



**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:

MM / DD / YYYY  
04 / 01 / 2016

To:

MM / DD / YYYY  
04 / 30 / 2016

**COLUMN A  
This Period**

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

|  |          |
|--|----------|
| 6. (a) Cash on Hand<br>January 1, 2016   | 2565 00  |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | 7015 00  |
| (c) Total Receipts (from Line 19).....   | 11150 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).....      | 13715 00 |
| 7. Total Disbursements (from Line 31).....   | 6450 00  |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                 | 7265 00  |
| 9. Debts and Obligations Owed TO<br>the Committee (Itemize all on<br>Schedule C and/or Schedule D).....  | 00       |
| 10. Debts and Obligations Owed BY<br>the Committee (Itemize all on<br>Schedule C and/or Schedule D)..... | 00       |

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. 06/2004)

Page 3

Write or Type Committee Name

**HANSON PROFESSIONAL SERVICES INC. PAC**

Report Covering the Period: From: **04 / 01 / 2016** To: **04 / 30 / 2016**

**I. Receipts**

**COLUMN A**  
Total This Period

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

|   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 3500 00                       | 11150 00                          |
| (ii) Unitemized .....   |                               |                                   |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶  | 3500 00                       | 11150 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)..... ▶ | 3500 00                       | 11150 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))..... ▶                        | 3500 00                       | 11150 00                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶                                  | 3500 00                       | 11150 00                          |

2025 RELEASE UNDER E.O. 14176

**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.....         | 3250 00 | 6450 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))..       | 3250 00 | 6450 00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 3250 00 | 6450 00 |



**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 3

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**A. BALL JEFFERY T**

Mailing Address

10142 WICS ROAD

City

DAWSON

State

IL

Zip Code

62520

FEC ID number of contributing federal political committee.

C

Name of Employer

HANSON PROFESSIONAL SERVICES INC.

Occupation

PRESIDENT

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

1,000.00

Date of Receipt

04 / 01 / 2016

Amount of Each Receipt this Period

1,000.00

Full Name (Last, First, Middle Initial)

**B. 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

HANSON PROFESSIONAL SERVICES INC.

Occupation

CHIEF EXECUTIVE OFFICER

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

1,000.00

Date of Receipt

04 / 01 / 2016

Amount of Each Receipt this Period

1,000.00

Full Name (Last, First, Middle Initial)

**C. 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

HANSON PROFESSIONAL SERVICES INC.

Occupation

SR VP

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 01 / 2016

Amount of Each Receipt this Period

500.00

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

2,500.00

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

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 2 OF 3

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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**

Full Name (Last, First, Middle Initial)

**A. LOOS LUCINDA A**

Mailing Address

8311 ROBERTSON ROAD

City

EDWARDS

State

IL

Zip Code

61528

FEC ID number of contributing federal political committee.

C [REDACTED]

Name of Employer

HANSON PROFESSIONAL SERVICES INC

Occupation

VP

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

[REDACTED] 250.00

Date of Receipt

MM / DD / YYYY  
04 / 06 / 2016

Amount of Each Receipt this Period

[REDACTED] 250.00

Full Name (Last, First, Middle Initial)

**B. FLETCHER MATHEW A**

Mailing Address

34454 NORTH PEORIA LINE ROAD

City

FARMINGTON

State

IL

Zip Code

61531

FEC ID number of contributing federal political committee.

C [REDACTED]

Name of Employer

HANSON PROFESSIONAL SERVICES INC

Occupation

VP

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

[REDACTED] 250.00

Date of Receipt

MM / DD / YYYY  
04 / 11 / 2016

Amount of Each Receipt this Period

[REDACTED] 250.00

Full Name (Last, First, Middle Initial)

**C. WALLER ROBERT A**

Mailing Address

220 SANDSTONE DRIVE

City

CHATHAM

State

IL

Zip Code

62629

FEC ID number of contributing federal political committee.

