2021-05-04-0M-00M26504

FEC FORM 3X

> Use Only

REPORT OF RECEIPTS **AND DISBURSEMENTS**

For Other Than An Authorized Committee

FEC MAIL CENTER

2021 APR 2800PH 12: 37

								
	ME OF MMITTEE (in full)	TYPE OR PRINT ▼		mple: If typ r the lines.	oing, type	12FE4M:	5	
HAN	ISON PROFES	SSIONAL SEI	RVICES IN	IC PAC	<u> </u>			1
			<u> </u>	* * * * * * * * * * * * * * * * * * * *		1		
				للللل				
ADDRES	SS (number and street)	[1525, SOU]	гн ѕіхтн	STREE	T	1 1 1 1		
T	Check if different		1111			1 1 1 1 1		
L	than previously reported. (ACC)	LSPRINGFI	E Ļ Ď , , ,				62703	-
2. FE (DENTIFICATION N	UMBER ▼	CITY A			STATE A	ZIP C	ODE A
С	0.0.4.0.6.1	2.4	3. IS THIS REPORT	Z	NEW (N) OR	☐ AM (A)	ENDED	
	PE OF REPORT	(b) Monthly - Report	Feb 20 (M2)		May 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a)	Quarterly Reports:	Due On:	Mar 20 (M3)		Jun 20 (M6)	Sep :	20 (M9)	Dec 20 (M12) (Non-Election
ν/	, ,,	5	Apr 20 (M4)	П	Jul 20 (M7)	Oct 2	20 (M10)	Year Only) Jan 31 (YE)
	April 15 Quarterly Report (<u> </u>	Primary (12		General (Runoff (12R)
	July 15 Quarterly Report (PRF-FIA	<u></u>	Convention	9m P**	Special (,
	October 15 Quarterly Report (·				J CP STILL (_	
	January 31 Year-End Report (YE)	Election on	M T M		******	in the State	
	July 31 Mid-Year Report (Non-electi Year Only) (MY)	on (d) 30-Day POST-E		General (3	0G)	Runoff (3	OR)	Special (30S)
	Termination Repor (TER)		Election on	Mark	/ D.B. /	7 8 7 8 7	in the State	
5. Cov	ering Period 0	3 01 2	021	through	0.3	′ 3 1 ′	2021]
I certify	that I have examined t	this Report and to the	best of my kno	wledge and	belief it is tru	e, correct and	i complete.	
•	Print Name of Treasur	DOMBA K E	•		·		· 	
Signatur	e of Treasurer(Ronaa	4. 90 1	Keit) D	ate 0 4	02	2021
NOTE: S	Submission of false, error	neous, or incomplete in	nformation may s	ubject the p	erson signing th	is Report to th	ne penalties of 5	62 U.S.C. § 30109
	Office		1	,				
ı	Use						FEC FO Rev. 05	

2021-05-04-05-00376505

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

LIVECKI	DROFFSSIONAL	SEDVICES II	NCDAC

Report Covering the Period:

From:

03 / 01

2021

To.

0.3 3.1

3.1

2,0,2,1

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2021		20,215,00
	(b) Cash on Hand at Beginning of Reporting Period	30,715,00	
	(c) Total Receipts (from Line 19)	2,700,00	13,200_00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	33,415,00	33,415_00
7.	Total Disbursements (from Line 31)	1,000,00	1,000,00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	32,415,.00	32,415,00
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)	0.0	

