FEC FORM 3X

Office

Use

Only

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20-16 - 09 - 21 - 0M - 00099498

REPORT OF RECEIPTS **AND DISBURSEMENTS**

For Other Than An Authorized Committee

01

FEC FORM 3X

Rev. 12/2004

							Office Us	B SULL S	<u> 1 Při 12: (</u>
1. NAME OF COMMITTEE (i		PE OR PRINT ▼		mple: If typi r the lines.	ng, type	12FE4	M5		
HANSON	PROFE	SSIONAL	SERV	'IÇĘŞ	INC	PAC			
	1 1 1 1 1 1 1 1	<u> </u>							
ADDRESS (number		1525 SOL	TH SI	XTH S	STREE	T _			
Check if d than previous reported. (ously , c	SPRINGF	ELD			I L	627	03]-	
2. FEC IDENTIF	ICATION NUMB	BER ▼	CITY 🛦		S	TATE 🛦		ZIP COD	PE ▲
C 0 0 4 0	6124		3. IS THIS REPORT		NEW (N) OR		AMENDED (A)		
4. TYPE OF RI (Choose One) (a) Quarterly F	Reports:	(b) Monthly Report Due On:	Feb 20 (M2) Mar 20 (M3) Apr 20 (M4)		May 20 (M5) Jun 20 (M6) Jul 20 (M7)	X	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)
July 1 Quart Octob Quart Janua	erly Report (Q2) er 15 erly Report (Q3)	(c) 12-Day PRE-Electi Report for		Primary (12)		•	eral (12G) sial (12S)	in the State of	Runoff (12R)
July 3 Report Year	31 Mid-Year rt (Non-election Only) (MY) nation Report	(d) 30-Day POST-Elect Report for		General (30	G)	Rund	off (30R)		Special (30S)
(TER)			Election on	- M			<u></u>	in the State of	
5. Covering Period 0.8 0.1 2016 through 0.8 3.1 2016									
I certify that I have		·		wledge and	belief it is tru	e, correct	and comple	te.	
Type or Print Name Signature of Treasu	Ć	JO ELLEN	N NEIIVI		D	ate	0.9 / °°	^o ′	2_0_1_6

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

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SUMMARY PAGE

	FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page 2
W	rite or Type Committee Name		
_	HANSON PROFESSIONAL	SERVICES INC. PAC	
R	eport Covering the Period: From:	08 / 01 / 2016 To	o: 08 / 31 / 2016
		COLUMN A `This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2 0 1 6		2,5,65,0,0
	(b) Cash on Hand at Beginning of Reporting Period	6,1,1,5,0,0	
	(c) Total Receipts (from Line 19)	0.0	11,750,00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	611500	14,315,00
7.	Total Disbursements (from Line 31)	1,0000	9,2,00,00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	5,1,15,00	5,1,1,5,0,0
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.0	
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



2016 · 09 · 21 · 0% · 00099500

DETAILED SUMMARY PAGE

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

HANSON PROFESSIONAL SERVICES INC. PAC

	I Receipts	COLUMN A	COLUMN B
	I. Receipts	Total This Period	Calendar Year-to-Date
11.	Contributions (other than loans) From:		
	(a) Individuals/Persons Other		
	Than Political Committees	• • • • • • • • • • • • • • • • • • • •	
	(i) Itemized (use Schedule A)	0.0	11750 00
	(ii) Unitemized	2)	
	(iii) TOTAL (add	00	44750 00
	Lines 11(a)(i) and (ii)	00	11,750 00
	(b) Political Party Committees	432	
	(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)	00	1,1,750, _00
12	Transfers From Affiliated/Other		2
	Party Committees		
13.	All Loans Received		
	<u></u>		
14	Loan Repayments Received		
	Offsets To Operating Expenditures		
	(Refunds, Rebates, etc.)		
	(Carry Totals to Line 37, page 5)		
16.	Refunds of Contributions Made		
	to Federal Candidates and Other		100
	Political Committees		
17.	Other Federal Receipts	47	
	(Dividends, Interest, etc.)		
18.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account		
	(from Schedule H3)		
	(b) Levin Funds (from Schedule H5)		
	(b) Covin r drido (nom concada rio)		
	(c) Total Transfers (add 18(a) and 18(b))		
	(c) rotal translers (and rotal and roto).		
19	Total Receipts (add Lines 11(d),		
	12, 13, 14, 15, 16, 17, and 18(c))	00	11750 00
	12, 15, 11, 16, 16, 17, and 16(6)//		1 1,7.5 0 , 0.0
20.	Total Federal Receipts		
	(subtract Line 18(c) from Line 19)▶	0.0	11750 00
	, , , , , , , , , , , , , , ,		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	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)		Calcinal Tear-to-Date
	(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	0.0
22.	Transfers to Affiliated/Other Party		
2	Contributions to		
23.	Contributions to Federal Candidates/Committees	4000	0000
	and Other Political Committees	1,0,00,00	9,2,0,0,0,0
24.	Independent Expenditures (use Schedule E)		
25.	(2 U.S.C. §441a(d)) (use Schedule F)		
26.	Loan Repayments Made		
	E P		
27. 28.	Loans Made		
	<u>.</u>		
	(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	2) (2)	/2\
	(b) Federal Election Activity Paid Entirely With Federal Funds		
	(c) Total Federal Election Activity (add	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
	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))	1,000,00	9,200,00
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	1,000 00	9,200 00
	11 Old Circ Olympian 1		

