

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER
2017 FEB 21 AM 11:42
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 ▲

C00406124

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:
- | | | | |
|---|--------------------------------------|---------------------------------------|--|
| <input checked="" type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on MM / DD / YYYYYY in the State of

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

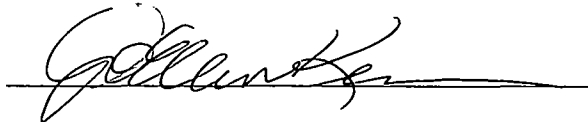
Election on MM / DD / YYYYYY in the State of

5. Covering Period MM / DD / YYYYYY through MM / DD / YYYYYY

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

MM / DD / YYYYYY

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

HANSON PROFESSIONAL SERVICES INC PAC

Report Covering the Period: From:

M	M
0	1

 /

D	D
0	1

 /

Y	Y	Y	Y	Y	Y
2	0	1	7		

 To:

M	M
0	1

 /

D	D
3	1

 /

Y	Y	Y	Y	Y	Y
2	0	1	7		

	COLUMN A This Period	COLUMN B Calendar Year-to-Date																																				
6. (a) Cash on Hand January 1, <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px;">Y</td><td style="padding: 2px;">Y</td><td style="padding: 2px;">Y</td><td style="padding: 2px;">Y</td><td style="padding: 2px;">Y</td><td style="padding: 2px;">Y</td></tr><tr><td style="padding: 2px;">2</td><td style="padding: 2px;">0</td><td style="padding: 2px;">1</td><td style="padding: 2px;">7</td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr></table>	Y	Y	Y	Y	Y	Y	2	0	1	7			<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr><tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr></table>													<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr><tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr></table> 2615.00												
Y	Y	Y	Y	Y	Y																																	
2	0	1	7																																			
(b) Cash on Hand at Beginning of Reporting Period.....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr><tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr></table> 2615.00																																					
(c) Total Receipts (from Line 19).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr><tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr></table> 6300.00													<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr><tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr></table> 6300.00																								
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr><tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr></table> 8915.00													<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr><tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr></table> 8915.00																								
7. Total Disbursements (from Line 31).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr><tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr></table> 0.00													<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr><tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr></table> 0.00																								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr><tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr></table> 8915.00													<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr><tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr></table> 8915.00																								
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr><tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr></table> 0.00																																					
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr><tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr></table> 0.00																																					

2017-01-01 TO 2017-03-31

Qualified as multicandidate on 3-14-16.
 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. 05/2016)

Page 3

Write or Type Committee Name

HANSON PROFESSIONAL SERVICES INC PAC

Report Covering the Period: From:

MM / DD / YYYY
01 / 01 / 2017

To:

MM / DD / YYYY
01 / 31 / 2017

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).....
 - (ii) Unitemized.....
 - (iii) TOTAL (add Lines 11(a)(i) and (ii).....▶

6,300.00

6,300.00

6,300.00

6,300.00

- (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).....▶

6,300.00

6,300.00

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)).....▶

6,300.00

6,300.00

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

6,300.00

6,300.00

NON-FEDERAL AND LEVIN FUNDS

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.....	00	00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....		
30. Federal Election Activity (52 U.S.C. § 30101(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))..	00	00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	00	00

NON-FEDERAL DONATIONS

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. 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)	6 300 00	6 300 00
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6 300 00	6 300 00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	00	00
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	00	00

2017-01-21 01:00:00

**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 1 OF 4
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14
	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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 of Individual (Last, First, Middle Initial) or Full Organization Name
A. NELSON, JOHN W.

Mailing Address
3712 PARADOR DR

City **NAPERVILLE** State **IL** Zip Code **60564**

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

Name of Employer (for Individual) **HANSON PROFESSIONAL SERVICES INC.** Occupation (for Individual) **VP**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3 0 0 . 0 0

Date of Receipt
01 / 19 / 2017

Amount of Each Receipt this Period
3 0 0 . 0 0

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. MESSMORE, JAMES P

Mailing Address
815 COMMERCE DRIVE, SUITE 200

City **OAK BROOK** State **IL** Zip Code **60523**

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

Name of Employer (for Individual) **HANSON PROFESSIONAL SERVICES INC.** Occupation (for Individual) **SENIOR VP**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
6 0 0 . 0 0

Date of Receipt
01 / 19 / 2017

Amount of Each Receipt this Period
6 0 0 . 0 0

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. COOMBE, JOHN P

Mailing Address
7030 GRASSLAND CT

City **SARASOTA** State **FL** Zip Code **34241**

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

Name of Employer (for Individual) **HANSON PROFESSIONAL SERVICES INC.** Occupation (for Individual) **EXEC VP**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
6 0 0 . 0 0

Date of Receipt
01 / 23 / 2017

Amount of Each Receipt this Period
6 0 0 . 0 0

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **1 5 0 0 . 0 0**

TOTAL This Period (last page this line number only)..... **0 0 . 0 0**

2017-01-21 10:00 AM

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 2 OF 4				
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17

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

A. BALL, JEFFERY T.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address
10142 WICS ROAD

City **DAWSON** State **IL** Zip Code **62520**

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

Name of Employer (for Individual) **HANSON PROFESSIONAL SERVICES INC.** Occupation (for Individual) **PRESIDENT**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1,200.00

