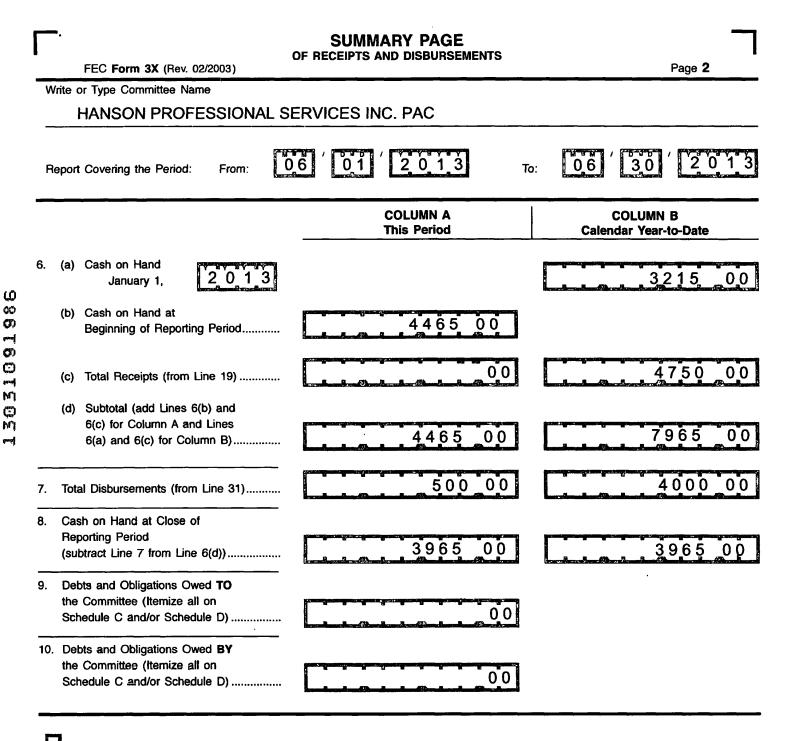
FEC FORM 3X	AN	PORT C ND DISB Other Than Ar	URSEN	IENTS	<b>;</b>	20	RECEN	
1. NAME OF COMMITTEE (in f				nple: If typing the lines.	g, type			CENTER
HANSON ADDRESS (number and Check if diffe than previous reported. (AC 2. FEC IDENTIFICA	rent C	PRINGF		<u>         </u>			6 2 7 0 3 J ZIP CC	
C 00406	<u>124</u>		3. IS THIS REPORT	N (*	EW •) <b>OR</b>	(A)	IENDED	
July 15 Quarterly October Quarterly January Year-End July 31 M Report (N Year Onl	arts: Report (Q1) Report (Q2) 15 Report (Q3) 31 Report (YE) Mid-Year Non-election	(b) Monthly Report Due On: (c) 12-Day PRE-Elect Report for (d) 30-Day POST-Ele Report for	the:		)2C)	Sep Cot 2 General ( Special ( Runoff (3	12S)	of Special (30S)
5. Covering Period	06	′ <mark>01</mark> ′ 2	013	through	06	<b>' 3</b> 0 <b>'</b>	2013	
I certify that I have ex Type or Print Name of Signature of Treasurer NOTE: Submission of f		JO ELLE	N KEIM	_	Da	ate 07	ý <mark>05</mark>	2_0_1_3 U.S.C. §437g.
Office Use Only							FEC FOI Rev. 12/	

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This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

