

**FEC  
FORM 3X**

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

RECEIVED  
FEC MAIL CENTER  
2018 FEB 26 AM 9:36  
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  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  /  /  in the State of

- (d) 30-Day POST-Election Report for the:
- General (30G)  Runoff (30R)  Special (30S)

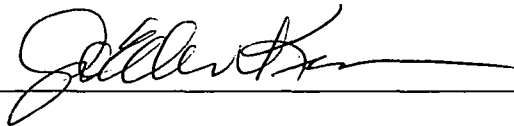
Election on  /  /  in the State of

5. Covering Period **01 / 01 / 2018** through **01 / 31 / 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

**02 / 16 / 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							
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**FEC FORM 3X**  
Rev. 05/2016

**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:

**01 / 01 / 2018**

To:

**01 / 31 / 2018**

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <b>2018</b>		10615.00
(b) Cash on Hand at Beginning of Reporting Period.....	10615.00	
(c) Total Receipts (from Line 19).....	3600.00	3600.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	14215.00	14215.00
7. Total Disbursements (from Line 31).....	00	00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	14215.00	14215.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	00	
10. Debts and Obligations Owed BY the Committee (Itemize all on 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. 05/2016)

Page 3

Write or Type Committee Name

**HANSON PROFESSIONAL SERVICES INC PAC**

Report Covering the Period: From: MM / DD / YYYY 01 / 01 / 2018 To: MM / DD / YYYY 01 / 31 / 2018

**I. Receipts**

**COLUMN A**  
Total This Period

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

	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).....	3600 00	3600 00
(ii) Unitemized.....		
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3600 00	3600 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).....▶	3600 00	3600 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)).....▶	3600 00	3600 00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	3600 00	3600 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) .....	3600.00	3600.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3600.00	3600.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

20180101 00:00:00

**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"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<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 of Individual (Last, First, Middle Initial) or Full Organization Name  
**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 (for Individual) **HANSON PROFESSIONAL SERVICES INC.** Occupation (for Individual) **PRESIDENT**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1200.00**

Date of Receipt  
**01 / 30 / 2018**

Amount of Each Receipt this Period  
**1200.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. 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 (for Individual) **HANSON PROFESSIONAL SERVICES INC.** Occupation (for Individual) **CHAIRMAN EMERITUS**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**300.00**

Date of Receipt  
**01 / 31 / 2018**

Amount of Each Receipt this Period  
**300.00**

Memo Item

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

Mailing Address  
**823 FURMAN AVE**

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) **ASST VP**

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
**300.00**

Date of Receipt  
**01 / 31 / 2018**

Amount of Each Receipt this Period  
**300.00**

Memo Item

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

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

**1800.00**

**0.00**

20180131 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 3	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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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. HOLLAHAN, DENNIS, J**

Date of Receipt  
MM / DD / YYYY  
**01 / 31 / 2018**

Mailing Address  
**728 W VINE ST**

City  
**SPRINGFIELD**

State  
**IL**

Zip Code  
**62704**

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

Amount of Each Receipt this Period  
**300.00**

Memo Item

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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. UNDERBRINK SR, DAVID, M**