Date of Receipt
01 / 17 / 2017

Amount of Each Receipt this Period
1,200.00

Memo Item

B. BIGGS, MINA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address
3221 FALCON PT

City **SPRINGFIELD** State **IL** Zip Code **62711**

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

Name of Employer (for Individual) **HANSON PROFESSIONAL SERVICES INC.** Occupation (for Individual) **VP**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
01 / 24 / 2017

Amount of Each Receipt this Period
300.00

Memo Item

C. MCDONALD, DAVID R.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address
4700 ROSLYN RD

City **DOWNERS GROVE** State **IL** Zip Code **60515**

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

Name of Employer (for Individual) **HANSON PROFESSIONAL SERVICES INC.** Occupation (for Individual) **VP**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
01 / 26 / 2017

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **1,800.00**

TOTAL This Period (last page this line number only)..... **0.00**

2017-02-21 09:04:20

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 3 OF 4
(check only one)	<input checked="" type="checkbox"/> 11a 13 <input type="checkbox"/> 11b 14 <input type="checkbox"/> 11c 15 <input type="checkbox"/> 12 16 <input type="checkbox"/> 17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PECORI, 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 (for Individual) **HANSON PROFESSIONAL SERVICES INC.** Occupation (for Individual) **CEO**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1,200.00

Date of Receipt
01 / 23 / 2017

Amount of Each Receipt this Period
1,200.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
KEIM, JO E.

Mailing Address
15251 W LOAMI RD

City **NEW BERLIN** State **IL** Zip Code **62670**

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

Name of Employer (for Individual) **HANSON PROFESSIONAL SERVICES INC.** Occupation (for Individual) **CFO & TREASURER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
01 / 18 / 2017

Amount of Each Receipt this Period
600.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCCREE, JOHN W

Mailing Address
2005 OAK CREEK RD

City **SPRINGFIELD** State **IL** Zip Code **62704**

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

Name of Employer (for Individual) **HANSON PROFESSIONAL SERVICES INC.** Occupation (for Individual) **SR CIVIL ENGINEER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
01 / 18 / 2017

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **2,100.00**

TOTAL This Period (last page this line number only)..... **0.00**

2017-02-21-09:04:20

**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 4 OF 4
	<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	

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
LOOS LUCINDA A

Mailing Address
8311 ROBERTSON ROAD

City EDWARDS State IL Zip Code 61528

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual) HANSON PROFESSIONAL SERVICES INC. Occupation (for Individual) VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date 300.00

Date of Receipt
01 / 19 / 2017

Amount of Each Receipt this Period
300.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WHALEN DANIEL J

Mailing Address
206 MAYS DR

City BLOOMINGTON State IL Zip Code 61701

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual) HANSON PROFESSIONAL SERVICES INC. Occupation (for Individual) SENIOR VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date 600.00

Date of Receipt
01 / 31 / 2017

Amount of Each Receipt this Period
600.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual) HANSON PROFESSIONAL SERVICES INC. Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	<u>900.00</u>
TOTAL This Period (last page this line number only).....▶	<u>6300.00</u>

2017-02-21 00:14:09

**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

21b 22 23 26 27
 28a 28b 28c 29 30b

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 Disbursement

/ /

A.

Mailing Address

FEC Identification Number

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Memo Item

B.

Full Name (Last, First, Middle Initial)

Date of Disbursement

/ /

Mailing Address

FEC Identification Number

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Memo Item

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

/ /

Mailing Address

FEC Identification Number

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Memo Item

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

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

2014-01-01 10:00:00

SCHEDULE C (FEC Form 3X)

LOANS

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

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address		
City	State	ZIP Code

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
<input type="text"/>	<input type="text"/>	<input type="text"/> % (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

2014-01-01 10:00:00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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).....▶	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

2017-01-01 10:00:00 AM

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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		
[Empty Box]		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
[Empty Boxes]		

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		
[Empty Box]		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
[Empty Boxes]		

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		
[Empty Box]		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
[Empty Boxes]		

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

2017 02 21 09:04:00 AM

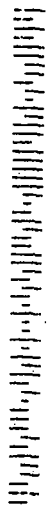
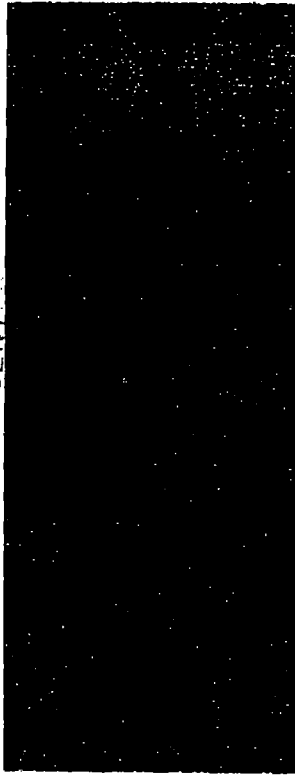
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RECEIVED
FEC MAIL CENTER



Springfield, IL 62703



Engineering | Planning | Allied Services

1525 S. Sixth St. | Springfield, IL 62703

RETURN RECEIPT
REQUESTED

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

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

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<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<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

PREPARER
(3/2015)



2/21/17
DATE PREPARED

20170221 10:00:00 AM