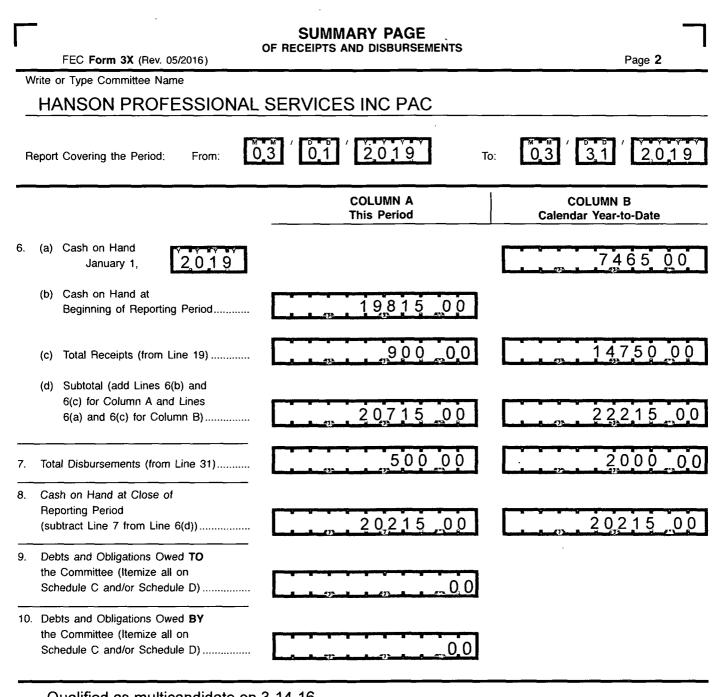
		х.	
FEC AND DISB	OF RECEIPTS URSEMENTS Authorized Committee	FEC MA 2019 APR 1	CEIVED IL CENTER 22 AM IO: 39 ffice Use Only
1. NAME OF TYPE OR PRINT ▼ COMMITTEE (in full)	Example: If typing, to over the lines.	type 12FE4M5	
LΗΑΝSON PROFESSIONAL SER	VICES INC PAC		
ADDRESS (number and street)	H ŞIXTH ŞTREET,		
Check if different than previously reported. (ACC)	L I I I I I I I I I I LD	<u>, , , , , , , , , , , , , , , , , , , </u>	2703 - , ,
2. FEC IDENTIFICATION NUMBER ▼		STATE A	
C 0.0,4,0,6,1,2,4	3. IS THIS NEW REPORT NEW		IDED
 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: (c) 12-Day PRE-Elect Report for (d) 30-Day POST-Elect Report for 	Mar 20 (M3) Jun Apr 20 (M4) Jul 2 Primary (12P) ion the: Convention (12C Election on I D	20 (M5) Aug 20 20 (M6) Sep 20 20 (M7) Oct 20 General (120) Special (120) Runoff (30R	(M9) Dec 20 (M12) (M9) Dec 20 (M12) (Non-Election Year Only) (M10) Jan 31 (YE) G) Runoff (12R) S) in the State of
5. Covering Period		03 31 (2019
I certify that I have examined this Report and to the I Type or Print Name of Treasurer RONDA K FC		et it is true, correct and c	omplete.
Signature of Treasurer Roncles H	. Joerens	Date 04	´ ¹ 6 ´ <u>2019</u>
NOTE: Submission of false, erroneous, or incomplete info	prmation may subject the person		
Office Use Only			FEC FORM 3X Rev. 05/2016

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GHHUT-1000 · 140 · 141 · 120 · 61-614

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Qualified as multicandidate on 3-14-16. X

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

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THURSDON WOND IN THE TOTAL

	- DE1	AILED SUMMARY PAGE	-1
•	FEC Form 3X (Rev. 05/2016)	of Receipts	Page 3
W	/rite or Type Committee Name		
	HANSON PROFESSIONAL SE	RVICES INC PAC	
_			
R	eport Covering the Period: From:		
	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)	, 900_00	14750.00
	(ii) Unitemized (iii) TOTAL (add Lines 11(a)(i) and (ii)▶	<u> </u>	
	 (b) Political Party Committees (c) Other Political Committees (such as PACs)		
12.	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	900,00	1475000
13.	All Loans Received		
	Loan Repayments Received Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)		
	Refunds of Contributions Made to Federal Candidates and Other Political Committees		
	Other Federal Receipts (Dividends, Interest, etc.) 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))▶	,900.00	1475000
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	900 00	14750 00