C [REDACTED]

Name of Employer

HANSON PROFESSIONAL SERVICES INC

Occupation

AVP

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

[REDACTED] 250.00

Date of Receipt

MM / DD / YYYY  
04 / 11 / 2016

Amount of Each Receipt this Period

[REDACTED] 250.00

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

[REDACTED] 750.00

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

[REDACTED] 00

NOT FOR DISTRIBUTION

**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 3 OF 3                  |
|   | <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**

Full Name (Last, First, Middle Initial)  
**A. TRACHTMAN JAMES A**

Mailing Address  
**12 IRONWOOD COURT**

City **CARMEL** State **IN** Zip Code **46033**

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

Name of Employer **HANSON PROFESSIONAL SERVICES INC.** Occupation **VP**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**250 00**

Date of Receipt  
**04 / 19 / 2016**

Amount of Each Receipt this Period  
**250 00**

Full Name (Last, First, Middle Initial)  
**B.**

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)  
**C.**

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>250 00</b>  |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <b>3500 00</b> |

UNIVERSITY MICROFILMS



**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

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)

**A. LISA MURKOWSKI FOR US SENATE**

Date of Disbursement

|    |    |      |
|----|----|------|
| MM | DD | YYYY |
| 04 | 14 | 2016 |

Mailing Address

1111 19TH STREET NW SUITE 1100

City State Zip Code  
WASHINGTON DC 20036

Purpose of Disbursement

CONTRIBUTION TO FEDERAL CANDIDATE

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

Amount of Each Disbursement this Period

|      |    |
|------|----|
| 1000 | 00 |
|------|----|

Candidate Name

LISA MURKOWSKI

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: AK District:

Full Name (Last, First, Middle Initial)

**B. ACEC PAC**

Date of Disbursement

|    |    |      |
|----|----|------|
| MM | DD | YYYY |
| 04 | 14 | 2016 |

Mailing Address

1015 15TH STREET NW SUITE 802

City State Zip Code  
WASHINGTON DC 20005

Purpose of Disbursement

CONTRIBUTION TO PAC TO SUPPORT FEDERAL CANDIDATES

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

Amount of Each Disbursement this Period

|      |    |
|------|----|
| 2000 | 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)

**C. ANDRE CARSON FOR CONGRESS**

Date of Disbursement

|    |    |      |
|----|----|------|
| MM | DD | YYYY |
| 04 | 25 | 2016 |

Mailing Address

PO BOX 1863

City State Zip Code  
INDIANAPOLIS IN 46206

Purpose of Disbursement

CONTRIBUTION TO FEDERAL CANDIDATE

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

Amount of Each Disbursement this Period

|     |    |
|-----|----|
| 250 | 00 |
|-----|----|

Candidate Name

ANDRE CARSON

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: IN District: 07

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

|      |    |
|------|----|
| 3250 | 00 |
|------|----|

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

|      |    |
|------|----|
| 3250 | 00 |
|------|----|

**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

NAME OF COMMITTEE (In Full)

**HANSON PROFESSIONAL SERVICES INC. PAC**

LOAN SOURCE Full Name (Last, First, Middle Initial)

Election:

- Primary
- General
- Other (specify) ▼

Mailing Address

City State ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period




**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:








% (apr)

Yes  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:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶

 00

**TOTALS** This Period (last page in this line only)..... ▶

 00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

NON-PROFIT ORGANIZATION



**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) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 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

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).....                                       | <input type="text"/> 00 |
| 2) TOTALS This Period (last page this line number only).....                             | <input type="text"/> 00 |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....                         | <input type="text"/> 00 |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶ | <input type="text"/> 00 |

NO POSTAGE NEEDED IF MAILED IN THE UNITED STATES



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 Date of Receipt

USPS Registered/Certified Postmarked (R/C)  
5/17/16

USPS Priority Mail Postmarked

USPS Priority Mail Express Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date  
Next Business 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

Other (Specify): Date of Receipt or Postmarked

 5/23/16  
 PREPARER DATE PREPARED

20150517 10:10:10 AM