

OPERATIONS CENTER
FOR OCT 22 A 10:30

FEC
FORM 3X

REPORT OF RECEIPTS
AND DISBURSEMENTS
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12 FEB 4 M5

HANSON PROFESSIONAL SERVICES INC PAC

ADDRESS (number and street)

1525 SOUTH SIXTH STREET

Check if different than previously reported. (ADD)

SPRINGFIELD

IL

62763

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

000406124

3. IS THIS REPORT

NEW

(N)

OR

AMENDED

(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

Mar 20 (M3)

Apr 20 (M4)

May 20 (M5)

Jun 20 (M6)

Jul 20 (M7)

Aug 20 (M8)

Sep 20 (M9)

Oct 20 (M10)

Nov 20 (M11) (Election Year Only)

Dec 20 (M12) (Non-Election Year Only)

Jan 31 (YE)

(c) 12-Day PRE-Election Report for that

Primary (12P)

Convention (12C)

General (12G)

Special (12S)

Recall (12R)

Election on

in the State of

(d) 30-Day POST-Election Report for that

General (30G)

Recall (30R)

Special (30S)

Election on

in the State of

5. Covering Period

09/01/2004

through

09/30/2004

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

JO ELLEN KEIM

Signature of Treasurer

Jo Ellen Keim

Date

10/14/2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §487j.

Office Use Only

FEC FORM 3X
(Rev. 02/2003)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

HANSON PROFESSIONAL SERVICES INC PAC

Report Covering the Period:

From:

09 01 2004

To:

09 30 2004

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, <u>2004</u> | | <u>000</u> |
| (b) Cash on Hand at Beginning of Reporting Period | <u>000</u> | |
| (c) Total Receipts (from Line 12) | <u>200000</u> | <u>200000</u> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | <u>200000</u> | <u>200000</u> |
| 7. Total Disbursements (from Line 31) | <u>200000</u> | <u>200000</u> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | <u>000</u> | <u>000</u> |
| 9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D) | <u>000</u> | |
| 10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D) | <u>000</u> | |



This committee has qualified as a noncandidate committee. (see FEC FORM 3M)

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

PEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

HANSON PROFESSIONAL SERVICES INC PAC

Report Covering the Period:

From:

09 01 2004

To:

09 30 2004

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

- (a) Individuals/Persons Other Than Political Committees
 - (i) Banked (see Schedule A).....
 - (ii) Unbanked.....
 - (iii) TOTAL (add Lines 11(a)(i) and (ii)).....

2000.00

2000.00

000

000

2000.00

2000.00

000

000

- (b) Political Party Committees.....
- (c) Other Political Committees (such as PACs).....
- (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 23, page 5).....

2000.00

00

00

2000.00

00

00

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

00

00

13. All Loans Received.....

00

00

14. Loan Repayments Received.....

00

00

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

00

00

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

00

00

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

00

00

18. Transfers from Non-Federal and Levin Funds

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

00

00

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

00

00

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

00

00

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

2000.00

2000.00

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

2000.00

2000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share | 0 | 0 |
| (ii) Non-Federal Share | 0 | 0 |
| (b) Other Federal Operating Expenditures | 0 | 0 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 0 | 0 |
| 22. Transfers to Affiliated/Other Party Committees | 0 | 0 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 2,000.00 | 2,000.00 |
| 24. Independent Expenditures (use Schedule E) | 0 | 0 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) | 0 | 0 |
| 26. Loan Repayments Made | 0 | 0 |
| 27. Loans Made | 0 | 0 |
| 28. Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees | 0 | 0 |
| (b) Political Party Committees | 0 | 0 |
| (c) Other Political Committees (such as PACs) | 0 | 0 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0 | 0 |
| 29. Other Disbursements | 0 | 0 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) (e) Allocated Federal Election Activity (from Schedule H8) (i) Federal Share | 0 | 0 |
| (ii) "Local" Share | 0 | 0 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0 | 0 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | 0 | 0 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) | 2,000.00 | 2,000.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) | 2,000.00 | 2,000.00 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| 16. Not Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 2,000.00 | 2,000.00 |
| 34. Total Contributions Refunds (from Line 28(d)) | 0 | 0 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 2,000.00 | 2,000.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(1) and Line 21(b)) | 0 | 0 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0 | 0 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0 | 0 |

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

| | | | | |
|---|------------------------------|-----------------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE | OF |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

Mailing Address
4517 Turtle Bay

City
Springfield State
IL Zip Code
62711

FEC ID number of contributing federal political committee
C

Name of Employer
HANSON PROFESSIONAL SERVICES INC. Occupation
PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100000

Date of Receipt
09 10 2004

Amount of Each Receipt this Period
100000

B. Full Name (Last, First, Middle Initial)
RUSICK, ROBERT W

Mailing Address
40 Villa Grove

City
Springfield State
IL Zip Code
62712

FEC ID number of contributing federal political committee
C

Name of Employer
HANSON PROFESSIONAL SERVICES INC. Occupation
Chief Technical Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100000

