

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER
2018 MAR 26 AM 10:48
Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

HANSON PROFESSIONAL SERVICES INC PAC

ADDRESS (number and street)

1525 SOUTH SIXTH STREET

Check if different than previously reported. (ACC)

SPRINGFIELD

IL

62703

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00406124

3. IS THIS REPORT

N

NEW (N)

OR

A

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

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

Election on

MM / DD / YYYY

in the State of

XX

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

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

Election on

MM / DD / YYYY

in the State of

XX

5. Covering Period

MM / DD / YYYY 02 / 01 / 2018

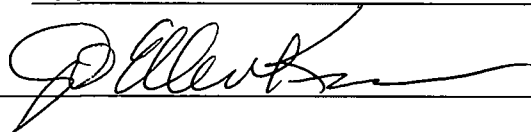
through

MM / DD / YYYY 02 / 28 / 2018

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 / YYYY 03 / 06 / 2018

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

FEC FORM 3X
Rev. 05/2016

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 02 / 01 / 2018 To: MM / DD / YYYY 02 / 28 / 2018

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).....	6 000.00	9 600.00
(ii) Unitemized		
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	6 000.00	9 600.00
(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).....▶	6 000.00	9 600.00
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)).....▶	6 000.00	9 600.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	6 000.00	9 600.00

NON-FEDERAL ACCOUNT

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))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	2,500.00	2,500.00
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)) ..	2,500.00	2,500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	2,500.00	2,500.00

NON-FEDERAL DONATIONS

**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 6
	<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. 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 (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
02 / 01 / 2018

Amount of Each Receipt this Period
300 00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. 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 (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
02 / 01 / 2018

Amount of Each Receipt this Period
300 00

Memo Item

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

Mailing Address
15 GEORGETOWNE ROAD

City **SHERMAN** State **IL** Zip Code **62684**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300 00

Date of Receipt
02 / 06 / 2018

Amount of Each Receipt this Period
300 00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **900 00**

TOTAL This Period (last page this line number only)..... **00**

20180101 09:10:00 AM

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE 2 OF 6	
<input checked="" type="checkbox"/>	11a 13	<input type="checkbox"/>	11b 14	<input type="checkbox"/>	11c 15
<input type="checkbox"/>		<input type="checkbox"/>	12 16	<input type="checkbox"/>	17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. CUSICK, ROBERT, W

Mailing Address
40 VILLA GROVE

City
SPRINGFIELD

State
IL

Zip Code
62712

FEC ID number of contributing federal political committee.
C

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

Occupation (for Individual)
SR VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
02 / 07 / 2018

Amount of Each Receipt this Period
600.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. SACHTLEBEN, ROD

Mailing Address
525 BIG HORN BASIN CT

City
WILDWOOD

State
MO

Zip Code
63011

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
02 / 07 / 2018

Amount of Each Receipt this Period
300.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. 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 (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
02 / 07 / 2018

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ **1,200.00**

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

NOTICE: GM, NIG, ON, BO, IO, ON, LN

**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 6
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. 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) **SR VP**

Receipt For:
 Primary General
 Other (specify) **▼**

Aggregate Year-to-Date **6 00 00**

Date of Receipt
02 / 08 / 2018

Amount of Each Receipt this Period
6 00 00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. 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 **3 00 00**

Date of Receipt
02 / 13 / 2018

Amount of Each Receipt this Period
3 00 00

Memo Item

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

Mailing Address
610 DEL MAR BLVD

City **CORPUS CHRISTI** State **TX** Zip Code **78404**

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

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

Receipt For:
 Primary General
 Other (specify) **▼**

Aggregate Year-to-Date **3 00 00**

Date of Receipt
02 / 13 / 2018

Amount of Each Receipt this Period
3 00 00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **12 00 00**

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

20180213 02:13:01 AM

**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 of Individual (Last, First, Middle Initial) or Full Organization Name
A. WORLEY, JOSEPH, D

Mailing Address
10266 STILLWELL DR

City **AVON** State **IN** Zip Code **46123**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3,000.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2018

Amount of Each Receipt this Period
3,000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. POCHOP, MICHAEL, A

Mailing Address
2413 SW HICKORY LANE

City **LEE'S SUMMIT** State **MO** Zip Code **64082**

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 ▼
3,000.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2018

Amount of Each Receipt this Period
3,000.00

Memo Item

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3,000.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2018

Amount of Each Receipt this Period
3,000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ **9,000.00**

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

20180202 10:00 AM

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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

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. DEFAZIO FOR CONGRESS

Mailing Address
PO BOX 1316

City: **SPRINGFIELD** State: **OR** Zip Code: **97477**

Purpose of Disbursement
CONTRIBUTION TO FEDERAL CANDIDATE

Candidate Name
PETER DEFAZIO

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

State: **OR** District: **4**

Date of Disbursement

02 / 21 / 2016

FEC Identification Number

C00215905

Amount of Each Disbursement this Period

1,000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF CHERI BUSTOS

Mailing Address
PO BOX 65322

City: **WASHINGTON DC** State: Zip Code: **20035**

Purpose of Disbursement
CONTRIBUTION TO FEDERAL CANDIDATE

Candidate Name
CHERI BUSTOS

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

State: **IL** District: **17**

Date of Disbursement

02 / 21 / 2018

FEC Identification Number

C00498568

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. LAHOOD FOR CONGRESS

Mailing Address
PO BOX 10735

City: **PEORIA** State: **IL** Zip Code: **61612**

Purpose of Disbursement
CONTRIBUTION TO FEDERAL CANDIDATE

Candidate Name
DARIN LAHOOD

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

State: **IL** District: **18**

Date of Disbursement

02 / 12 / 2018

FEC Identification Number

C00575050

Amount of Each Disbursement this Period

1,000.00

Memo Item

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

2,500.00

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

2,500.00

NON-FEDERAL CAMPAIGN DISBURSEMENTS

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)

Memo Item

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

[Empty numeric field]

[Empty numeric field]

[Empty numeric field]

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

[Empty MM/DD/YYYY field]

[Empty MM/DD/YYYY field]

[Empty MM/DD/YYYY field]

[Empty MM/DD/YYYY field]

[Empty MM/DD/YYYY field]

[Empty MM/DD/YYYY field]

[Empty % (apr) field]

% (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:

[Empty numeric field]

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

[Empty numeric field]

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

[Empty numeric field]

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

[Empty numeric field]

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

[Empty numeric field] 00

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

[Empty numeric field] 00

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

20160501 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		
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

2016-08-08 10:00:00 AM



1000



20463

U.S. POSTAGE
PAID
SPRINGFIELD, IL
62704
MAR 19, 18
AMOUNT

\$7.62

R2304P119274-06

RECEIVED
FEC MAIL CENTER
2018 MAR 26 AM 10:48

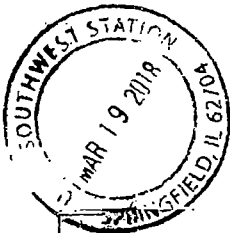
CERTIFIED MAIL



7026 2140 0000 5348 8764

**RETURN RECEIPT
REQUESTED**

Federal Election Commission
1050 First Street NE
Washington DC 20463



HANSON

1000 1/2 St. | Springfield, IL 62703

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Date of Receipt
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 3/19/18
<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

ES
 PREPARER
 (3/2015)

3/26/18
 DATE PREPARED

NON-PROFIT CORPORATION