inc.		Transaction ID: SB17.5598 Date of Disbursement 01 / 01 / 2006
Mailing Address PO Box 1744		Amount of Each Disbursement this Period 300.00
City Kearney	State NE	
Zip Code 68848		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Office rent		
Candidate Name Hanson for Congress Committee		Category/ Type 001
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NE District: 03		

Full Name (Last, First, Middle Initial) C. H and E Air Service, Inc.		Transaction ID: SB17.5621 Date of Disbursement 01 / 30 / 2006
Mailing Address PO Box 1744		Amount of Each Disbursement this Period 300.00
City Kearney	State NE	
Zip Code 68848		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Office rent		
Candidate Name Hanson for Congress Committee		Category/ Type 001
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NE District: 03		

SUBTOTAL of Disbursements This Page (optional) ▶	609.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Full Name (Last, First, Middle Initial) A. H and E Air Service, Inc.		Transaction ID: SB17.5813 Date of Disbursement 02 / 27 / 2006	
Mailing Address PO Box 1744		Amount of Each Disbursement this Period 300.00	
City Kearney	State NE	Zip Code 68848	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/>
Purpose of Disbursement Office rent expense		Category/ Type 001	
Candidate Name Hanson for Congress Committee			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NE District: 03			

Full Name (Last, First, Middle Initial) B. Charles Hunt		Transaction ID: SB17.5737 Date of Disbursement 02 / 21 / 2006	
Mailing Address 10329 HWY 136		Amount of Each Disbursement this Period 250.00	
City Oxford	State NE	Zip Code 68967	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/>
Purpose of Disbursement In-kind - Cattlemans classic booth		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Dave Hunt		Transaction ID: SB17.5601 Date of Disbursement 01 / 05 / 2006	
Mailing Address 10329 Hwy 136		Amount of Each Disbursement this Period 385.05	
City Oxford	State NE	Zip Code 68967	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/>
Purpose of Disbursement Political consulting expense		Category/ Type 001	
Candidate Name Hanson for Congress Committee			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NE District: 03			

SUBTOTAL of Disbursements This Page (optional)	935.05
TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Full Name (Last, First, Middle Initial) A. Dave Hunt		Transaction ID: SB17.5622 Date of Disbursement 01 / 30 / 2006	
Mailing Address 10329 Hwy 136		Amount of Each Disbursement this Period 26.97	
City Oxford State NE Zip Code 68967	Purpose of Disbursement telephone expense Candidate Name Hanson for Congress Committee Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dave Hunt		Transaction ID: SB17.5720 Date of Disbursement 01 / 31 / 2006	
Mailing Address 10329 Hwy 136		Amount of Each Disbursement this Period 109.05	
City Oxford State NE Zip Code 68967	Purpose of Disbursement Political consulting expense Candidate Name Hanson for Congress Committee Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dave Hunt		Transaction ID: SB17.5824 Date of Disbursement 03 / 01 / 2006	
Mailing Address 10329 Hwy 136		Amount of Each Disbursement this Period 526.47	
City Oxford State NE Zip Code 68967	Purpose of Disbursement Political consulting expense Candidate Name Hanson for Congress Committee Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional) ▶	662.49
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Full Name (Last, First, Middle Initial) A. Dave Hunt		Transaction ID: SB17.5825 Date of Disbursement 03 / 01 / 2006	
Mailing Address 10329 Hwy 136		Amount of Each Disbursement this Period 313.44	
City Oxford State NE Zip Code 68967	Purpose of Disbursement Travel and office expense Category/Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Hanson for Congress Committee	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Intellicom, Inc		Transaction ID: SB17.5725 Date of Disbursement 02 / 13 / 2006	
Mailing Address 1700 2nd Avenue		Amount of Each Disbursement this Period 1028.50	
City Kearney State NE Zip Code 68847	Purpose of Disbursement Internet expense Category/Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Hanson for Congress Committee	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Intellicom, Inc		Transaction ID: SB17.6303 Date of Disbursement 03 / 30 / 2006	
Mailing Address 1700 2nd Avenue		Amount of Each Disbursement this Period 368.53	
City Kearney State NE Zip Code 68847	Purpose of Disbursement Internet Expense Category/Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Hanson for Congress Committee	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1710.47
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