Date of Receipt
09 10 2004

Amount of Each Receipt this Period
100000

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee
C

Name of Employer

Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ▶

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

200000

200000

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

| | | | | | | | |
|---|-----------------------------------|------------------------------|--|-----------------------------|-----------------------------|------------------------------|-------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | | | | | PAGE 1 OF 1 |
| | <input type="checkbox"/> 21a | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 | |
| | <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 29 | <input type="checkbox"/> 30 | <input type="checkbox"/> 30b | |

Any information copied from such Reports and Schedules may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
HANSON PROFESSIONAL SERVICES INC P/C

A. DAN LIPINSKI FOR CONGRESS

Date of Disbursement: **04/11/2004**

Mailing Address: **5838 S ARCHER AVE**

City: **CHICAGO** State: **IL** Zip Code: **60638**

Purpose of Disbursement: **political contribution - candidate** Category/Type: **CCC**

Candidate's Name: **DAN LIPINSKI**

Amount of Each Disbursement This Period: **1,000.00**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **IL** District: **3**

B. Salute to Speaker J Dennis Hastert

Date of Disbursement: **04/11/2004**

Mailing Address: **P.O. Box 625**

City: **BATAVIA** State: **IL** Zip Code: **60510**

Purpose of Disbursement: **political contribution - candidate** Category/Type: **CCC**

Candidate's Name: **J DENNIS HASTERT**

Amount of Each Disbursement This Period: **1,000.00**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **IL** District: **14**

C.

Date of Disbursement: [] [] []

Mailing Address: [] [] []

City: [] State: [] Zip Code: []

Purpose of Disbursement: [] Category/Type: []

Candidate's Name: []

Amount of Each Disbursement This Period: []

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: [] District: []

SUBTOTAL of Disbursements This Page (optional): **2,000.00**

TOTAL This Period (last page the line number only): **2,000.00**

SCHEDULE C (FEC Form 3X)

LOANS

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

PAGE 1 OF 1 FOR LINE 13 OF FORM 3X

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

LOAN SOURCE Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Election: Primary General Other (specify)

Original Amount of Loan Cumulative Payments To Date Balance Outstanding at Close of This Period

TERMS Date Incurred Date Due Interest Rate Secured: Yes No

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

Table with 4 rows for endorser/guarantor information, including Name, Mailing Address, City/State/ZIP, Name of Employer, Occupation, and Amount Guaranteed Outstanding.

SUBTOTALS This Period This Page (optional) TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

(Use separate
schedule(s)
for each
numbered line)

FOR LINE NUMBER:
(check only one)

1
 10

NAME OF COMMITTEE (in full)

HANSON Professional Services INC PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional) ▶

2) TOTALS This Period (last page this line number only) ▶

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

00
00
00
00

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

(Use separate schedule(s) for each numbered line)
PAGE 1 OF 1
FOR LINE NUMBER: (check only one) 1

NAME OF COMMITTEE (in full):
HANSON PROFESSIONAL SERVICES INC PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor: _____ Nature of Debt (Purpose): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Outstanding Balance Beginning This Period: _____

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

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor: _____ Nature of Debt (Purpose): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Outstanding Balance Beginning This Period: _____

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

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor: _____ Nature of Debt (Purpose): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Outstanding Balance Beginning This Period: _____

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

| | |
|--|----|
| 1) SUBTOTALS This Period This Page (optional)..... | 00 |
| 2) TOTALS This Period (last page this line number only)..... | 00 |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | 00 |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)..... | 00 |

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

| | |
|--|---|
| <input type="checkbox"/> Hand Delivered | Date of Receipt |
| <input type="checkbox"/> USPS First Class Mail | Postmarked |
| <input checked="" type="checkbox"/> USPS Registered/Certified | Postmarked (R/C) 10-15-04 |
| <input type="checkbox"/> USPS Priority Mail | Postmarked |
| <input type="checkbox"/> USPS Express Mail | Delivery Confirmation™ Label <input type="checkbox"/> |
| <input type="checkbox"/> Postmark Illegible | Postmarked |
| <input type="checkbox"/> No Postmark | Shipping Date |
| <input type="checkbox"/> Overnight Delivery Service (Specify): | Date of Receipt |
| <input type="checkbox"/> Received from House Records & Registration Office | Date of Receipt |
| <input type="checkbox"/> Received from Senate Public Records Office | Date of Receipt |
| <input type="checkbox"/> Received from Electronic Filing Office | Date of Receipt |
| <input type="checkbox"/> Other (Specify): | Date of Receipt or Postmarked |

JL
 PREPARER

(5/2004)

10-22-04
 DATE PREPARED