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DETAILED SUMMARY PAGE

of Disbursements

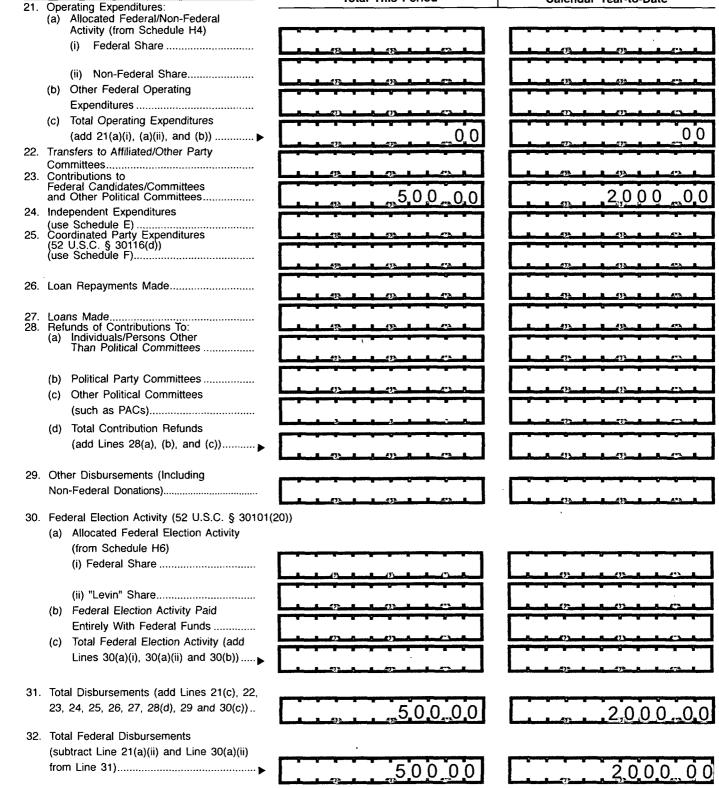
FEC Form 3X (Rev. 05/2016)

II. Disbursements

COLUMN A Total This Period

COLUMN B Calendar Year-to-Date

Page 4



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)	900_00	14750 00
34.	Total Contribution Refunds (from Line 28(d))		473. 473. 473.
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	900_00	14750 00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.0	
37.	Offsets to Operating Expenditures (from Line 15, page 3)		
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	00	

SC	CHEDULE A (FEC Form 3X)	[Use separate schedule(s)	FOR LINE NUMBER: PAGE 1 OF 1		
ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	(check only one)		
				13 14 15 16 17		
	y information copied from such Reports and State for commercial purposes, other than using the national states of the states of					
\bigwedge	NAME OF COMMITTEE (In Full)					
Z	HANSON PROFESSIONAL		VICES INC PAC			
А.	Full Name of Individual (Last, First, Middle Initial) BIGGS, MINA	or Full O	rganization Name	Date of Receipt		
	Mailing Address 3221 FALCON PT			03′20′2019		
	City SPRINGFIELD	State IL	Zip Code 62711	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C .		300.00		
	Name of Employer (for Individual)		upation (for Individual)	Memo Item		
	HANSON PROFESSIONAL SERVICES INC Receipt For:		VP Year-to-Date ▼			
	Primary General Other (specify) ▼					
				· · · · · · · · · · · · · · · · · · ·		
В.	Full Name of Individual (Last, First, Middle Initial) SNOWDEN, CHARLES, H	or Full O	rganization Name	Date of Receipt		
	Mailing Address 165 CARNAUBA WAY			03 26 2019		
	City	State	Zip Code			
	PONTE VERDA	FL	32081	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C .		600_00		
	Name of Employer (for Individual) HANSON PROFESSIONAL SERVICES INC.		upation (for Individual) R VP	Memo Item		
			Year-to-Date ▼	-		
	Primary General Other (specify) ▼	- <u>8</u>	<u>, 600,00</u>			
_	Full Name of Individual (Last, First, Middle Initial)	or Full O	rganization Name			
C.	Mailing Address					
	City	State	Zip Code			
				Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С				
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item		
		Aggregate	Year-to-Date V			
	Other (specify)					
	UBTOTAL of Receipts This Page (optional)			9.0.0.00		
\vdash	OTAL This Period (last page this line number only			900.00		