A. Full Name (Last, First, Middle Initial)
Intellicom Computer Consulting Inc

Mailing Address PO Box 2672

City State Zip Code
Kearney NE 68848

Purpose of Disbursement
Advertising

004
Category/
Type

Candidate Name
Hanson for Congress Committee

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: NE District: 03

Transaction ID: SB17.5606

Date of Disbursement

01 / 11 / 2006

Amount of Each Disbursement this Period

147.88

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Jim Banks Political Consulting

Mailing Address 934 Hans Brinker Street

City State Zip Code
Colorado Springs CO 80907

Purpose of Disbursement
Political consulting expense

001
Category/
Type

Candidate Name
Hanson for Congress Committee

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: NE District: 03

Transaction ID: SB17.5600

Date of Disbursement

01 / 01 / 2006

Amount of Each Disbursement this Period

500.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Jim Banks Political Consulting

Mailing Address 934 Hans Brinker Street

City State Zip Code
Colorado Springs CO 80907

Purpose of Disbursement
Political consulting expense

001
Category/
Type

Candidate Name
Hanson for Congress Committee

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: NE District: 03

Transaction ID: SB17.5619

Date of Disbursement

01 / 30 / 2006

Amount of Each Disbursement this Period

500.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1147.88

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Full Name (Last, First, Middle Initial) A. Jim Banks Political Consulting		Transaction ID: SB17.5814 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6
Mailing Address 934 Hans Brinker Street		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Colorado Springs State CO Zip Code 80907		
Purpose of Disbursement Political consulting expense Candidate Name Hanson for Congress Committee Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Category/Type 001	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. John Sieler & Associates		Transaction ID: SB17.6202 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 6
Mailing Address 7801 Woolworth Ave.		Amount of Each Disbursement this Period 9539.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Omaha State NE Zip Code 68124		
Purpose of Disbursement Printing Expense Candidate Name Hanson for Congress Committee Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Category/Type 004	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Brad Kernick		Transaction ID: SB17.6529 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6
Mailing Address 4308 Country Club Lane		Amount of Each Disbursement this Period 345.92 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Kearney State NE Zip Code 68845		
Purpose of Disbursement In-kind - copies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	10385.42
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Full Name (Last, First, Middle Initial) A. Kerry's Restaurant		Transaction ID: SB17.6346 Date of Disbursement 03 / 30 / 2006	
Mailing Address PO Box 243		Amount of Each Disbursement this Period 547.75	
City McCool Junction State NE Zip Code 68401	Purpose of Disbursement Event expense- catering Category/ Type 007	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Hanson for Congress Committee	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. KNEB		Transaction ID: SB17.5603 Date of Disbursement 01 / 07 / 2006	
Mailing Address PO Box 239		Amount of Each Disbursement this Period 470.00	
City Scottsbluff State NE Zip Code 69363	Purpose of Disbursement Event expense Category/ Type 007	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Hanson for Congress Committee	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. KRVN 880 Radio		Transaction ID: SB17.5610 Date of Disbursement 01 / 11 / 2006	
Mailing Address P.O. Box 880		Amount of Each Disbursement this Period 99.00	
City Lexington State NE Zip Code 68850	Purpose of Disbursement Advertising Category/ Type 004	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Hanson for Congress Committee	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1116.75
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Full Name (Last, First, Middle Initial) A. KRVN 880 Radio		Transaction ID: SB17.5584 Date of Disbursement 01 / 20 / 2006
Mailing Address P.O. Box 880		Amount of Each Disbursement this Period 681.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lexington State NE Zip Code 68850	004 Category/Type	
Purpose of Disbursement Advertising		
Candidate Name Hanson for Congress Committee		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. KRVN 880 Radio		Transaction ID: SB17.5724 Date of Disbursement 02 / 08 / 2006
Mailing Address P.O. Box 880		Amount of Each Disbursement this Period 60.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lexington State NE Zip Code 68850	004 Category/Type	
Purpose of Disbursement Advertising Expense		
Candidate Name Hanson for Congress Committee		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Lamar Outdoor Advertising		Transaction ID: SB17.5589 Date of Disbursement 01 / 01 / 2006
Mailing Address 3870 North Sky Park Road		Amount of Each Disbursement this Period 700.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Grand Island State NE Zip Code 68801	004 Category/Type	
Purpose of Disbursement Advertising		
Candidate Name Hanson for Congress Committee		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1441.00
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Full Name (Last, First, Middle Initial) A. Lamar Outdoor Advertising		Transaction ID: SB17.6294 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6
Mailing Address 3870 North Sky Park Road		Amount of Each Disbursement this Period 2360.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Grand Island State NE Zip Code 68801		
Purpose of Disbursement advertising Candidate Name Hanson for Congress Committee Category/Type 004		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 03		

