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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. 12FE4M5

HANSON PROFESSIONAL SERVICES INC PAC

ADDRESS (number and street) 1525 SOUTH SIXTH STREET

Check if different than previously reported. (ACC)

SPRINGFIELD IL 62703

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 00406124

3. IS THIS REPORT 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)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)
- Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)
- Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:  Primary (12P)  General (12G)  Runoff (12R)  Convention (12C)  Special (12S)

(d) 30-Day POST-Election Report for the:  General (30G)  Runoff (30R)  Special (30S)

5. Covering Period 07 / 01 / 2015 through 07 / 31 / 2015

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 08 / 17 / 2015

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

Table with 10 columns for Office Use Only

FEC FORM 3X  
Rev. 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:  /  /  To:  /  /

|   | COLUMN A<br>This Period              | COLUMN B<br>Calendar Year-to-Date     |
|---|--------------------------------------|---------------------------------------|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2015"/>                                       |                                      | <input type="text" value="1265 00"/>  |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....   | <input type="text" value="5315 00"/> |                                       |
| (c) Total Receipts (from Line 19) .....   | <input type="text" value="00"/>      | <input type="text" value="9050 00"/>  |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....      | <input type="text" value="5315 00"/> | <input type="text" value="10315 00"/> |
| 7. Total Disbursements (from Line 31) .....   | <input type="text" value="1250 00"/> | <input type="text" value="6250 00"/>  |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                 | <input type="text" value="4065 00"/> | <input type="text" value="4065 00"/>  |
| 9. Debts and Obligations Owed TO<br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value="00"/>      |                                       |
| 10. Debts and Obligations Owed BY<br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | <input type="text" value="00"/>      |                                       |

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**HANSON PROFESSIONAL SERVICES INC. PAC**

Report Covering the Period: From:

MM / DD / YYYY  
07 / 01 / 2015

To:

MM / DD / YYYY  
07 / 31 / 2015

**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).....

00

9050 00

(ii) Unitemized.....

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

00

9050 00

(b) Political Party Committees.....

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

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

00

9050 00

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

13. All Loans Received.....

14. Loan Repayments Received.....

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

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

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

18. Transfers from Non-Federal and Levin Funds

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

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

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

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

00

9050 00

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

00

9050 00

NON-FEDERAL RECEIPTS

**DETAILED SUMMARY PAGE**  
of Disbursements

**II. Disbursements**

**COLUMN A**  
Total This Period

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

|   |         |         |
|---|---------|---------|
| 21. Operating Expenditures:   |         |         |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                   |         |         |
| (i) Federal Share .....   |         |         |
| (ii) Non-Federal Share .....  |         |         |
| (b) Other Federal Operating Expenditures .....  |         |         |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                         | 00      | 00      |
| 22. Transfers to Affiliated/Other Party Committees .....  |         |         |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees .....         | 1250 00 | 6250 00 |
| 24. Independent Expenditures (use Schedule E) .....   |         |         |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) .....                   |         |         |
| 26. Loan Repayments Made .....  |         |         |
| 27. Loans Made .....  |         |         |
| 28. Refunds of Contributions To:  |         |         |
| (a) Individuals/Persons Other Than Political Committees .....                                   |         |         |
| (b) Political Party Committees .....  |         |         |
| (c) Other Political Committees (such as PACs) .....   |         |         |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....                            |         |         |
| 29. Other Disbursements .....   |         |         |
| 30. Federal Election Activity (2 U.S.C. §431(20))   |         |         |
| (a) Allocated Federal Election Activity (from Schedule H6)                                      |         |         |
| (i) Federal Share .....   |         |         |
| (ii) "Levin" Share .....  |         |         |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                            |         |         |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....             |         |         |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..       | 1250 00 | 6250 00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ..... | 1250 00 | 6250 00 |

UNIONBANK



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

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

|   |                              |                              |                             |
|---|------------------------------|------------------------------|-----------------------------|
| FOR LINE NUMBER:                        |                              | PAGE 1 OF 1                  |                             |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
|   |                              | <input type="checkbox"/> 17  |                             |

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

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

|   |                          |  |
|---|--------------------------|--|
| Full Name (Last, First, Middle Initial)   |                          | Date of Receipt  |
| Mailing Address   |                          | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| City  | State                    | Zip Code   |
| FEC ID number of contributing federal political committee.  |                          | Amount of Each Receipt this Period                                 |
| <input type="text"/>  |                          | <input type="text"/>   |
| Name of Employer  | Occupation               |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ |  |
|   | <input type="text"/>     |  |

|   |                          |  |
|---|--------------------------|--|
| Full Name (Last, First, Middle Initial)   |                          | Date of Receipt  |
| Mailing Address   |                          | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| City  | State                    | Zip Code   |
| FEC ID number of contributing federal political committee.  |                          | Amount of Each Receipt this Period                                 |
| <input type="text"/>  |                          | <input type="text"/>   |
| Name of Employer  | Occupation               |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ |  |
|   | <input type="text"/>     |  |

|   |                          |  |
|---|--------------------------|--|
| Full Name (Last, First, Middle Initial)   |                          | Date of Receipt  |
| Mailing Address   |                          | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| City  | State                    | Zip Code   |
| FEC ID number of contributing federal political committee.  |                          | Amount of Each Receipt this Period                                 |
| <input type="text"/>  |                          | <input type="text"/>   |
| Name of Employer<br>HANSON PROFESSIONAL SERVICES INC.   | Occupation               |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ |  |
|   | <input type="text"/>     |  |

|   |                         |
|---|-------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶           | <input type="text"/> 00 |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> 00 |

