2017-09-18-05-00174308

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

2017 SEP 18 AM 11: 47

1.	NAME C	F TY TEE (in full)	PE OR F	PRINT ▼		imple: If typing, type r the lines.	12F	E4M5		<u>.</u> :
Щ	ANSC	Ņ PŖOŖESS	ΙΟΝΑ	L SERVICE	\$ I	IC PAC , , ,				
Ц					1.1.		1.1.1.	<u> </u>		
ADI	ORESS (n	umber and street)	1525	SOUTH SIX	(TH	STREET, , ,	1 1 1	1-1-1-1	<u> </u>	
Ľ	Che thar	ck if different previously orted. (ACC)	SPRI	NGFIELD ,	1 1		<u> </u>	6270)3	
2.	FEC IDI	ENTIFICATION NUM	BER ▼	CITY	' A		STATE		ZIP CO	DE 🛦
	C Q	0.4.0.6.1.2	4	- · · -	THIS PORT	N (N) O	R [AMENDED (A)		
4.	TYPE (Choose	OF REPORT One)	(b) Mor Rep	ort L	20 (M2	May 20 (I	VI5)	Aug 20 (M8)		Ncv 20 (M11) (Non-Election Year Only)
	(a) Qua	rterly Reports:	Due	On: Mar a	20 (M3	Jun 20 (N	/i6)	Sep 20 (M9)		Dec 20 (M12) (Non-Election Year Only)
		April 15 Quarterly Report (Q1)	(c)		20 (M4)			Oct 20 (M10)		Jan 31 (YE)
		July 15 Quarterly Report (Q2)		12-Day PRE-Election Report for the:	П	Primary (12P) Convention (12C)		General (12G) Special (12S)	L	Runoff (12R)
		October 15 Quarterly Report (Q3)						,	:- Ab	
		January 31 Year-End Report (YE)		Election	on				in the State	of
		July 31 Mid-Year Report (Non-election Year Only) (MY)	(d)	30-Day POST-Election	П	General (30G)	П	Runoff (30R)	П	Special (30S)

Covering Period

0.8 / 0.1 / 2017 through

Report for the:

0.8

3.1

2017

in the

State of

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Election on

Type or Print Name of Treasurer

JO ELLEN KEIM

Termination Report (TER)

Signature of Treasurer

Date

0 9

08

2017

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				FEC FORM 3X Rev. 05/2016
Only				Mev. 05/2016

2017 · 09 · 18 · 08 · 00174809

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or	Type	Committee	Name
----------	------	-----------	------

HANSON PROFESSIONAL SERVICE

Report Covering the Period:

From:

0.8 ' 0.1 ' 2017

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2 0 1 7		2,615_00
	(b) Cash on Hand at Beginning of Reporting Period	16165 00	
	(c) Total Receipts (from Line 19)	00	16_3.00_00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	16165_00	18,915_00
—- 7.	Total Disbursements (from Line 31)	2250 00	500000
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1,3,9,15,0,0	13,915,00
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.0	

For further information contact:

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

2017 - 09 - 18 - 0M - 00174M10

DETAILED SUMMARY PAGE

of Receipts

Page 3

FEC Form 3X (Rev. 05/2016) Write or Type Committee Name

HANSON PROFESSIONAL SERVICES INC PAC

Re	eport Covering the Period: From:	7 0 1 2 0 1 7 To:	08 / 31 / 2017
	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)		16,300,00
	(ii) Unitemized (iii) TOTAL (add Lines 11(a)(i) and (ii)▶	00	16,3,00,00
	(b) Political Party Committees		
12.	Totals to Line 33, page 5)		16,300,00
13.	All Loans Received		
15. 16.	Loan Repayments Received		
18.	(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3)		
	(b) Levin Funds (from Schedule H5)		
	(c) Total Transfers (add 18(a) and 18(b))		
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	00	16,300.00
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	_00	16300.00

DETAILED SUMMARY PAGE

of Disbursements FEC Form 3X (Rev. 05/2016) Page 4 COLUMN A **COLUMN B** II. Disbursements **Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) Federal Share (ii) Non-Federal Share..... (b) Other Federal Operating Expenditures (c) Total Operating Expenditures $0 \, 0$ 22. Transfers to Affiliated/Other Party Committees..... Contributions to Federal Candidates/Committees and Other Political Committees.... 24. Independent Expenditures (use Schedule F)..... 26. Loan Repayments Made..... (a) 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)).. 5000 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... 2250 00 5000

DETAILED SUMMARY PAGE

of Disbursements FEC Form 3X (Rev. 05/2016) Page 5 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 6300 (from Line 11(d), page 3) 34. Total Contribution Refunds (from Line 28(d)) 35. Net Contributions (other than loans) 0.0 (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures 0.0 (add Line 21(a)(i) and Line 21(b)) 37. Offsets to Operating Expenditures (from Line 15, page 3)..... 38. Net Operating Expenditures (subtract Line 37 from Line 36)

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

FOR LINE NUMBER: PAGE Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 **Detailed Summary Page** 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 Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ General Primary Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) SUBTOTAL of Receipts This Page (optional).....

