FEC FORM 3X	AND DISBL	F RECEIPTS JRSEMENTS Authorized Committee	RECEIVED FEC MAIL CENTER 2021 FEB -4 AM 9: 29 Office Use Only
1. NAME OF COMMITTEE (in 1	TYPE OR PRINT ▼ ull)	Example: If typing, type over the lines.	12FE4M5
LHANSON PR	QFESSIONAL SERV	ΊζΕξ ΙΝς ΡΑς	
ADDRESS (number and Check if diffe than previous reported. (AC	rent	SIXTH STREET	
			STATE A ZIP CODE A
C 0 0.4.0	6124	B. IS THIS NEW REPORT N. (N) OR	AMENDED (A)
July 15 Quarterly October Quarterly January Year-End July 31 M Report (I Year Onl	Report Image: Construction of the second s	ection on General (30G)	(Non-Election Year Only)
Type or Print Name of Signature of Treasurer	Treasurer RONDAKFOL	st of my knowledge and belief it is t KERTS Jacketh	ad handand haadaadaad
Office Use Only			FEC FORM 3X Rev. 05/2016

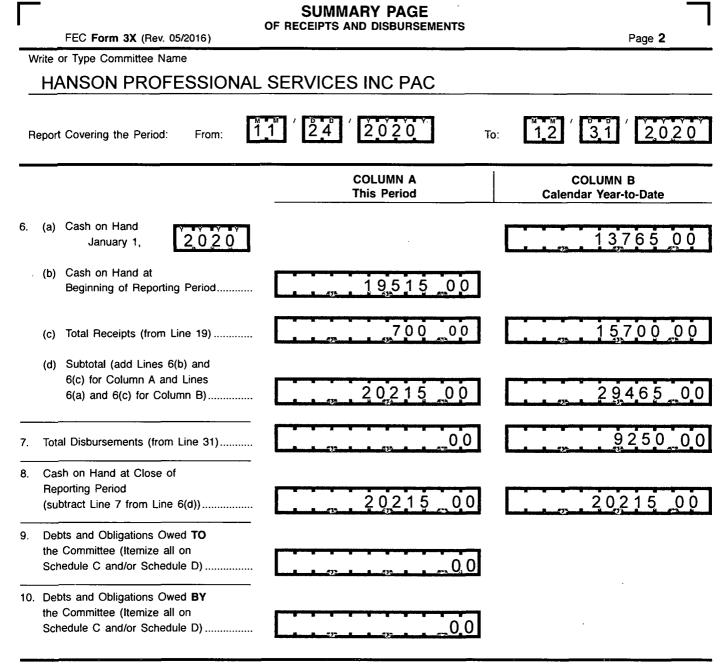
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Qualified as multicandidate on 3-14-16.

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

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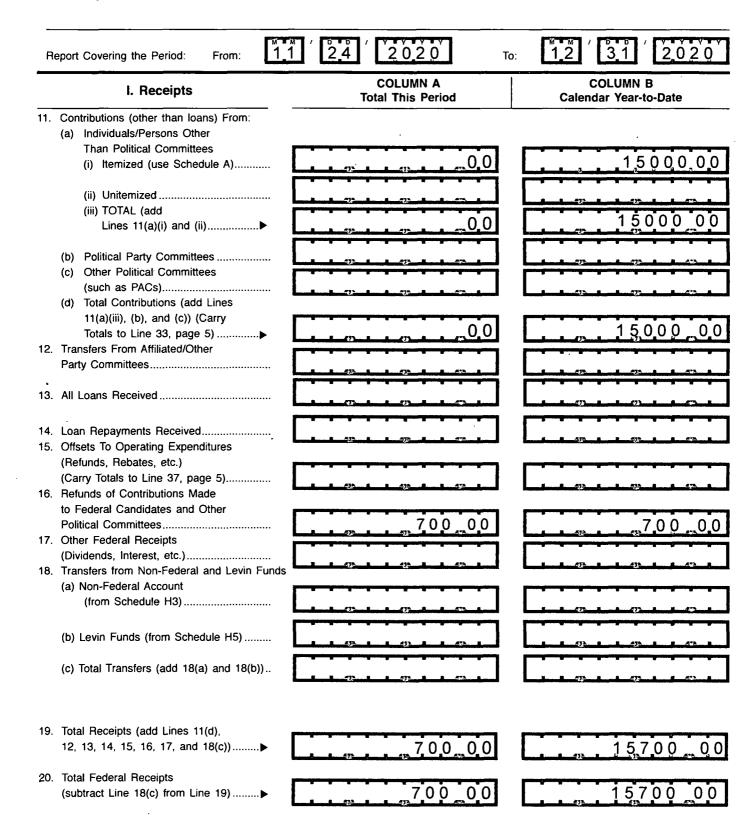
DETAILED SUMMARY PAGE

of Receipts

Page 3

Write or Type Committee Name

FEC Form 3X (Rev. 05/2016)



DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

Page 4

COLUMN B

Calendar Year-to-Date

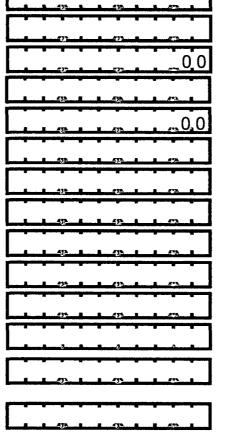
II. Disbursements
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)
(i) Federal Share

(ii) Non-Federal Share.....

