1403-129-3052

FEC FORM 3X

REPORT OF RECEIPTS **AND DISBURSEMENTS**

For Other Than An Authorized Committee

RECEIVED

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1.	NAME C	F TEE (in full)	TYPE OR P	RINT ▼	Example: over the li	If typing, type nes.	12FE	4M5		l t.N
Н	ANS	ON PROF	ESSI	ONAL S	ERVIC	ES INC	PAC	;		لبب
Ц	<u> </u>		11525	SOUTI	H SIXTI	H STRE	ET	<u> </u>		
ADI	DRESS (n	umber and street)								
	thar	ck if different previously orted. (ACC)	SPR	INGFIEL	_D			627	03]-[
2.	FEC ID	ENTIFICATION N	UMBER 🔻	CI	TY 🛦		STATE	· 	ZIP COD	E 🛦
	C 0	0406124			S THIS REPORT	NEW (N) O	R 🛮	AMENDED (A)		
4.	(Choose	OF REPORT One) urterly Reports:	(b) Mon Rep Due	On: Ma	20 (M2) r 20 (M3)	May 20 (l	M6) X	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10)		Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
		April 15 Quarterly Report (C July 15 Quarterly Report (C October 15 Quarterly Report (C	Q2)	12-Day PRE-Election Report for the:	Prima	ry (12P)	Ge	neral (12G)		Runoff (12R)
		January 31 Year-End Report (Electi	on on	/ B B	/ ***	Y • Y	in the State of	
		July 31 Mid-Year Report (Non-election Year Only) (MY)		30-Day POST-Election Report for the:	Gene	ral (30G)	Ru	noff (30R)		Special (30S)
		Termination Report (TER)		· · · · · · · · · · · · · · · · · · ·	on on	M / 6 B	/ ٧•٧•		in the State of	
5.	Covering	Period Ö	8 ^m / 0 2	¹ 2 0 1	4 thr	ough Ö	8 / 3	1 ´ Ž Ò	1 4	

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

Date

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

	Office			ł	ŀ	FEC FORM 3X
1	Use					Rev. 12/2004
	Only	L L.	j			Nev. 12/2004

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: **COLUMN A** COLUMN B This Period Calendar Year-to-Date (a) Cash on Hand <u> 2,2 1 5</u> 00 January 1, (b) Cash on Hand at 5215 00 Beginning of Reporting Period..... 00 6500 00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 00 0_0 6(a) and 6(c) for Column B) 5500 2000 00 00 7. Total Disbursements (from Line 31)...... Cash on Hand at Close of Reporting Period 3215 00 00 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 00 Schedule C and/or Schedule D)

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

For further information contact:

00

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

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



 Debts and Obligations Owed BY the Committee (Itemize all on

Schedule C and/or Schedule D)

140% - 129 · NOS4

DETAILED SUMMARY PAGE

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name HANSON PROFESSIONAL SE	RVICES INC. PAC	
Report Covering the Period: From:	8 ' 0 1 ' 2 0 1 4 T	o: 08 / 31 / 2014
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)		6500,00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	00	6,500,00
 13. All Loans Received		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
(Dividends, Interest, etc.)	s	
(b) Levin Funds (from Schedule H5)		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	00	6500 00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)▶	00	6500 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		
	(ii) Non-Federal Share		
	(b) Other Federal Operating		
	Expenditures		
	(c) Total Operating Expenditures	00	
00	(add 21(a)(i), (a)(ii), and (b))▶		00
22.	Transfers to Affiliated/Other Party Committees		
23.	Contributions to Federal Candidates/Committees		
	and Other Political Committees	2,000,00	5500,00
24.	Independent Expenditures		
25.	(use Schedule E)		
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)		
	(3001 03 1 7 03)		
	(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,	- 1. - 1.	` ·
01.	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	2000 00	5500 00
32.	Total Federal Disbursements	<i>*</i>	
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		لمتمثمت مممور
	from Line 31)	2000 00	5500 00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5 COLUMN A **COLUMN B** III. Net Contributions/Operating Ex-**Total This Period** Calendar Year-to-Date penditures 33. Total Contributions (other than loans) 0 0 6500 (from Line 11(d), page 3) 34. Total Contribution Refunds (from Line 28(d))..... 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) 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)