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

2021 - 05 - 04 - 08 - 00M76506

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016) Page 3

Write or Type Committee Name

Report Covering the Period: From: 0.3	0.1 2021 · T	o: 03 31 2021
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	2,700_00	13,200,00
(ii) Unitemized		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(iii) TOTAL (add	0.700	1220000
Lines 11(a)(i) and (ii)▶	2,700,00	13,200,00
(b) Political Party Committees		
(c) Other Political Committees		
(such as PACs)	473	
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	2700 00	13200 0
Totals to Line 33, page 5)		5,200,0
2. Transfers From Affiliated/Other		
Party Committees	47)	
3. All Loans Received	47)	49-1-69-1
Loan Repayments Received		
5. Offsets To Operating Expenditures	- Indiana (2) - Indiana (2) - Indiana (2) - Indiana	
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)		
Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees		
7. Other Federal Receipts		
(Dividends, Interest, etc.)	7) 40 40	
(a) Non-Federal Account		
(from Schedule H3)		
(
(b) Levin Funds (from Schedule H5)	0 0	45 45 45
(c) Total Transfers (add 18(a) and 18(b))		
•	The state of the s	
 Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) 	2,700,00	1.3,200,00
). Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	2,700,00	1320000

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures:	Total This Period	Calendar Year-to-Date
	(a) Allocated Federal/Non-Federal	,	
	Activity (from Schedule H4) (i) Federal Share		
	(i) Federal Share	<u></u>	<u></u>
	(ii) Non-Federal Share		
	` '	<u> </u>	
	(b) Other Federal Operating Expenditures		
	•		L
	(c) Total Operating Expenditures		00
	(add 21(a)(i), (a)(ii), and (b))		
2.	Transfers to Affiliated/Other Party Committees		
3.	Contributions to		<u> </u>
•	Federal Candidates/Committees	1000	1000
	and Other Political Committees	1,000,00	1,000_0
4.	Independent Expenditures (use Schedule E)		
25 .	Coordinated Party Expenditures	<u></u>	
	(52 U.S.C. § 30116(d))		
	(use Schedule F)		
_	Lange Barrana da Marta		
6.	Loan Repayments Made	L. r.	
_			
	Loans Made		;; ;
Ο.	(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))		
		<u></u>	<u> </u>
29.	Other Disbursements (Including		•
	Non-Federal Donations)		
		<u> </u>	
30.	Federal Election Activity (52 U.S.C. § 30101(20))	
	(a) Allocated Federal Election Activity		
	(from Schedule H6)		
	(i) Federal Share		
		<u> </u>	
	(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))		
11.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1,00,000	1.000 _00
	Total Federal Disbursements		
2.			
2.	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
12.	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	1,00,00	1.000.00

DETAILED SUMMARY PAGE

of Disbursements

Page 5 В to-Date

•	FEC Form 3X (Rev. 05/2016)	or Dispursements	F
	III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to
33.	Total Contributions (other than loans) (from Line 11(d), page 3)	2,7,0,0,0,0	13,2
34.	Total Contribution Refunds (from Line 28(d))		(1)
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	2,700,00	1,3,2
36.	Total Federal Operating Expenditures (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)	0.0	