Г	FEC Form 3X (Rev. 06/2004)	DETAILED SUMMARY PAGE of Receipts	Page 3
W	rite or Type Committee Name		
	HANSON PROFESSIONAL SE	RVICES INC. PAC	
Re	eport Covering the Period: From:	<u>б</u> ′ <mark>01</mark> ′ <u>2013</u> т	
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
12. 13. 14. 15. 16. 17.	<ul> <li>Contributions (other than loans) From:</li> <li>(a) Individuals/Persons Other Than Political Committees <ul> <li>(i) Itemized (use Schedule A)</li></ul></li></ul>	<pre></pre>	$ \begin{bmatrix} 4750 & 00 \\ & & & & & & & & & & & & & & & & & & &$
	<ul><li>(b) Levin Funds (from Schedule H5)</li><li>(c) Total Transfers (add 18(a) and 18(b))</li></ul>		
	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))		<u>4,750,00</u>

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### DETAILED SUMMARY PAGE

of Disbursements

#### Page 4

## FEC Form 3X (Rev. 02/2003) **II. Disbursements**

(i) Federal Share .....

(ii) Non-Federal Share.....

Expenditures .....

(add 21(a)(i), (a)(ii), and (b)) ..... ▶

(a) Allocated Federal/Non-Federal Activity (from Schedule H4)

(b) Other Federal Operating

22. Transfers to Affiliated/Other Party

Contributions to

24. Independent Expenditures

(c) Total Operating Expenditures

Committees.....

Federal Candidates/Committees and Other Political Committees.....

(use Schedule E)..... Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....

21. Operating Expenditures:

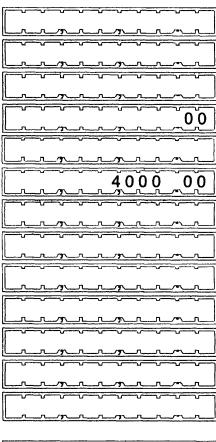
#### **COLUMN A Total This Period**

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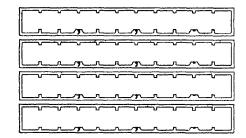
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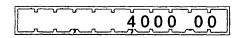
COLUMN B **Calendar Year-to-Date** 



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and the local division of the local division

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23.

25.

26. Loan Repayments Made ..... 27 Loans Made ..... 28.

- Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees ......
- (b) Political Party Committees ..... (c) Other Political Committees (such as PACs).....
- (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶
- 29. Other Disbursements .....
- 30. Federal Election Activity (2 U.S.C. §431(20))
  - (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share .....
    - (ii) "Levin" Share.....
  - (b) Federal Election Activity Paid Entirely With Federal Funds .....
  - (c) Total Federal Election Activity (add ... Lines 30(a)(i), 30(a)(ii) and 30(b)).... >
- 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..
- 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....

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<u></u>	<u>_n_</u>	_^	<u> </u>	<u>_7</u> _	r_	<u></u>	<u></u>	!



# DETAILED SUMMARY PAGE

of Disbursements

-	FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 5
11	. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) (from Line 11(d), page 3)		4750 00
34.	Total Contribution Refunds (from Line 28(d))		
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)		4750 00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶		
37.	Offsets to Operating Expenditures (from Line 15, page 3)		
38.	Net Operating Expenditures (subtract Line 37 from Line 36)		

FE6AN026

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 1 OF 1				
ΙT	ITEMIZED RECEIPTS		for each category of the	(check only one)				
			Detailed Summary Page					
	y information copied from such Reports and Sta							
or	for commercial purposes, other than using the r	name and a	ddress of any political committee	to solicit contributions from such committee.				
$ \rangle$	NAME OF COMMITTEE (In Full) HANSON PROFESSIONA							
Z								
А.	Full Name (Last, First; Middle Initial)			Date of Receipt				
	Mailing Address			ليحبحها العبقا العبينا				
	City	State	Zip Code					
				Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C						
	Name of Employer	Occupation	······································	-				
	Receipt For:	Aggregate	Year-to-Date ▼	-				
	Primary General Other (specify) ▼							
_		<u>[</u>	<u></u>					
в.	Full Name (Last, First, Middle Initial)			Date of Receipt				
_	Mailing Address		· · · · · · · · · · · · · · · · · · ·					
	City	State	Zip Code	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		<u> </u>				
	Name of Employer	Occupation	· · · · · · · · · · · · · · · · · · ·					
	Receipt For:	Aggregate	Year-to-Date ▼	-				
	Primary General Other (specify) <b>v</b>		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
_			$\underline{\wedge} \cdot \cdot \cdot \underline{\wedge} \cdot \wedge$					
C.	Full Name (Last, First, Middle Initial)			Date of Receipt				
	Mailing Address			لعمدها العمعا العمها العما				
	City	State	Zip Code					
	FEC ID number of contributing			Amount of Each Receipt this Period				
	federal political committee.		_^	Langer				
	Name of Employer	Occupation	1					
	Receipt For:	Aggregate	Year-to-Date ▼					
Primary General								
_	Other (specify)	<u>L_r_r</u> _	<u>/////</u>					
	UBTOTAL of Receipts This Page (optional)			00				
	<b>OTAL</b> This Period (last page this line number o	nly)	••••••	<u> </u>				

