

**FEC
FORM 3X**

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

RECEIVED

2014 APR 14 AM 11:03

Office Use Only
FEC MAIL CENTER

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)

Election on M M M / D D D / Y Y Y Y Y Y Y Y in the State of

(d) 30-Day **POST-Election** Report for the:

General (30G) Runoff (30R) Special (30S)


Election on M M M / D D D / Y Y Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y Y Y through M M M / D D D / Y Y Y Y Y Y Y Y

03 / 01 / 2014 through 03 / 31 / 2014

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 M M M / D D D / Y Y Y Y Y Y Y Y

04 / 07 / 2014

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

14031211243

**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: / /

14031211244

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		<input type="text" value="2,215 00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1965 00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="4500 00"/>	<input type="text" value="5750 00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<input type="text" value="6465 00"/>	<input type="text" value="7965 00"/>
7. Total Disbursements (from Line 31)	<input type="text" value="1000 00"/>	<input type="text" value="2500 00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<input type="text" value="5465 00"/>	<input type="text" value="5465 00"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on 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:

03 / 01 / 2014

To:

03 / 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).....

4 5 0 0 0 0

5 7 5 0 0 0

(ii) Unitemized.....

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

4 5 0 0 0 0

5 7 5 0 0 0

(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).....▶

4 5 0 0 0 0

5 7 5 0 0 0

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)).....▶

4 5 0 0 0 0

5 7 5 0 0 0

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

4 5 0 0 0 0

5 7 5 0 0 0

14031211245

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.....	1000 00	2500 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))..	1000 00	2500 00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1000 00	2500 00

14031211246

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	4 5 0 0 0 0	5 7 5 0 0 0
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4 5 0 0 0 0	5 7 5 0 0 0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0 0	0 0
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0 0	0 0

14031211247

**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 6

(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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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. BRADFORD, WILLIAM, C.

Mailing Address

1460 SHADWELL CIRCLE

City

HEATHROW

State

FL

Zip Code

32746

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 ▼

250 00

Date of Receipt

MM / DD / YYYY
03 / 25 / 2014

Amount of Each Receipt this Period

250 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

PRESIDENT

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500 00

Date of Receipt

MM / DD / YYYY
03 / 10 / 2014

Amount of Each Receipt this Period

500 00

Full Name (Last, First, Middle Initial)

C. COOMBE, JOHN P

Mailing Address

3317 QUAIL CHASE

City

SPRINGFIELD

State

IL

Zip Code

62711

FEC ID number of contributing federal political committee.

C

Name of Employer

HANSON PROFESSIONAL SERVICES INC.

Occupation

EXEC VP

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250 00

Date of Receipt

MM / DD / YYYY
03 / 18 / 2014

Amount of Each Receipt this Period

250 00

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

1000 00

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

14031211248

**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 6

<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. RAYHILL, DANIEL, J

Mailing Address

7524 WENTWORTH DR

City

SPRINGFIELD

State

IL

Zip Code

62711

FEC ID number of contributing federal political committee.

C

Name of Employer

HANSON PROFESSIONAL SERVICES INC.

Occupation

AVP

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250 00

Date of Receipt

03 / 07 / 2014

Amount of Each Receipt this Period

250 00

Full Name (Last, First, Middle Initial)

B. MOLL, JAMES, W

Mailing Address

1850 W LAUREL

City

SPRINGFIELD

State

IL

Zip Code

62704

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

03 / 04 / 2014

Amount of Each Receipt this Period

250 00

Full Name (Last, First, Middle Initial)

C. KEMP, STUART, M

Mailing Address

2469 MALMAISON

City

BELVIDERE

State

IL

Zip Code

61008

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

03 / 17 / 2014

Amount of Each Receipt this Period

250 00

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

750 00

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

750 00

14031211249

**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 6

(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
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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

SR VP

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250 00

Date of Receipt

03 / 04 / 2014

Amount of Each Receipt this Period

250 00

Full Name (Last, First, Middle Initial)

B. 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

HANSON PROFESSIONAL SERVICES INC.