Full Name (Last, First, Middle Initial) B. LIPS - Lisa's Instant Print Service		Transaction ID: SB17.5594 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 6
Mailing Address 824 West 24th		Amount of Each Disbursement this Period 4585.36 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Kearney State NE Zip Code 68845		
Purpose of Disbursement Campaign Materials-printing Candidate Name Hanson for Congress Committee Category/Type 006		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 03		

Full Name (Last, First, Middle Initial) C. LIPS - Lisa's Instant Print Service		Transaction ID: SB17.5607 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6
Mailing Address 824 West 24th		Amount of Each Disbursement this Period 762.55 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Kearney State NE Zip Code 68845		
Purpose of Disbursement Campaign Materials-printing Candidate Name Hanson for Congress Committee Category/Type 006		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: 03		

SUBTOTAL of Disbursements This Page (optional) ▶	7707.91
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Full Name (Last, First, Middle Initial) A. LIPS - Lisa's Instant Print Service		Transaction ID: SB17.5733	
Mailing Address 824 West 24th		Date of Disbursement MM / DD / YYYY 02 / 13 / 2006	
City Kearney	State NE	Zip Code 68845	
Purpose of Disbursement Printing Expense		Amount of Each Disbursement this Period 86.00	
Candidate Name Hanson for Congress Committee		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NE District: 03	Category/ Type 001		

Full Name (Last, First, Middle Initial) B. LIPS - Lisa's Instant Print Service		Transaction ID: SB17.5831	
Mailing Address 824 West 24th		Date of Disbursement MM / DD / YYYY 03 / 06 / 2006	
City Kearney	State NE	Zip Code 68845	
Purpose of Disbursement Printing		Amount of Each Disbursement this Period 66.30	
Candidate Name Hanson for Congress Committee		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NE District: 03	Category/ Type 001		

Full Name (Last, First, Middle Initial) C. Lowe Investments		Transaction ID: SB17.5597	
Mailing Address Saint James Square 3		Date of Disbursement MM / DD / YYYY 01 / 01 / 2006	
City Kearney	State NE	Zip Code 68848	
Purpose of Disbursement Advertising		Amount of Each Disbursement this Period 250.00	
Candidate Name Hanson for Congress Committee		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NE District: 03	Category/ Type 004		

SUBTOTAL of Disbursements This Page (optional)	402.30
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Full Name (Last, First, Middle Initial) A. Low Investments		Transaction ID: SB17.5620 Date of Disbursement 01 / 30 / 2006
Mailing Address Saint James Square 3		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Kearney State NE Zip Code 68848	004 Category/ Type	
Purpose of Disbursement Advertising		
Candidate Name Hanson for Congress Committee		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Low Investments		Transaction ID: SB17.5812 Date of Disbursement 02 / 27 / 2006
Mailing Address Saint James Square 3		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Kearney State NE Zip Code 68848	004 Category/ Type	
Purpose of Disbursement Advertising expense		
Candidate Name Hanson for Congress Committee		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Mail Express		Transaction ID: SB17.5593 Date of Disbursement 01 / 01 / 2006
Mailing Address PO Box 3048		Amount of Each Disbursement this Period 2455.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Kearney State NE Zip Code 68848	001 Category/ Type	
Purpose of Disbursement Postage		
Candidate Name Hanson for Congress Committee		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2955.95
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Full Name (Last, First, Middle Initial)		Transaction ID: SB17.5608																					
A. Mail Express		Date of Disbursement																					
Mailing Address PO Box 3048		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td>/</td><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	1	1	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	1	/	1	1	/	2	0	0	6														
City	State	Zip Code	Amount of Each Disbursement this Period																				
Kearney	NE	68848	2279.88																				
Purpose of Disbursement Postage		Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																				
Candidate Name Hanson for Congress Committee		001																					
Office Sought:	Disbursement For: 2006																						
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: NE District: 03																							