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SCHEDULE B (FEC Form 3X)	[FOR LINE	NUMBER PAGE 1 OF 1
ITEMIZED DISBURSEMENTS	AIZED DISBURSEMENTS Use separate schedule(s) for each category of the		(check only	one)
÷		Summary Page	21b 28a	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and State or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)				
HANSON PROFESSIONA	L SERV	ICES INC	PAC	
Full Name (Last, First, Middle Initial)				Date of Disbursement
FRIENDS OF CHERI BUSTOS Mailing Address				03 / 23 / 2019
<u>PO BOX 65322</u>	Ctoto	Zin Code		
WASHINGTON DC	State	Zip Code 20035		FEC Identification Number
Purpose of Disbursement CONTRIBUTION TO FEDERAL CAI	NDIDATE		011	C 0 0 4 9 8 5 6 8
Candidate Name CHERI BUSTOS	· · · · · · · · · · · · · · · · · · ·		Category/ Type	Amount of Each Disbursement this Period
Office Sought: X House Disburse	ement For:			,500.00
State: District: 17	Primary Other (speci	ify) ▼		Memo Item
Full Name (Last, First, Middle Initial)	<u>-</u>			
В.				Date of Disbursement
Mailing Address				
City	State	Zip Code		FEC Identification Number
Purpose of Disbursement	J,	·	011	С
Candidate Name			Category/ Type	Amount of Each Disbursement this Period
	ement For:		Туре	······································
Senate President	Primary Other (speci	ify) General		
State: District:				Memo Item
Full Name (Last, First, Middle Initial) C.				Date of Disbursement
Mailing Address				
City	State	Zip Code		FEC Identification Number
Purpose of Disbursement	I	IŢ	011	
Candidate Name			Category/ Type	Amount of Each Disbursement this Period
	ement For:			
Senate President	Primary Other (speci	General ifv) ▼		
State: District:				Memo Item
SUBTOTAL of Disbursements This Page (optional)			····· ►	,,5,0,0,0,0
TOTAL This Period (last page this line number onl	ly)		•	50000

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SCHEDULE C (FEC Form 3X) L

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	ANS				Use separate sched for each category o Detailed Summary F	the	·	OF 1 3 OF FORM 3X
	ME OF COMMITTEE (In Full)							
	HANSON PROFES	SSIONAL	SERVICE	ES INC	PAC	·		
	LOAN SOURCE Full Name ((Last, First, Mic	Idle Initial)		🗌 Memo II	em El	ection: Primary General	
ľ	Mailing Address						Other (specify)	•
	City		State	ZIP Coo	le			
	Original Amount of Loan		Cumulative Pay	yment To	Date	Balance	Outstanding at C	lose of This Period
	TERMS Date Incurred			Date Due		Rate	 % (apr)	Secured:
ſ	List All Endorsers or Guarar	itors (if any) to	o Loan Source					
·	1. Full Name (Last, First, Mide	dle Initial)			Name of Employer		<u></u>	
-	Mailing Address				Occupation	<u> </u>		
	City	State	ZIP Code		Amount Guaranteed Outstanding:	· · ·	V V V V V	
	2. Full Name (Last, First, Mid	dle Initial)	<u> </u>		Name of Employer			
ł	Mailing Address				Occupation			
-	City	State	ZIP Code	-	Amount Guaranteed Outstanding:		v v v v v	
Ī	3. Full Name (Last, First, Mid	dle Initial)			Name of Employer	_		
ŀ	Mailing Address				Occupation			
ľ	City	State	ZIP Code		Amount Guaranteed Outstanding:	· · · · · ·	₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩	
ľ	4. Full Name (Last, First, Mid	dle Initial)			Name of Employer			
	Mailing Address				Occupation			
	City	State	ZIP Code		Amount Guaranteed Outstanding:		<u> </u>	
รเ	JBTOTALS This Period This P	age (optional)			••••••		<u></u>	0_0
тс	OTALS This Period (last page	in this line only	/)		••••••		<u> </u>	. 0.0
С	arry outstanding balance only	to LINE 3, Sch	nedule D, for thi	s line. If	no Schedule D, carry	forward	d to appropriate	line of Summary.