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 1 OF 2 (check only one)								
TEMIZED RECEIPTS	for each category of the	(Check only one)								
	Detailed Summary Page	1 1	13	\vdash	14	-	15	\big _{16}	Γ	17
Any information copied from such Reports and Statements mor for commercial purposes, other than using the name and a			for the		pose (oliciting	contrib		ns
NAME OF COMMITTEE (In Full)										
angle HANSON PROFESSIONAL SEF	RVICES INC PAC									
Full Name of Individual (Last, First, Middle Initial) or Full C. MCPHAIL, RICHARD, P.	Organization Name		Date o	of Re	eceipt		· · ·			
Mailing Address 16233 CHANCELLORS RIDGE WA			0 3] ′	ő	^σ	′ <u>°</u> 2	ĎŽ	1]
WESTFIELD State IN	Zip Code 46062		Amour	nt of	Each	Rec	eipt this	Perio	od	
FEC ID number of contributing federal political committee.					:O)		, 3	0 Q	<u>, C</u>	0
HANSON PROFESSIONAL SERVICES INC.	upation (for Individual) AVP			/lemo	o Item	ı				
Receipt For: Primary General Other (specify) ▼ Aggregate	Year-to-Date ▼ 3 0 0 0 0]								
Full Name of Individual (Last, First, Middle Initial) or Full CB. BRADFORD, WILLIAM, C.	Organization Name		Date o	of Re	eceipt					
Mailing Address 1460 SHADWELL CIRCLE			03		ů	⁶ 4	´ 2	ď2	1]
City State HEATHROW · FL	Zip Code 32746		Amou	nt of	Each	Red	eipt this	Perio	od	
FEC ID number of contributing federal political committee.					412	4	, 6	0 0	<u>"</u> (0
HANSON PROFESSIONAL SERVICES INC.	cupation (for Individual) SR VP		□ ^	/temo	o Item	l				
Receipt For: Primary General Other (specify) ▼ Aggregate	Year-to-Date ▼ • • • • • • • • • • • • • • • • • •]								
Full Name of Individual (Last, First, Middle Initial) or Full C. THOMPSON, MARK, G.	Organization Name		Date (of Re	eceipt					
Mailing Address 18520 ASHLAND AVE City State	Zip Code		0.3		ő	8	′ (2	<u>0</u> 2	1]
HOMEWOOD IL	60430		Amou	nt of	Each	Rec	ceipt this	Perio	od .	
FEC ID number of contributing federal political committee.							, 6	0 0	ĘC	0
HANSON PROFESSIONAL SERVICES INC.	cupation (for Individual) VP		LJ '	Mem	o Item	1				
Receipt For: Primary General Other (specify) Aggregate	Year-to-Date ▼ ,6000.00]								
SUBTOTAL of Receipts This Page (optional)		<u> </u>				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u>1,5</u>	0,0	. (0

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

SCHEDUL	E A	(FEC	Form	3X)
ITEMIZED	REC	EIPTS	}	

	FOF	R LINE	NU	MBER	l:	PAGI	E 2	2 (OF 2	
Use separate schedule(s) for each category of the Detailed Summary Page	ı `—	ck only		ne) 11b		11c		12		
		13		14		15		16	\Box	17
not be sold or used by any pe	erson f	or the	purj	oose o	of so	liciting	CO	ntribi	utions	

Any information copied from such Reports and Statements may 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 MCDONALD JR, DAVID, R. Date of Receipt Mailing Address 2021 4700 ROSLYN RD 03 City State Zip Code DOWNERS GROVE 60515 Amount of Each Receipt this Period FEC ID number of contributing 300 0 0 federal political committee. Name of Employer (for Individual) Occupation (for Individual) Memo Item HANSON PROFESSIONAL SERVICES INC. **VP** Receipt For: Aggregate Year-to-Date ▼ Primary General 30000 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. POCHOP, MICHAEL, A. Date of Receipt Mailing Address 2413 SW HICKORY LANE 03 2021 Zip Code State LEE'S SUMMIT MO 64082 Amount of Each Receipt this Period FEC ID number of contributing 300 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **VP** HANSON PROFESSIONAL SERVICES INC Receipt For: Aggregate Year-to-Date ▼ **Primary** General 300 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name SNOWDEN, CHARLES, H Date of Receipt Mailing Address 2021 **165 CARNAUBA WAY** City State Zip Code 32081 FL PONTE VEDRA Amount of Each Receipt this Period FEC ID number of contributing 6.0.0federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) HANSON PROFESSIONAL SERVICES INC. SR VP Receipt For: Aggregate Year-to-Date ▼ **Primary** General 0.04Other (specify) 6.0.0 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER PAGE 1 OF 1					
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one)					
	Detailed Summary Page	21b 22 23 26 27 28a 28b 28c 29 30b					
Any information copied from such Reports and Statem	l nents may not be sold or used	d by any person for the purpose of soliciting contributions					
		al committee to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)							
/ HANSON PROFESSIONAL	SERVICES INC	PAC					
Full Name (Last, First, Middle Initial)	Full Name (Last, First, Middle Initial) Date of Disbursement						
ROBIN KELLY FOR CONGRESS							
Mailing Address P.O. BOX 3411							
CHICAGO	State Zip Code 60654	FEC Identification Number					
Purpose of Disbursement	F	C 0 0 5 3 9 8 6 6					
CONTRIBUTION TO FEDERAL	CANDIDATE	01,1					
ROBIN KELLY	·	Category/ Type Amount of Each Disbursement this Period					
Office Sought: X House Disbursen		1,000_00					
Senate X	Primary General Other (specify) ▼						
State: IL District: 02		Memo Item					
Full Name (Last, First, Middle Initial)							
3.		Date of Disbursement					
Mailing Address		May Coas Carrest					
City	State Zip Code	FEC Identification Number					
Purpose of Disbursement							
		0.1 1					
Candidate Name		Category/ Amount of Each Disbursement this Period					
Office Sought: House Disbursen	ment For:	1700					
<u> </u>	Primary General	7					
State: District:	Other (specify)	Memo Item					
Full Name (Last, First, Middle Initial)							
C.		Date of Disbursement					
Mailing Address							
City	State Zip Code	FEC Identification Number					
Purpose of Disbursement	 -						
O 1 1							
Candidate Name	Candidate Name Category/ Amount of Each Disbursement this Period						
Office Sought: House Disburser	Office Sought: House Disbursement For:						
Senate	Primary General						
President State: District:	Other (specify) ▼	Memo Item					
		400000					
	SUBTOTAL of Disbursements This Page (optional)						
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