**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)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

Full Name (Last, First, Middle Initial)

Date of Disbursement

|    |    |      |
|----|----|------|
| MM | DD | YYYY |
| 07 | 30 | 2015 |

**A. ACEC PAC**

Mailing Address

1015 15TH STREET, 8TH FLOOR, NW

City State Zip Code  
WASHINGTON DC 20005-2605

Purpose of Disbursement  
CONTRIBUTION TO PAC TO SUPPORT FEDERAL CANDIDATES

|     |
|-----|
| 011 |
|-----|

Amount of Each Disbursement this Period

|         |
|---------|
| 1750.00 |
|---------|

Candidate Name

N/A

Category/  
Type

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

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

|    |    |      |
|----|----|------|
| MM | DD | YYYY |
| 06 | 22 | 2015 |

**B. LAHOOD FOR CONGRESS**

Mailing Address

C/O 55 WEST MONROE SUITE 940

City State Zip Code  
CHICAGO IL 60603

Purpose of Disbursement  
Check was never mailed and it was voided - orig. contribution 6/22/15

|     |
|-----|
| 011 |
|-----|

Amount of Each Disbursement this Period

|         |
|---------|
| -500.00 |
|---------|

Candidate Name

DARIN LAHOOD

Category/  
Type

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

State: IL District: 18

Voided check from 2015 June activity  
(July 20, 2015 report).

Full Name (Last, First, Middle Initial)

Date of Disbursement

|    |    |      |
|----|----|------|
| MM | DD | YYYY |
|    |    |      |

**C.**  
Mailing Address

City State Zip Code

Purpose of Disbursement

|     |
|-----|
| 011 |
|-----|

Amount of Each Disbursement this Period

|  |
|--|
|  |
|--|

Candidate Name

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

State: District:

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

|         |
|---------|
| 1250.00 |
|---------|

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

|         |
|---------|
| 1250.00 |
|---------|







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

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

FOR LINE NUMBER:  
 (check only one)

9  
 10

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

|  |                           |
|--|---------------------------|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor | Nature of Debt (Purpose): |
| Mailing Address  |                           |
| City                      State                      Zip Code    |                           |

|   |   |   |
|---|---|---|
| Outstanding Balance Beginning This Period<br><input style="width:100%; height: 20px;" type="text"/> | Payment This Period<br><input style="width:100%; height: 20px;" type="text"/> | Outstanding Balance at Close of This Period<br><input style="width:100%; height: 20px;" type="text"/> |
| Amount Incurred This Period<br><input style="width:100%; height: 20px;" type="text"/>               |   |   |

|  |                           |
|--|---------------------------|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor | Nature of Debt (Purpose): |
| Mailing Address  |                           |
| City                      State                      Zip Code    |                           |

|   |   |   |
|---|---|---|
| Outstanding Balance Beginning This Period<br><input style="width:100%; height: 20px;" type="text"/> | Payment This Period<br><input style="width:100%; height: 20px;" type="text"/> | Outstanding Balance at Close of This Period<br><input style="width:100%; height: 20px;" type="text"/> |
| Amount Incurred This Period<br><input style="width:100%; height: 20px;" type="text"/>               |   |   |

|  |                           |
|--|---------------------------|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor | Nature of Debt (Purpose): |
| Mailing Address  |                           |
| City                      State                      Zip Code    |                           |

|   |   |   |
|---|---|---|
| Outstanding Balance Beginning This Period<br><input style="width:100%; height: 20px;" type="text"/> | Payment This Period<br><input style="width:100%; height: 20px;" type="text"/> | Outstanding Balance at Close of This Period<br><input style="width:100%; height: 20px;" type="text"/> |
| Amount Incurred This Period<br><input style="width:100%; height: 20px;" type="text"/>               |   |   |

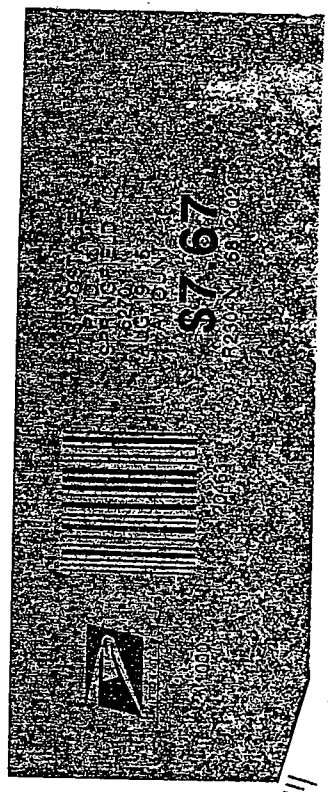
|   |   |
|---|---|
| 1) SUBTOTALS This Period This Page (optional)..... ▶                                      | <input style="width:100%; height: 20px;" type="text" value="00"/> |
| 2) TOTALS This Period (last page this line number only)..... ▶                            | <input style="width:100%; height: 20px;" type="text" value="00"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶                        | <input style="width:100%; height: 20px;" type="text" value="00"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | <input style="width:100%; height: 20px;" type="text" value="00"/> |

1-10-2003 10:00 AM

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NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



0000 0000 5440 6624



Engineering | Planning | Allied Services

1525 S. Sixth St. | Springfield, IL 62703

FEDERAL ELECTION COMMISSION  
999 E STREET N.W.  
WASHINGTON D.C. 20463

RETURN RECEIPT  
REQUESTED

RETURN RECEIPT  
REQUESTED

RETURN RECEIPT  
REQUESTED

2016 MAR 24 AM 7:12