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)	00	11,750 00
34. Total Contribution Refunds (from Line 28(d))	(1) (2) (2)	
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	00	11,750 ,00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	00	00
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	00	00

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOF	LINE	INCINIDE	n.	FAGL		1 0	1	
(check only one)								
X	11a	11b		11c		12		
	13	14		15		16		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. F	γ Α(
-------------------------------------	-------------

/	HANSON PROFESSIONA	AL SERVICES INC. PAC	
Α.	Full Name (Last, First, Middle Initial)		Date of Receipt
	Mailing Address		
	City	State Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	(2)
	Name of Employer	Occupation	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
— В.	Full Name (Last, First, Middle Initial)		Date of Receipt
	Mailing Address		M = M / 6 = 6 / Y = Y = Y
	City	State Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	c	
	Name of Employer	Occupation	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
C.	Full Name (Last, First, Middle Initial)		Date of Receipt
	Mailing Address City	State Zip Code	M · M / D · D / Y · Y · Y · Y
		Ciaio Zip ocac	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	4)
	Name of Employer	Occupation	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
,	SUBTOTAL of Receipts This Page (optional)	•	0.0
,	TOTAL This Period (last page this line number	only)	000

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SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s) FOR LINE (
ITEMIZED DISBURSEMENTS	for each category of the	(check only one)		
	Detailed Summary Page	216	22 X 23 24 25 26 28a 28b 28c 29 30b	
Any information against from such Departs and Cities	ignte may not be sold as			
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
HANSON PROFESSIONAL S	SERVICES INC. PAC			
/ / / / / / / / / / / / / / / / / / / /	.2			
Full Name (Last, First, Middle Initial)				
A. DAN LIPINSKI FOR CONGRESS			Date of Disbursement	
	· · · · · · · · · · · · · · · · · · ·		MYM / DID / YYYYY	
Mailing Address			08 11 2016	
PO BOX 520	State Zip Code			
WESTERN SPRINGS	IL 60558			
Purpose of Disbursement				
CONTRIBUTION TO FEDERAL CAND	DIDATE	011	Amount of Each Disbursement this Period	
Candidate Name		Category/	500.00	
DAN LIPINSKI		Туре	5,0,0,,0,0	
Office Sought: X House Disbursen	<u> </u>			
	Primary General			
L 1 L 1	Other (specify)			
Full Name (Last, First, Middle Initial) B.			Date of Disbursement	
LAKE RAY FOR CONGRESS		Ĩ	Date of Disbursement	
Mailing Address			0.8 1.1 20.16	
1615 HUFFINGHAM ROAD STE 3				
City	State Zip Code			
	FL 32216			
Purpose of Disbursement			Amount of Fook Dishurrament this Davied	
CONTRIBUTION TO FEDERAL CAND Candidate Name	IDATE	0 1 1	Amount of Each Disbursement this Period	
LAKE RAY		Category/	5.0.0 0.0	
Office Sought: House Disbursen	nent For:	Туре		
Senate	Primary General			
President	Other (specify)	Į.		
State: FL District: 4	·			
Full Name (Last, First, Middle Initial)				
C .			Date of Disbursement	
			W & W \ D & D \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Mailing Address				
City	State Zip Code		<u> </u>	
O.G.	zip Oode			
Purpose of Disbursement				
		0.1.1	Amount of Each Disbursement this Period	
Candidate Name		Category/		
		Туре		
Office Sought: House Disburser				
Senate	Primary General			
State: District:	Other (specify) ▼			
State. District.				
SUPTOTAL of Disburgamente This Dage (anti-only)			10,0,0,0,0	
SUBTOTAL of Disbursements This Page (optional)		······		
TOTAL This Period (last page this line number only)			1000.000	
I the track page and into 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 Su	ummary Page	FOR LINE 1	3 OF FORM 3X
AME OF COMMITTEE (In Full)						
HANSON PROFESSION			 _			<u> </u>
LOAN SOURCE Full Name (Last,	, First, Middle Initial)			Ele	ection:	
				-	Primary General	
Mailing Address		<u></u>			Other (specify)	▼
City	State	ZIP Cod	ie			
Original Amount of Loan	Cumulati	ive Payment To	Date	Balance	Outstanding at (Close of This Period
TERMS Date Incurred		Date Due		Interest Rate		Secured:
Date incurred			~ · · · · ·		% (apr)	Yes No
List All Endorsers or Guarantors	(if any) to Loan Sc	ource	<u></u>			
1. Full Name (Last, First, Middle			Name of Em	ployer	·	·
Mailing Address			Occupation		<u> </u>	
			Amount			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
City	State ZIP Cod	de	Guaranteed Outstanding:		<u></u>	ليحم
2. Full Name (Last, First, Middle I	nitial)		Name of Em			
Mailing Address			Occupation			
		ŀ	Amount			
City	State ZIP Cod	de	Guaranteed			
3. Full Name (Last, First, Middle I	nitiaN		Outstanding: Name of Em			
Hame (Last, Filst, Middle)			1	المولادية.		
Mailing Address			Occupation			
Citi	- Ch-1		Amount		**************************************	
City	State ZIP Cod	ue	Guaranteed Outstanding:	<u> </u>	-86\88	
4. Full Name (Last, First, Middle I	Initial)		Name of Em	ployer		
Mailing Address			Occupation			
			Amount			
City	State ZIP Cod	de	Guaranteed Outstanding:	مسا		
SUBTOTALS This Period This Page	(optional)					0.0
TOTALS This Period (last page in th	is line only)			· [_		00
Carry outstanding balance only to L	INE 3, Schedule D f	or this 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 numbered line)