Full Name (Last, First, Middle Initial)		Transaction ID: SB17.5732																					
B. Mail Express		Date of Disbursement																					
Mailing Address PO Box 3048		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td>/</td><td>1</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	1	3	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	2	/	1	3	/	2	0	0	6														
City	State	Zip Code	Amount of Each Disbursement this Period																				
Kearney	NE	68848	535.81																				
Purpose of Disbursement Postage expense		Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																				
Candidate Name Hanson for Congress Committee		001																					
Office Sought:	Disbursement For: 2006																						
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: NE District: 03																							

Full Name (Last, First, Middle Initial)		Transaction ID: SB17.5830																					
C. Mail Express		Date of Disbursement																					
Mailing Address PO Box 3048		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>0</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	0	6	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3	/	0	6	/	2	0	0	6														
City	State	Zip Code	Amount of Each Disbursement this Period																				
Kearney	NE	68848	605.55																				
Purpose of Disbursement Postage expense		Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																				
Candidate Name Hanson for Congress Committee		001																					
Office Sought:	Disbursement For: 2006																						
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: NE District: 03																							

SUBTOTAL of Disbursements This Page (optional)	▶	3421.24
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Full Name (Last, First, Middle Initial) A. Mattley Advertising and Design		Transaction ID: SB17.5809 Date of Disbursement MM / DD / YYYY 02 / 27 / 2006	
Mailing Address 2314 Central Ave Masonic BLD #200		Amount of Each Disbursement this Period 22.89	
City Kearney	State NE	Zip Code 68847	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Mail expense		004 Category/ Type	
Candidate Name Hanson for Congress Committee			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NE	District: 03		

Full Name (Last, First, Middle Initial) B. Miller Signs		Transaction ID: SB17.5592 Date of Disbursement MM / DD / YYYY 01 / 01 / 2006	
Mailing Address 2515 Grand Avenue		Amount of Each Disbursement this Period 566.22	
City Kearney	State NE	Zip Code 68845	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Advertising		004 Category/ Type	
Candidate Name Hanson for Congress Committee			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NE	District: 03		

Full Name (Last, First, Middle Initial) C. Miller Signs		Transaction ID: SB17.5611 Date of Disbursement MM / DD / YYYY 01 / 11 / 2006	
Mailing Address 2515 Grand Avenue		Amount of Each Disbursement this Period 396.93	
City Kearney	State NE	Zip Code 68845	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Advertising		004 Category/ Type	
Candidate Name Hanson for Congress Committee			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NE	District: 03		

SUBTOTAL of Disbursements This Page (optional)	986.04
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Full Name (Last, First, Middle Initial) A. Miller Signs		Transaction ID: SB17.5829 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6
Mailing Address 2515 Grand Avenue		Amount of Each Disbursement this Period 79.88 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Kearney State NE Zip Code 68845		
Purpose of Disbursement Advertising Candidate Name Hanson for Congress Committee Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Category/Type 004	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Nebraska Cattlemen		Transaction ID: SB17.5835 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 6
Mailing Address 134 South 13th Street Suite 900		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lincoln State NE Zip Code 68508		
Purpose of Disbursement Event Expense- booth Candidate Name Hanson for Congress Committee Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Category/Type 007	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Nebraska Family Times		Transaction ID: SB17.6305 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6
Mailing Address 312 Brentwood Drive		Amount of Each Disbursement this Period 155.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Norfolk State NE Zip Code 68701		
Purpose of Disbursement Advertising Candidate Name Hanson for Congress Committee Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Category/Type 004	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	484.88
TOTAL This Period (last page this line number only) ▶	_____