FOR LINE 13 OF FORM 3X

			Detailed Summary Page FOR LINE 13 OF FORM 3X				
AME OF COMMITTEE (In Full)							
HANSON PROFESSIONAL SERVICES INC PAC							
LOAN SOURCE Full Name (Last,	First, Mi	ddle Initial)	☐ Memo Item				
			Primary General				
Mailing Address			Other (specify) ▼				
City		State ZIP	Code				
Original Amount of Loan		Cumulative Payment	t To Date Balance Outstanding at Close of This Period				
TERMS							
Date Incurred	444 L	Date D איא / B ס /	Due Interest Rate Secured:				
			% (apr) Yes No				
List All Endorsers or Guarantors	(if any) t	o Loan Source					
1. Full Name (Last, First, Middle Ir	nitial)		Name of Employer				
Mailing Address			Occupation				
aming / idai 000							
City	State	ZIP Code	Amount Guaranteed Outstanding:				
2. Full Name (Last, First, Middle In	nitial)		Name of Employer				
Mailing Address			Occupation				
			Cooperior				
City	State	ZIP Code	Amount Guaranteed Outstanding:				
3. Full Name (Last, First, Middle In	nitial)	•	Name of Employer				
Mailing Address			Converting				
, and the second			Occupation				
City	State	ZIP Code	Amount Guaranteed Outstanding:				
4. Full Name (Last, First, Middle In	nitial)		Name of Employer				
Mailing Address			Occupation				
			·				
City	State	ZIP Code	Amount Guaranteed Outstanding:				
SUBTOTALS This Period This Page	(optional)						
OTALS This Period (last page in thi	OTALS This Period (last page in this line only)						
arry outstanding balance only to LINE 3, Schedule D, for 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

FOR LINE NUMBER: (check only one)

PAGE 1

X	9
	10

OF 1

NAME	OF	COMMIT	1 E E (11	n I	Full)			