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TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 1 OF 1 (check only one) X 11a
Any information copied from such Reports and Statements mor for commercial purposes, other than using the name and NAME OF COMMITTEE (In Full) HANSON PROFESSIONAL SERV	address of any political committee	
Full Name (Last, First, Middle Initial)	VIOLO IIVO. I AO	
Mailing Address City State	Zip Code	Date of Receipt
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer Receipt For: Primary General Other (specify) ▼ Occupation Aggregate	e Year-to-Date ▼	
Full Name (Last, First, Middle Initial) B		Date of Receipt
City State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Occupation	on	
Receipt For: Primary General Other (specify) ▼ Aggregat	te Year-to-Date ▼	
Full Name (Last, First, Middle Initial) C.		Date of Receipt
Mailing Address City State	Zip Code	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer Occupation	on	
Receipt For: Primary General Other (specify) ▼	te Year-to-Date ▼	·
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number only)		0.0

1403
1 2 9
3 0 5 8

ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 1 OF 1 (check only one) 21b 22 23 24 25 26 27 28a 28b 28c 29 30b
		by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) HANSON PROFESSIONAL S		
A. D SQUARED (D2) VICTORY FUND (50% Mailing Address PO BOX 59568	FOR FRIENDS OF DICK	Date of Disbursement
City S SCHAUMBURG Purpose of Disbursement CONTRIBUTION TO FEDERAL C Candidate Name DICK DURBIN Office Sought: House Disbursem X Senate President State: IL District:	CANDIDATE	Amount of Each Disbursement this Period Category/ Type Amount of Each Disbursement this Period
SCHAUMBURG Purpose of Disbursement CONTRIBUTION TO FEDERAL Condidate Name TAMMY DUCKWORTH Office Sought: Value Va	State Zip Code IL 60159 ANDIDATE	Date of Disbursement O 1 1 Category/ Type Date of Disbursement Amount of Each Disbursement this Period 5 0 0 0 0 0
C. SCHOCK FOR CONGRESS Mailing Address 235 S SIXTH STREET City SPRINGFIELD Purpose of Disbursement CONTRIBUTION TO FEDERAL CA Candidate Name AARON SCHOCK Office Sought: X House Senate		Date of Disbursement M M
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only).		

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

<u> </u>	Detailed Sun	nmary Page	TOR LINE IS	OF FUNIVISA
IAME OF COMMITTEE (In Full)				
HANSON PROFESSIONAL SERVICE				
LOAN SOURCE Full Name (Last, First, Middle Initia)	Ele	ection: Primary General	
Mailing Address		.	Other (specify)	▼ .
City State	ZIP Code			
Original Amount of Loan Cumula	tive Payment To Date	Balance	Outstanding at C	lose of This Period
53. 49. 49.			-0)-1-0)-	
TERMS Date Incurred M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	B B / Y B Y B Y B Y B Y B Y B Y B Y B Y	nterest Rate	% (apr)	Secured:
List All Endorsers or Guarantors (if any) to Loan S				
Full Name (Last, First, Middle Initial)	Name of Empl	oyer		
Mailing Address	Occupation			
City State ZIP C	Amount Ode Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)	Name of Empl	oyer		
Mailing Address	Occupation			
City State ZIP C	Amount Ode Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)	Name of Empl	oyer		
Mailing Address	Occupation			
	Amount			
City . State ZIP C				
4. Full Name (Last, First, Middle Initial)	Name of Empl	oyer		
Mailing Address	Occupation			·
<u> </u>	Amount			
City State ZIP C	ode Guaranteed Outstanding:		7)	
SUBTOTALS This Period This Page (optional)			() 1 (1)	_00
TOTALS This Period (last page in this line only)	 	<u> </u>		0.0
Carry outstanding balance only to LINE 3, Schedule D,	for this line. If no Schedule D	, carry forward	to appropriate I	ine of Summary.

SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

Ex

(Use separate schedule(s)

PAGE FOR LI

PAGE	1	OF	1
INE NUMBE only one)	R:	X	9 10

coluding Loans		for each numbered line)	(check only one)	X 9 10
IAME OF COMMITTEE (In Full) HANSON PROFESSIONAL SERV	TICES INC. PAC			
A. Full Name (Last, First, Middle Initial) of Debtor or		Nature of D	Pebt (Purpose):	
7. Full Hallie (East, Filet, Missis Military of Bostor of	O. Gallon	Tradition of E	rest (i dipose).	
Mailing Address				
City State	Zip Code			
Outstanding Balance Beginning This Period				
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close o	f This Period
B. Full Name (Last, First, Middle Initial) of Debtor or	Creditor	Nature of D	Debt (Purpose):	
·		<u>.</u> .		
Mailing Address				
City State	Zip Code			
Outstanding Balance Beginning This Period				
Amount Incurred This Period	Payment This Period	Outstandi	ing Balance at Close o	f This Period
		سا لـــ		
C. Full Name (Last, First, Middle Initial) of Debtor or	Creditor	Nature of E	Debt (Purpose):	
Mailing Address				
City	State Zip Code			
Outstanding Balance Beginning This Period				
	_	_		
Amount Incurred This Period	Payment This Period	Outstand	ing Balance at Close o	f This Period
				لبد
1) SUBTOTALS This Period This Page (optional)		>	-7%-A47%-A	0.0
2) TOTALS This Period (last page this line number onl	y)	>		0.0
3) TOTAL OUTSTANDING LOANS from Schedule C (I	ast page only)	>	~ · · · · · · · · · · · · · · · · · · ·	0.0
4) ADD 2) and 3) and carry forward to appropriate line	of Summary Page (last page or	nly) ▶		0.0

SCHEDULE D (FEC Form 3X)

Amount Incurred This Period

(Use separate

PAGE OF

BTS AND OBLIGATION	schedule(s) for each ımbered line)	or each (check only one) 9		
ME OF COMMITTEE (In Full)	SIONAL SERVICES INC. PAC	<u></u>	<u> </u>	F
A. Full Name (Last, First, Middl	e Initial) of Debtor or Creditor		Nature of D	ebt (Purpose):
Mailing Address		<u> </u>	-	
City State	Zip Code		_	
Outstanding Balance Beginnin	g This Period			
: Amount Incurred This	Period Payment This F	eriod .	Outstandi	ng Balance at Close of This Perio
			ــا لـ	
B. Full Name (Last, First, Middle	Initial) of Debtor or Creditor		Nature of E	Pebt (Purpose):
Mailing Address		·.		
City State	Zip Code			
Outstanding Balance Beginnir	ng This Period		— I.—	
Amount Incurred This	Period Payment This I	Period	Outstandi	ng Balance at Close of This Perio
			┙┖╍╍	/7-1-1-/7-1-1-/7-1
C. Full Name (Last, First, Midd	le Initial) of Debtor or Creditor	· · · · ·	Nature of D	Debt (Purpose):
Mailing Address				
City	State Zip Cod			
Outstanding Balance Beginning	ng This Period	:		

1)	SUBTOTALS This Period This Page (optional)	0.0
2)	TOTALS This Period (last page this line number only)	0.0
3)	TOTAL OUTSTANDING LOANS from Schedule C (last page only)	0.0
4)	ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	0.0

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

Payment This Period

Outstanding Balance at Close of This Period

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(8/2013)	DATE I NEI ANED