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Full Name (Last, First, Middle Initial) A. NPPD		Transaction ID: SB17.5605 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6
Mailing Address 900 4th Ave		Amount of Each Disbursement this Period 94.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code Kearney NE 68847	Purpose of Disbursement Utilities	
Candidate Name Hanson for Congress Committee	Category/ Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. NPPD		Transaction ID: SB17.5728 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6
Mailing Address 900 4th Ave		Amount of Each Disbursement this Period 57.67 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code Kearney NE 68847	Purpose of Disbursement Utilities Expense	
Candidate Name Hanson for Congress Committee	Category/ Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. NPPD		Transaction ID: SB17.5827 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6
Mailing Address 900 4th Ave		Amount of Each Disbursement this Period 57.94 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code Kearney NE 68847	Purpose of Disbursement Utilities expense	
Candidate Name Hanson for Congress Committee	Category/ Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	209.91
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Full Name (Last, First, Middle Initial) A. Pro Printing		Transaction ID: SB17.6306 Date of Disbursement 03 / 30 / 2006	
Mailing Address PO Box 608		Amount of Each Disbursement this Period 916.83	
City North Platte State NE Zip Code 69101	Purpose of Disbursement Printing Category/Type 004	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Hanson for Congress Committee	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Scoop Media		Transaction ID: SB17.5806 Date of Disbursement 02 / 27 / 2006	
Mailing Address 346 Main Street		Amount of Each Disbursement this Period 237.60	
City Trenton State NE Zip Code 69044	Purpose of Disbursement Advertising Category/Type 004	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Hanson for Congress Committee	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Scorr Marketing		Transaction ID: SB17.5595 Date of Disbursement 01 / 01 / 2006	
Mailing Address 2201 Central Ave ste A		Amount of Each Disbursement this Period 500.00	
City Kearney State NE Zip Code 68847	Purpose of Disbursement Campaign Materials Category/Type 006	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Hanson for Congress Committee	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	1654.43
TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Full Name (Last, First, Middle Initial) A. Scorr Marketing		Transaction ID: SB17.5609 Date of Disbursement
Mailing Address 2201 Central Ave ste A		<input type="text" value="01"/> / <input type="text" value="11"/> / <input type="text" value="2006"/>
City Kearney	State NE	Zip Code 68847
Purpose of Disbursement Campaign Materials	<input type="text" value="006"/> Category/ Type	
Candidate Name Hanson for Congress Committee	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <input type="text" value="162.50"/>
State: NE District: 03		

Full Name (Last, First, Middle Initial) B. Scorr Marketing		Transaction ID: SB17.5612 Date of Disbursement
Mailing Address 2201 Central Ave ste A		<input type="text" value="01"/> / <input type="text" value="23"/> / <input type="text" value="2006"/>
City Kearney	State NE	Zip Code 68847
Purpose of Disbursement Campaign Materials	<input type="text" value="006"/> Category/ Type	
Candidate Name Hanson for Congress Committee	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <input type="text" value="30.67"/>
State: NE District: 03		

Full Name (Last, First, Middle Initial) C. USA Outdoor Advertising		Transaction ID: SB17.5623 Date of Disbursement
Mailing Address 409-411 East 25th Street Suite 5		<input type="text" value="01"/> / <input type="text" value="30"/> / <input type="text" value="2006"/>
City Kearney	State NE	Zip Code 68847
Purpose of Disbursement Advertising	<input type="text" value="004"/> Category/ Type	
Candidate Name Hanson for Congress Committee	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <input type="text" value="125.00"/>
State: NE District: 03		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="318.17"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Full Name (Last, First, Middle Initial) A. USA Outdoor Advertising		Transaction ID: SB17.5805 Date of Disbursement
Mailing Address 409-411 East 25th Street Suite 5		<input type="text" value="02"/> / <input type="text" value="27"/> / <input type="text" value="2006"/>
City Kearney	State NE	Zip Code 68847
Purpose of Disbursement Advertising	<input type="text" value="004"/> Category/ Type	
Candidate Name Hanson for Congress Committee	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NE District: 03	Amount of Each Disbursement this Period <input type="text" value="125.00"/>	

Full Name (Last, First, Middle Initial) B. USA Outdoor Advertising		Transaction ID: SB17.6296 Date of Disbursement
Mailing Address 409-411 East 25th Street Suite 5		<input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2006"/>
City Kearney	State NE	Zip Code 68847
Purpose of Disbursement Advertising	<input type="text" value="004"/> Category/ Type	
Candidate Name Hanson for Congress Committee	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NE District: 03	Amount of Each Disbursement this Period <input type="text" value="125.00"/>	