SCHEDULE D (FEC Form 3X)			(Use separate	PAGE 1 OF 1
DEBTS AND OBLIGATIONS			schedule(s) for each	FOR LINE NUMBER: (check only one)
Excluding Loans			numbered line)	
NAME OF COMMITTEE (In Full)				
HANSON PROFESSIONAL S	ERVIC	ES INC PAC		
A. Full Name (Last, First, Middle Initial) of Debtor o			Nature of D	ebt (Purpose):
Mailing Address				
City	State	Zip Code		
· ·				
Outstanding Balance Beginning This Period				
				,
Landard Contraction (North Contraction)				
Amount Incurred This Period	Pay	ment This Period	Outstandi	ng Balance at Close of This Period
	0			
B. Full Name (Last, First, Middle Initial) of Debtor or	Creditor		Nature of D	ebt (Purpose):
Mailing Address				•
City	State	Zip Code		
	l			<u> </u>
Outstanding Balance Beginning This Period				
Amount Incurred This Period	Pa	yment This Period	Outstandi	ng Balance at Close of This Period
	- 			<u> </u>
C. Full Name (Last, First, Middle Initial) of Debtor of	or Creditor		Nature of D	ebt (Purpose):
Mailing Address	·····			
City	State	Zip Code		
				<u></u>
Outstanding Balance Beginning This Period				
Amount Incurred This Period	Pa	yment This Period	Outstandi	ng Balance at Close of This Period
1) SUBTOTALS This Period This Page (optional)				
2) TOTALS This Period (last page this line number or	nly)		<u> </u>	<u>, 0, 0</u>
	/loot === =			
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page o	······································		
4) ADD 2) and 3) and carry forward to appropriate lin	e of Summa	ary Page (last page or	nly) ►	

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SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS			(Use separate schedule(s) for each	PAGE 1 OF 1 FOR LINE NUMBER: (check only one)
Excluding Loans			numbered line)	X 10
HANSON PROFESSIONAL		ES INC PAC		
A. Full Name (Last, First, Middle Initial) of Debt	or or Creditor		Nature of D	lebt (Purpose):
Mailing Address				
City	State	Zip Code		
Outstanding Balance Beginning This Period				
Amount Incurred This Period	Pa	lyment This Period	Outstandi	ng Balance at Close of This Period
B. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Nature of D	Pebt (Purpose):
Mailing Address				
City	State	Zip Code		
Outstanding Balance Beginning This Period		!		
Amount Incurred This Period	Pa	yment This Period	Outstandi	ng Balance at Close of This Period
				<u></u>
C. Full Name (Last, First, Middle Initial) of Debt	or or Creditor		Nature of f	Debt (Purpose):
Mailing Address		· · · · ·		
City	State	Zip Code		
Outstanding Balance Beginning This Period	- <u>·</u> - L		<u>_</u>	
Amount Incurred This Period	Pa	ayment This Period	Outstand	ing Balance at Close of This Period
	<u></u>	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	<u></u>	
1) SUBTOTALS This Period This Page (optional).				0,0
2) TOTALS This Period (last page this line number	er only)			
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page o	only)	>	
4) ADD 2) and 3) and carry forward to appropriate	e line of Summ	ary Page (last page o	nly) ►	

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th St. | Springfield, IL 62703 HANSON 3.5 Ϋ., RETURN RECEIPT REQUESTED Federal Election Commission 1050 First Street NE Washington DC 20463 TELA 94E5 0000 04T2 9T02 RETURN RECEIPT REQUESTED 2019 MPR 22 W 10: 34 LEC WYH CENIEU RECEINED

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMIN The FEC added this page to the end of this filing to indica	
Hand Delivered	Date of Receipt
Postmarked USPS First Class Mail	Date of Receipt
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	· · ·
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busin	ess Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Date of Other (Specify):	f Receipt or Postmarked
nf	4-22-19
PRERÁRER (3/2015)	DATE PREPARED

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