FOR LINE NUMBER: (check only one)

PAGE

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OF

NAME OF	- соммі	TTEE (In Full)
---------	---------	--------	----------

HANSON PROFESSIONAL S	SERVICES INC. PAC	
A. Full Name (Last, First, Middle Initial) of De	btor or Creditor	Nature of Debt (Purpose):
Mailing Address		<u>-</u>
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 Deb	otor 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 De	ebtor 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
SUBTOTALS This Period This Page (optiona	MI)	000
TOTALS This Period (last page this line num		0.0
	ule C (last page only)	00
	iate line of Summary Page (last page only) ▶	0.0

SCHEDULE D	(FEC	Form	3X)
DEBTS AND O	BLIGA	TIONS	3

(Use separate schedule(s)

PAGE OF FOR LINE NUMBER:

DEBIS / Excluding	AND OBLIGATIONS Loans		for each numbered line)	(check only one)
NAME OF C	COMMITTEE (In Full)		namborod into)	X 10
HA	NSON PROFESSIONAL	SERVICES INC. PAC		
A. Full	Name (Last, First, Middle Initial) of [Debtor or Creditor	Nature of D	Debt (Purpose):
Mailing /	Address			
City	State	Zip Code		
-				
Outsta	anding Balance Beginning This Perio	d T		
-	Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
				4)
B. Full 1	Name (Last, First, Middle Initial) of D	ebtor or Creditor	Nature of D	Debt (Purpose):
Mailing	Address			
City	State	Zip Code		
	Amount Incurred This Period	Payment This Period	Outstand	ing Balance at Close of This Period
C. Full	Name (Last, First, Middle Initial) of	Debtor or Creditor	Nature of C	Debt (Purpose):
Mailing	Addraes			
City		State Zip Code		
Outst	anding Balance Beginning This Perio	od T		
	Amount Incurred This Period	Payment This Period	Outstand	ing Balance at Close of This Period
				45)
4) 0115-	OTAL O This Device This Device			0.0
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		ımber only)		
		edule C (last page only)		00
4) ADD 2	and 3) and carry forward to approp	priate line of Summary Page (last page o	nly) ▶	00

HANSON

h St. | Springfield, IL 62703







1525 S. Sixth St. | Springfield, IL 62703

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

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING D The FEC added this page to the end of this filing to indicate ho	
Hand Delivered	Date of Receipt
Postmarked USPS First Class Mail	Date of Receipt
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
	Postmarked
USPS Priority Mail Express	
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):	ceipt or Postmarked
PREPARER ()	9/21/16 DATE PREPARED
(3/2015)	DATE I NEI ANED