Full Name (Last, First, Middle Initial) C. York News Times		Transaction ID: SB17.5826 Date of Disbursement
Mailing Address 327 Platte Ave		<input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2006"/>
City York	State NE	Zip Code 68467
Purpose of Disbursement Advertising	<input type="text" value="004"/> Category/ Type	
Candidate Name Hanson for Congress Committee	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NE District: 03	Amount of Each Disbursement this Period <input type="text" value="79.60"/>	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="329.60"/>
TOTAL This Period (last page this line number only)	<input type="text" value="68964.44"/>

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 64 / 75
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Transaction ID: SC/10.4126

LOAN SOURCE Full Name (Last, First, Middle Initial) John Hanson, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. Box 783	
City Kearney State NE ZIP Code 68848	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

TERMS

Date Incurred MM DD YY 06 09 2005	Date Due on Demand	Interest Rate 0 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	-----------------------	----------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	5000.00
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.	

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 65 / 75
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
 Hanson for Congress Committee

Transaction ID: SC/10.4178

LOAN SOURCE Full Name (Last, First, Middle Initial) John Hanson, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. Box 783	
City Kearney State NE ZIP Code 68848	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

TERMS

Date Incurred MM DD YYYY 07 20 2005	Date Due on demand	Interest Rate 0 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	-----------------------	----------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	5000.00
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.	

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 66 / 75
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Transaction ID: SC/10.4231

LOAN SOURCE Full Name (Last, First, Middle Initial) John Hanson, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. Box 783	
City Kearney State NE ZIP Code 68848	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

TERMS

Date Incurred M M 08 D D 03 Y Y Y Y 2005	Date Due on Demand	Interest Rate 0 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	-----------------------	----------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	5000.00
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.	

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 67 / 75
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Transaction ID: SC/10.4785

LOAN SOURCE Full Name (Last, First, Middle Initial) John Hanson, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. Box 783	
City Kearney State NE ZIP Code 68848	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

TERMS

Date Incurred M M 09 D D 30 Y Y Y Y 2005	Date Due on demand	Interest Rate 0 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	10000.00
TOTALS This Period (last page in this line only)	<input type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 68 / 75
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Transaction ID: SC/10.5537

LOAN SOURCE Full Name (Last, First, Middle Initial) John Hanson, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. Box 783	
City Kearney State NE ZIP Code 68848	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
44000.00	0.00	44000.00

TERMS

Date Incurred M M 1 2 D D 2 9 Y Y Y Y 2 0 0 5	Date Due on demand	Interest Rate 0 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	-----------------------	----------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	44000.00
TOTALS This Period (last page in this line only)	<input type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 69 / 75
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Hanson for Congress Committee

Transaction ID: SC/10.6391

LOAN SOURCE Full Name (Last, First, Middle Initial) John Hanson, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. Box 783	
City Kearney State NE ZIP Code 68848	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
40000.00	0.00	40000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 03 D D 31 Y Y Y Y 2006	on demand	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	40000.00
TOTALS This Period (last page in this line only)	109000.00

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 3)
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 for Congress Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor John Hanson	Nature of Debt (Purpose): Billboards paid by John R. Hanson
Mailing Address P.O. Box 783	
City State ZIP Code Kearney NE 68848	

Outstanding Balance Beginning This Period 1275.00	Transaction ID: SD10.4128	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1275.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor John Hanson	Nature of Debt (Purpose): Hotel
Mailing Address P.O. Box 783	
City State ZIP Code Kearney NE 68848	

Outstanding Balance Beginning This Period 68.32	Transaction ID: SD10.4180	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 68.32

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor John Hanson	Nature of Debt (Purpose): June Mileage Expenses
Mailing Address P.O. Box 783	
City State ZIP Code Kearney NE 68848	

Outstanding Balance Beginning This Period 852.60	Transaction ID: SD10.4937	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 852.60

1) SUBTOTALS This Period This Page (optional).....	2195.92
2) TOTALS This Period (last page this line number only).....	
3) TOTALS 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)	

SCHEDULE D (FEC Form 3)
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 for Congress Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor John Hanson	Nature of Debt (Purpose): Alltel phone bill paid by John
Mailing Address P.O. Box 783	
City State ZIP Code Kearney NE 68848	

Outstanding Balance Beginning This Period <input type="text" value="271.84"/>	Transaction ID: SD10.4236	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="271.84"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor John Hanson	Nature of Debt (Purpose): Frontier Office phone bill/internet
Mailing Address P.O. Box 783	
City State ZIP Code Kearney NE 68848	