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

SCHEDULE B	(FEC	Form	3X)
ITEMIZED DISE	BURSE	MENT	S

ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NU (check only or 21b 28a						
or for commercial purposes, other than using the name	HANSON PROFESSIONAL SERVICES INC PAC							
Full Name (Last, First, Middle Initial) A. DAN LIPINSKI FOR CONGRESS Mailing Address PO BOX 520		Date of Disbursement 0.8 0.7 20.17						
City WESTERN SPRINGS Purpose of Disbursement CONTRIBUTION TO FEDERAL CA Candidate Name DANIEL LIPINSKI Office Sought: X House Senate President State: IL District: 03		Q 1 1 Category/ Type	FEC Identification Number C 0, 0, 4, 0, 5, 4, 3, 1 Amount of Each Disbursement this Period 2,5,0,0,0 Memo Item					
Full Name (Last, First, Middle Initial) B. KLOBUCHAR FOR MINNESOTA Mailing Address PO BOX 4146	KLOBUCHAR FOR MINNESOTA Mailing Address							
ST PAUL Purpose of Disbursement CONTRIBUTION TO FEDERAL CA Candidate Name AMY KLOBUCHAR Office Sought: House Disbursen X Senate		0 1 1 Category/ Type	FEC Identification Number C 0 0, 4 3 1 3 5 3 Amount of Each Disbursement this Period					
Full Name (Last, First, Middle Initial) C. RODNEY FOR CONGRESS Mailing Address P O BOX 344		Date of Disbursement						
TAYLORVILLE Purpose of Disbursement CONTRIBUTION TO FEDERAL C Candidate Name RODNEY DAVIS Office Sought: X House Disbursen Senate President X State: L District: 13	O 1 1 Category/ Type	FEC Identification Number C 0 0 5 2 1 9 4 8 Amount of Each Disbursement this Period 1 5 0 0 0 0 Memo Item						
TOTAL This Period (last page this line number only)								

SCHEDULE C	(FEC	Form	3X)
LOANS			

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

PAGE 1 OF 1

			Detailed Summary Page FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In F	uli)		•
HANSON PROF	ESSIONAL	SERVICE	S INC PAC
LOAN SOURCE Full Nam	ne (Last, First, Mid	dle Initial)	Memo Item Election: Primary General
Mailing Address			Other (specify) ▼
City		State	ZIP Code
Original Amount of Loan		Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
		77	
TERMS Date Incurr		/ 000	ate Due Interest Rate Secured: / Y Y Y Y Y Y
List All Endorsers or Gut 1. Full Name (Last, First,		Logn Source	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 Tr	nis Page (optional).		0.0
TOTALS This Period (last pa	age in this line only	')	······································
Carry outstanding balance of	only to LINE 3, Sch	edule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

Excluding Loans

(Use separate schedule(s) for each

PAGE 1 FOR LINE NUMBER: OF 1

(check only one) **X** 9 numbered line) 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 Payment This Period Outstanding Balance at Close of This Period Amount Incurred 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 Outstanding Balance at Close of This Period Payment 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)..... 2) TOTALS This Period (last page this line number only)...... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

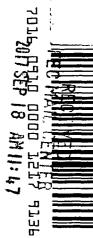
SCHEDULE D (FEC Form 3X)

Ex

(Use separate schedule(s)

PAGE 1 OF 1 FOR LINE NUMBER:

EBIS AND OBLIGATIONS scluding Loans	for each numbered line)	(check only one) 9		
NAME OF COMMITTEE (In Full)			1,	
HANSON PROFESSIONAL S	SERVIC	ES INC PAC		
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	Debt (Purpose):
Mailing Address				
City	State	Zip Code	-	
Outstanding Balance Beginning This Period				
Amount Incurred This Period	Pa	yment This Period	Outstand	ing Balance at Close of This Perio
		A	نا لن	
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of I	Debt (Purpose):
Mailing Address				
City	State	Zip Code		
Outstanding Balance Beginning This Period			L	
Amount Incurred This Period	Pa	yment This Period	Outstand	ling Balance at Close of This Perio
		- A		
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	Pa	yment This Period	Outstand	ding Balance at Close of This Period
			<u> </u>	
1) SUBTOTALS This Period This Page (optional)			···· • • • • • • • • • • • • • • • • •	
2) TOTALS This Period (last page this line number	only)		<u> </u>	0.0
3) TOTAL OUTSTANDING LOANS from Schedule (C (last page o	only)	-	0.0
4) ADD 2) and 3) and carry forward to appropriate	line of Summ	ary Page (last page o	only) ▶	0.0



RETURN RECEIPT REQUESTED



1525 S. Sixth St. | Springfield, IL 62703

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

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
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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):	eipt or Postmarked
PREPARER (3/2015)	9 1 (8 17) DATE PREPARED