Occupation

TREASURER, SR VP

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250 00

Date of Receipt

03 / 04 / 2014

Amount of Each Receipt this Period

250 00

Full Name (Last, First, Middle Initial)

C. WILKINSON, EUGENE, R.

Mailing Address

5 CARAVAN LANE

City

SPRINGFIELD

State

IL

Zip Code

62712

FEC ID number of contributing federal political committee.

C

Name of Employer

HANSON PROFESSIONAL SERVICES INC.

Occupation

CHAIRMAN

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250 00

Date of Receipt

03 / 04 / 2014

Amount of Each Receipt this Period

250 00

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

750 00

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

14031211250

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

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

FOR LINE NUMBER: PAGE 4 OF 6
(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
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NAME OF COMMITTEE (In Full)
HANSON PROFESSIONAL SERVICES INC. PAC

Full Name (Last, First, Middle Initial)

A. BARTOLOMUCCI, THOMAS E. (JR)

Mailing Address

9390 OLD INDIAN TRAIL

City
CHATHAM

State Zip Code
IL 62629

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

03 / 07 / 2014

Amount of Each Receipt this Period

250 00

Full Name (Last, First, Middle Initial)

B. NELSON, JOHN W.

Mailing Address

3712 PARADOR DR

City
NAPERVILLE

State Zip Code
IL 60564

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

03 / 18 / 2014

Amount of Each Receipt this Period

250 00

Full Name (Last, First, Middle Initial)

C. ROGERS, GARY

Mailing Address

1702 N MONROE ST

City
LITCHFIELD

State Zip Code
IL 62056

FEC ID number of contributing federal political committee.

C

Name of Employer
HANSON PROFESSIONAL SERVICES INC.

Occupation
ASST VP

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250 00

Date of Receipt

03 / 25 / 2014

Amount of Each Receipt this Period

250 00

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

750 00

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

750 00

14031211251

**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 5 OF 6

<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. SACHTLEBEN, ROD

Mailing Address

525 BIG HORN BASIN CT

City
WILDWOOD

State Zip Code
MO 63011

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

03 / 17 / 2014

Amount of Each Receipt this Period

250 00

Full Name (Last, First, Middle Initial)

B. BOWEN, JEFFERY, L

Mailing Address

10143 DEERCREEK CLUB RD

City
JACKSONVILLE

State Zip Code
FL 32256

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

03 / 25 / 2014

Amount of Each Receipt this Period

250 00

Full Name (Last, First, Middle Initial)

C. CUSICK, ROBERT W

Mailing Address

40 VILLA GROVE

City
SPRINGFIELD

State Zip Code
IL 62712

FEC ID number of contributing federal political committee.

C

Name of Employer
HANSON PROFESSIONAL SERVICES INC.

Occupation
EXEC VP

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250 00

Date of Receipt

03 / 06 / 2014

Amount of Each Receipt this Period

250 00

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

750 00

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

750 00

14031211252

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

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

FOR LINE NUMBER: PAGE 6 OF 6
(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
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NAME OF COMMITTEE (In Full)
HANSON PROFESSIONAL SERVICES INC. PAC

14031211253

A. Full Name (Last, First; Middle Initial)
MCQUILLAN, MICHAEL, F

Mailing Address
12303 HALSGAME LN

City **CREVE COEUR** State **MO** Zip Code **63141**

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
MM / DD / YYYY
03 / 17 / 2014

Amount of Each Receipt this Period
250 00

B. Full Name (Last, First, Middle Initial)
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 **HANSON PROFESSIONAL SERVICES INC.** Occupation **SR VP**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250 00

Date of Receipt
MM / DD / YYYY
03 / 05 / 2014

Amount of Each Receipt this Period
250 00

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

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
MM / DD / YYYY

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ▶ **500 00**

TOTAL This Period (last page this line number only)..... ▶ **4500 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)

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)

Date of Disbursement

M M	/	D D	/	Y Y Y Y
0 3	/	1 8	/	2 0 1 4

A.