Outstanding Balance Beginning This Period <input type="text" value="71.94"/>	Transaction ID: SD10.4239	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="71.94"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor John Hanson	Nature of Debt (Purpose): Sprint Phone Bill
Mailing Address P.O. Box 783	
City State ZIP Code Kearney NE 68848	

Outstanding Balance Beginning This Period <input type="text" value="182.38"/>	Transaction ID: SD10.4241	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="182.38"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="526.16"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

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

(Use separate schedule(s) for each numbered line)	PAGE 72 / 75
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
 Hanson for Congress Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor John Hanson	Nature of Debt (Purpose): July Mileage Expense
Mailing Address P.O. Box 783	
City State ZIP Code Kearney NE 68848	

Outstanding Balance Beginning This Period <input type="text" value="1928.15"/>	Transaction ID: SD10.4940	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1928.15"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor John Hanson	Nature of Debt (Purpose): Sam's Club - Campaign Supplies
Mailing Address P.O. Box 783	
City State ZIP Code Kearney NE 68848	

Outstanding Balance Beginning This Period <input type="text" value="101.85"/>	Transaction ID: SD10.4920	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="101.85"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor John Hanson	Nature of Debt (Purpose): Wal-Mart - Campaign Supplies
Mailing Address P.O. Box 783	
City State ZIP Code Kearney NE 68848	

Outstanding Balance Beginning This Period <input type="text" value="32.50"/>	Transaction ID: SD10.4990	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="32.50"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="2062.50"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3)
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 for Congress Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor John Hanson	Nature of Debt (Purpose): Sprint Long Distance Bill
Mailing Address P.O. Box 783	
City State ZIP Code Kearney NE 68848	

Outstanding Balance Beginning This Period 155.65	Transaction ID: SD10.4917	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 155.65

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor John Hanson	Nature of Debt (Purpose): August Mileage Expense
Mailing Address P.O. Box 783	
City State ZIP Code Kearney NE 68848	

Outstanding Balance Beginning This Period 1699.60	Transaction ID: SD10.4942	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1699.60

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor John Hanson	Nature of Debt (Purpose): travel and phone expense
Mailing Address P.O. Box 783	
City State ZIP Code Kearney NE 68848	

Outstanding Balance Beginning This Period 1484.81	Transaction ID: SD10.5575	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1484.81

1) SUBTOTALS This Period This Page (optional).....	▶	3340.06
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS 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)	▶	

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

(Use separate schedule(s) for each numbered line)	PAGE 74 / 75
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
 Hanson for Congress Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor John Hanson	Nature of Debt (Purpose): Travel and Phone Expense
Mailing Address P.O. Box 783	
City State ZIP Code Kearney NE 68848	

Outstanding Balance Beginning This Period <input type="text" value="2002.65"/>	Transaction ID: SD10.5543	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2002.65"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor John Hanson	Nature of Debt (Purpose): Phone and Travel Expense
Mailing Address P.O. Box 783	
City State ZIP Code Kearney NE 68848	

Outstanding Balance Beginning This Period <input type="text" value="1154.92"/>	Transaction ID: SD10.5541	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1154.92"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor John Hanson	Nature of Debt (Purpose): Travel expense
Mailing Address P.O. Box 783	
City State ZIP Code Kearney NE 68848	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID: SD10.6523	
Amount Incurred This Period <input type="text" value="672.70"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="672.70"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="3830.27"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3)
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 for Congress Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor John Hanson			Nature of Debt (Purpose): travel expense
Mailing Address P.O. Box 783			
City Kearney	State NE	ZIP Code 68848	

Outstanding Balance Beginning This Period		Transaction ID: SD10.6525	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
1461.44	0.00	1461.44	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor John Hanson			Nature of Debt (Purpose): travel expense
Mailing Address P.O. Box 783			
City Kearney	State NE	ZIP Code 68848	

Outstanding Balance Beginning This Period		Transaction ID: SD10.6527	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
1737.93	0.00	1737.93	

1) SUBTOTALS This Period This Page (optional).....	▶	3199.37
2) TOTALS This Period (last page this line number only).....	▶	15154.28
3) TOTALS 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)	▶	