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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:		PAGE	1	OF 1	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	(check only one)					
	Detailed Summary Page	21b 27	22 X 28a		24 28c	25 29	26 30b	
Any information copied from such Reports and Stater	nents may not be sold or use	ed by any perso	n for the purp	ose of sol	iciting a	ontribu	utions	
or for commercial purposes, other than using the nan	ne and address of any polition	al committee to	solicit aontribu	utions from	such	commi	itee.	
	-							
HANSON PROFESSIONAL S	SERVICES INC. FAC	J						
Full Name (Last, First, Middle Initial)			Date of Dis	hureement				
A. RODNEY DAVIS FOR CONGRE	SS					<u>ዋ ሀ ዋ</u>	المعر	
Mailing Address			$\begin{bmatrix} 0 & 0 \\ 0 & 0 \end{bmatrix}$	<b>1</b> 0	2	0 <u>1</u> 3	3	
PO BOX 344	State Zip Code						······	
TAYLORVILLE	IL62568							
Purpose of Disbursement CONTRIBUTION TO FEDERAL (		011	Amount of I	Each Disb	urseme	nt this	Period	
Candidate Name		Category/		<u>.</u>			00	
RODNEY DAVIS Office Sought: X House Disburse	ment For:	Туре	Lr_r_	<u> </u>	<u>~n_</u>			
Senate	Primary General							
State: IL District: 13	Other (specify)							
Full Name (Last, First, Middle Initial)			<u> </u>					
B.			Date of Dis	bursement	t			
Mailing Address			Lw.w_	٦٠٠٠	ير الع	<u>Å.1.Å</u>	V V	
			ل_م_ا					
City	State Zip Code							
Purpose of Disbursement	T							
Candidate Name		011					bursement this Period	
		Category/ Type				•~_~_		
	ment For:							
President	Primary General Other (specify) $\bigtriangledown$	i						
State: District:								
Full Name (Last, First, Middle Initial)			Date of Dis	hursomon				
С.							<u></u>	
Mailing Address					L	<u></u> ^	]	
City	State Zip Code							
Purpose of Disbursement		A	P			Destant		
Candidate Name	O_1_1 Category/ Type	Amount of Each Disbursement this Period						
	ment For:	- , , , , , , , , , , , , , , , , , , ,	<u> </u>	/ <u>ŗ</u> ī	_ <b></b>		<u></u>	
Senate President	Primary General Other (specify)							
State: District:	Other (specify)							
	······································					പ്		
SUBTOTAL of Disbursements This Page (optional).		····· •		<u>/</u>		0 Q		
TOTAL This Period (last page this line number only	)	••••••		<u></u>		<u>0</u> 0		

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# SCHEDULE C (FEC Form 3X) LOANS

NAME OF COMMITTEE (In Full)

	Use separate schedule(s)	PAGE 1 OF 1
for each category of the Detailed Summary Page		FOR LINE 13 OF FORM 3X
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		ection:
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HANSON PROFESSIONAL SERVICES INC. PA	C
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election: Primary General
Mailing Address	Other (specify)
City State ZIP Co	ode
Original Amount of Loan Cumulative Payment To	b Date Balance Outstanding at Close of This Period
TERMS Date Incurred Date Due	a Interest Rate Secured:
	Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
<b>A</b>	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Molling Address	Occuration
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	00
Carry outstanding balance only to LINE 3, Schedule D, for this line.	f no Schedule D, carry forward to appropriate line of Summarv.