		I.	nombered line)	10
NAME OF COMMITTEE (In Full)	SEDVIC	SES INC DAC		
HANSON PROFESSIONAL A. Full Name (Last, First, Middle Initial) of Debt	Nature of Debt (Purpose):			
Mailing Address				
City	y State Zip Code			
Outstanding Balance Beginning This Period				
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Cl	ose of This Period
B. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Nature of Debt (Purpose):	
Mailing Address				
City	State	Zip Code		
Outstanding Balance Beginning This Period . Amount Incurred This Period	Pa	ayment This Period	Outstanding Balance at Cl	ose of This Period
C. Full Name (Last, First, Middle Initial) of Deb	lor or Creditor		Nature of Debt (Purpose):	
Mailing Address				
City	State	Zip Code		
Outstanding Balance Beginning This Period Amount Incurred This Period	Pa	ayment This Period	Outstanding Balance at Cl	ose of This Period
1) SUBTOTALS This Period This Page (optional).			>	0.0
2) TOTALS This Period (last page this line number	er only)			0,0
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page o	only)	· • · · · · · · · · · · · · · · · · · ·	00
4) ADD 2) and 3) and carry forward to appropriate	e line of Summ	ary Page (last page only	/) ▶	0.0

SCHED	ULE I	D (F	EC F	orm	3X)
DEBTS	AND	OBL	IGAT	IONS	;

PAGE 1

DEBTS AND OBLIGATIONS Excluding Loans	schedule(s) for each numbered line)	FOR LINE NUMBER: (check only one)		
NAME OF COMMITTEE (In Full)			•••••••••••••••••••••••••••••••••••••	15.51
HANSON PROFESSIONAL	SERVIC	ES INC PAC		
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor				Pebt (Purpose):
Mailing Address				
City	State	Zip Code		
Outstanding Balance Beginning This Period	· · · · · · · · · · · · · · · · · · ·			
Amount Incurred This Period	Pa	syment This Period	Outstandi	ng Balance at Close of This Period
772		A		572
B. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of D	Debt (Purpose):
2			, realized on E	, a.p
Mailing Address				
City	State	Zip Code	,	
City	State	Zip Code		
Outstanding Balance Beginning This Period				
Amount Incurred This Period	Pa	syment This Period	Outstand	ing Balance at Close of This Period
	57			7
C. Full Name (Last, First, Middle Initial) of Debt	or or Creditor		Nature of D	Debt (Purpose):
Mailing Address	 			
City	State ,	Zip Code		
		·		
Outstanding Balance Beginning This Period				
Amount Incurred This Period	Pa	ayment This Period	Outstand	ing Balance at Close of This Period
		A 4 57 A 4 3	ــا لـــ	
				
1) SUBTOTALS This Period This Page (optional)			<u> </u>	
2) TOTALS This Period (last page this line number only)			>	, , , , 0,0
3) TOTAL OUTSTANDING LOANS from Schedule	C (last nace	only)		0.0
				7
4) ADD 2) and 3) and carry forward to appropriate	line of Summ	nary Page (last page o	niy) ▶	0.0

selection of the control of the cont

TINITAL PROPERTY

1525 S. Sixth St. | Springfield, IL 62703

REQUESTED

92EE 0000 049T 6T02 DEET





20463

\$7.85 R2305M145141-04

1000

OSTAGE PAI GENV GFIELD, IL

REGUES

PH I2: 37 2021 APR 29 LEC MAIL CENTER

Federal Election Commission 1050 First Street NE

Washington DC 20463

Federal Election ENVELOPE REPLACEMENT PAGE The FEC added this page to the end of this	FOR INCOMING DO	
Hand Delivered		Date of Receipt
Postmarked USPS First Class Mail	ı	Date of Receipt
USPS Registered/Certified		Postmarked (R/C) 4/7/2/
USPS Priority Mail		Postmarked
		Postmarked
USPS Priority Mail Express	·	
Postmark Illegible	· · · · · · · · · · · · · · · · · · ·	·
No Postmark		
Overnight Delivery Service (Specify):		Shipping Date
	Next Business D	· · · · · · · · · · · · · · · · · · ·
Received from House Records & Register	tration Office	Date of Receipt
Received from Senate Public Records 0	Office	Date of Receipt
Received from Electronic Filing Office		Date of Receipt
Other (Specify):	Date of Rece	eipt or Postmarked
JEW PREPARER		4/30/21 DATE PREPARED
(3/2015)		DATE PREPARED