Date of Receipt  
MM / DD / YYYY  
**01 / 31 / 2018**

Mailing Address  
**130 LOUISIANA AVE**

City  
**CORPUS CHRISTI**

State  
**TX**

Zip Code  
**78404**

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

Amount of Each Receipt this Period  
**300.00**

Memo Item

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**

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

Date of Receipt  
MM / DD / YYYY  
**01 / 31 / 2018**

Mailing Address  
**4700 ROSLYN RD**

City  
**DOWNERS GROVE**

State  
**IL**

Zip Code  
**60515**

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

Amount of Each Receipt this Period  
**300.00**

Memo Item

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**

**SUBTOTAL** of Receipts This Page (optional).....▶ **900.00**

**TOTAL** This Period (last page this line number only).....▶ **900.00**

20180131 10:00:00 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 3 OF 3
	<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 <b>A. NELSON, JOHN, W</b>		Date of Receipt MM / DD / YYYY <b>01 / 31 / 2018</b>
Mailing Address <b>3712 PARADOR DR</b>		Amount of Each Receipt this Period <b>300.00</b>
City <b>NAPERVILLE</b>	State <b>IL</b>	
Zip Code <b>60564</b>		<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) <b>HANSON PROFESSIONAL SERVICES INC.</b>	Occupation (for Individual) <b>VP</b>	Aggregate Year-to-Date <b>300.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. MESSMORE, JAMES, P</b>		Date of Receipt MM / DD / YYYY <b>01 / 31 / 2018</b>
Mailing Address <b>750 WARRENVILLE ROAD SUITE 200</b>		Amount of Each Receipt this Period <b>600.00</b>
City <b>LISLE</b>	State <b>IL</b>	
Zip Code <b>60532</b>		<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) <b>HANSON PROFESSIONAL SERVICES INC.</b>	Occupation (for Individual) <b>SR VP</b>	Aggregate Year-to-Date <b>600.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C.</b>		Date of Receipt MM / DD / YYYY
Mailing Address		Amount of Each Receipt this Period
City	State	
Zip Code		<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual)	Occupation (for Individual)	Aggregate Year-to-Date
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....▶	<b>900.00</b>
TOTAL This Period (last page this line number only).....▶	<b>3600.00</b>



**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)

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

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NAME OF COMMITTEE (In Full)

**HANSON PROFESSIONAL SERVICES INC PAC**

Full Name (Last, First, Middle Initial)

**A.**

Date of Disbursement

MM / DD / YYYY

Mailing Address

FEC Identification Number

C

City State Zip Code

Purpose of Disbursement

011

Category/  
Type

Amount of Each Disbursement this Period

\_\_\_\_\_

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

MM / DD / YYYY

Mailing Address

FEC Identification Number

C

City State Zip Code

Purpose of Disbursement

011

Category/  
Type

Amount of Each Disbursement this Period

\_\_\_\_\_

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

MM / DD / YYYY

Mailing Address

FEC Identification Number

C

City State Zip Code

Purpose of Disbursement

011

Category/  
Type

Amount of Each Disbursement this Period

\_\_\_\_\_

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

Memo Item

State: District:

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

\_\_\_\_\_ 0.0

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

\_\_\_\_\_ 0.0



**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

\_\_\_\_\_

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

STAN-VOL-08-1-WB-1-ON-NO-08-11

**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)

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			
<input type="text"/>			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

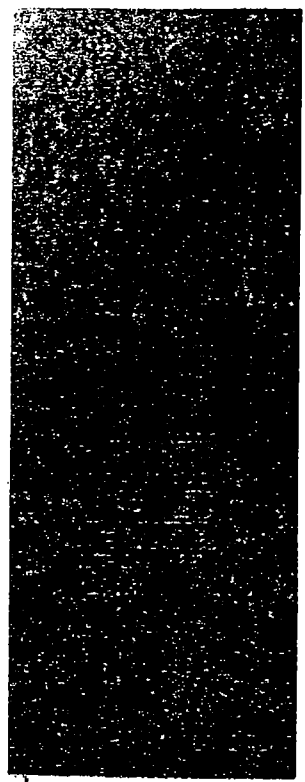
Outstanding Balance Beginning This Period			
<input type="text"/>			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

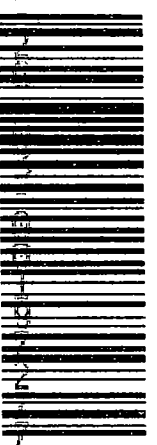
Outstanding Balance Beginning This Period			
<input type="text"/>			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

1) SUBTOTALS This Period This Page (optional).....▶	<input type="text"/>	0.0
2) TOTALS This Period (last page this line number only).....▶	<input type="text"/>	0.0
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶	<input type="text"/>	0.0
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	<input type="text"/>	0.0

2014-10-01 10:00 AM



RECEIVED  
FEC MAIL CENTER  
2010 FEB 26 AM 9:36



7016 0910 0000 1217 9198



1525 S. Sixth St. | Springfield, IL 62703

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

NOT FOR POSTAL DELIVERY  
REQUESTED

h 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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked Date of Receipt

USPS Registered/Certified Postmarked (R/C)  
2/17/18

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

ES 2/26/18  
 PREPARER DATE PREPARED

20180217 09:01 AM SECTION 108