DE	HEDULE D (FEC Form 3X) BTS AND OBLIGATIONS luding Loans		(Use separate schedule(s) for each numbered line)	PAGE 1 OF 1 FOR LINE NUMBER: (check only one)
_	ME OF COMMITTEE (In Full) HANSON PROFESSIONAL SE	ERVICES INC. PAC		10
	A. Full Name (Last, First, Middle Initial) of Debt	or or Creditor	Nature of D	ebt (Purpose):
ł	Mailing Address			
ſ	City State	Zip Code		
	Outstanding Balance Beginning This Period	Payment This Period	Outetandi	ng Balance at Close of This Period
	B. Full Name (Last, First, Middle Initial) of Debto			ebt (Purpose):
	Hame (2000, 1 not, model million) of Debit			our (r arpooo).
ŀ	Mailing Address			
	City State	Zip Code		
	Outstanding Balance Beginning This Period	Payment This Period		ng Balance at Close of This Period
	C. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor	Nature of D	Debt (Purpase):
	Mailing Address	,		
	City	State Zip Code		
	Outstanding Balance Beginning This Period		·	
	Amount Incurred This Period			ng Balance at Close of This Period
	SUBTOTALS This Period This Page (optional).		▶	
2)				
3)	TOTAL OUTSTANDING LOANS from Schedule	C (last page only)		<u> </u>
4)	ADD 2) and 3) and carry forward to appropriate	e line of Summary Page (last page or	ly) ►	

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SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS Excluding Loans		(Use separate schedule(s) for each numbered line)	PAGE 1 OF 1 FOR LINE NUMBER: (check only one) 9 X 10	
NAME OF COMMITTEE (In Full) HANSON PROFESSIONAL SE	RVICES INC. PAC			
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of D	Nature of Debt (Purpose):	
Mailing Address				
City State	Zip Code			
Outstanding Balance Beginning This Period				
Amount Incurred This Period	Payment This Period		ng Balance at Close of This Period	
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			ebt (Purpose):	
Mailing Address				
City State Outstanding Balance Beginning This Period	Zip Code			
	Payment This Period		ng Balance at Close of This Period	
C. Full Name (Last, First, Middle Initial) ଦ୍ରୀ Debtor or Creditor Mailing Address		Nature of D	Debt (Purpose):	
City	State Zip Code			
Outstanding Balance Beginning This Period	Payment This Period	Outstandi	ing Balance at Close of This Period	
1) SUBTOTALS This Period This Page (optional)►			<u></u>	
<ul> <li>2) TOTALS This Period (last page this line number only)</li></ul>		<u></u>		
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►			00	

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.				
Hand Delivered	Date of Receipt			
USPS First Class Mail	Postmarked			
USPS Registered/Certified	Postmarked (R/C)			
USPS Priority Mail	Postmarked			
USPS Express Mail	Postmarked			
Postmark Illegible				
No Postmark				
Overnight Delivery Service (Specify): いうろ Next E	Shipping Date 7/16/13 Business Day Delivery			
· · · · · · · · · · · · · · · · · · ·	Date of Receipt			
Received from House Records & Registration Office				
Date of Receipt Date of Receipt				
Received from Electronic Filing Office	Date of Receipt			
Da Other (Specify):	ate of Receipt or Postmarked			
Jmp.	7/17/13			
PREPARER (7/2013)	DÁTE PREPARED			

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