FRIENDS OF DICK DURBIN

Mailing Address
P.O. BOX 1949

City **SPRINGFIELD** State **IL** Zip Code **62705**

Purpose of Disbursement
CONTRIBUTION TO FEDERAL CANDIDATE

Candidate Name
DICK DURBIN

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **IL** District:

0 1 1
Category/ Type

Amount of Each Disbursement this Period

1 0 0 0 0 0

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M	/	D D	/	Y Y Y Y
	/		/	

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

0 1 1
Category/ Type

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M	/	D D	/	Y Y Y Y
	/		/	

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

0 1 1
Category/ Type

Amount of Each Disbursement this Period

--

SUBTOTAL of Disbursements This Page (optional).....	1 0 0 0 0 0
TOTAL This Period (last page this line number only).....	1 0 0 0 0 0

14031211254

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:

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

% (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.

14031211255

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

[Empty box for Outstanding Balance Beginning This Period]

Amount Incurred This Period

[Empty box for Amount Incurred This Period]

Payment This Period

[Empty box for Payment This Period]

Outstanding Balance at Close of This Period

[Empty box for 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

[Empty box for Outstanding Balance Beginning This Period]

Amount Incurred This Period

[Empty box for Amount Incurred This Period]

Payment This Period

[Empty box for Payment This Period]

Outstanding Balance at Close of This Period

[Empty box for 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

[Empty box for Outstanding Balance Beginning This Period]

Amount Incurred This Period

[Empty box for Amount Incurred This Period]

Payment This Period

[Empty box for Payment This Period]

Outstanding Balance at Close of This Period

[Empty box for Outstanding Balance at Close of This Period]

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

[Empty box for Subtotals] 00

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

[Empty box for Totals] 00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶

[Empty box for Total Outstanding Loans] 00

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

[Empty box for Add 2 and 3] 00

14031211256

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

[Empty box for Outstanding Balance Beginning This Period]

Amount Incurred This Period

[Empty box for Amount Incurred This Period]

Payment This Period

[Empty box for Payment This Period]

Outstanding Balance at Close of This Period

[Empty box for 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

[Empty box for Outstanding Balance Beginning This Period]

Amount Incurred This Period

[Empty box for Amount Incurred This Period]

Payment This Period

[Empty box for Payment This Period]

Outstanding Balance at Close of This Period

[Empty box for 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

[Empty box for Outstanding Balance Beginning This Period]

Amount Incurred This Period

[Empty box for Amount Incurred This Period]

Payment This Period

[Empty box for Payment This Period]

Outstanding Balance at Close of This Period

[Empty box for Outstanding Balance at Close of This Period]

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

[Empty box for Subtotals] 00

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

[Empty box for Totals] 00

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶

[Empty box for Total Outstanding Loans] 00

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

[Empty box for Add 2 and 3] 00

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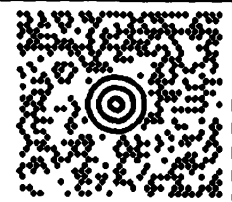
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HANSON PROFESSIONAL SERVICES
1525 S. SIXTH ST.
SPRINGFIELD IL 62703

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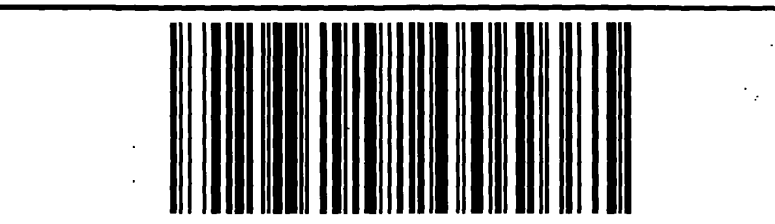
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