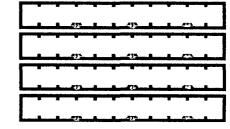
(b) Other Federal Operating Expenditures (c) Total Operating Expenditures

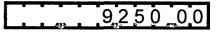
FEC Form 3X (Rev. 05/2016)

- (add 21(a)(i), (a)(ii), and (b)) 22. Transfers to Affiliated/Other Party
- Committees..... Contributions to 23. Federal Candidates/Committees and Other Political Committees.....
- 24. Independent Expenditures (use Schedule E)..... Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... 25.
- 26. Loan Repayments Made
- Individuals/Persons Other (a) Than Political Committees
 - (b) Political Party Committees
 - (c) Other Political Committees (such as PACs).....
 - Total Contribution Refunds (d) (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)) ...
- 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....



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21.

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 5 COLUMN A COLUMN B III. Net Contributions/ **Total This Period Operating Expenditures Calendar Year-to-Date** 33. Total Contributions (other than loans) 0_0 5700 00 (from Line 11(d), page 3) 34. Total Contribution Refunds (from Line 28(d)) 35. Net Contributions (other than loans) 15700 0.0 (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures 0.0 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 0.0 (subtract Line 37 from Line 36)

Note to Column B: \$700 additional since last. report is due to refund reported on Page 3, Line 16.

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SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 1 OF 1			
ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)			
			Detailed Summary Page			
An	y information copied from such Reports and Sta	atemente ma	L	13 14 15 16 17		
	for commercial purposes, other than using the i					
	NAME OF COMMITTEE (In Full)			,		
\mathbf{V}	HANSON PROFESSIONA	AL SER	VICES INC PAC			
	Full Name of Individual (Last, First, Middle Initia		-			
Α.	FRIENDS OF DICK DURBIN (Mailing Address	<u>COMMIT</u>		Date of Receipt		
	PO BOX 1949			12 23 2020		
	City	State	Zip Code			
	SPRINGFIELD	IL IL	62705	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.		0148999	700.00		
	Name of Employer (for Individual)	Occi	upation (for Individual)			
	Receipt For:	Aggregate	Year-to-Date V	REFUND of contribution. Refund check was inadvertently deposited in Hanson Professional		
	Primary General		<u> </u>	Services Inc's corporate bank account. To correct the mistake, on 12/23/2020		
	Other (specify) ▼	L	700 00	Hanson deposited \$700, the Durbin Committee refund amount, in the PAC bank account.		
	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name			
В.				Date of Receipt		
	Mailing Address					
	City	State	Zip Code			
				Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C				
	·	••••••••••••••••••••••••••••••••••••••				
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item		
	Receipt For:	Aggregate	Year-to-Date V	-		
	Primary General					
	Other (specify) ▼	L				
<u> </u>	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name	Date of Receipt		
	Mailing Address					
	City	Stata	Zin Codo			
	City	State	Zip Code	Amount of Each Receipt this Period		
	FEC ID number of contributing		·····			
	federal political committee.					
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item		
	Receipt For:	Aggregate	Year-to-Date V			
	Primary General	- age oguto				
	Other (specify)		<u> </u>			
s	UBTOTAL of Receipts This Page (optional)		••••••	70000		
T	OTAL This Period (last page this line number o	nly)	_ _	70000		

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

FEC Schedule A (Form 3X) Rev. 06/2016

SCHEDULE B (FEC Form 3X)				NUMBER PAGE 1 OF 1			
ITEMIZED DISBURSEMENTS		Use separate schedule(s)		FOR LINE NUMBER: PAGE 1 OF 1 (check only one)			
TEMPLED DISDONOLAIENTS		category of the Summary Page	21b	22 X 23 26 27			
			28a	28b 28c 29 30b			
Any information copied from such Reports and State or for commercial purposes, other than using the nar							
NAME OF COMMITTEE (In Full)							
HANSON PROFESSIONA	L SER	/ICES INC	PAC				
Full Name (Last, First, Middle Initial)				Date of Disbursement			
<u>~</u> .							
Mailing Address							
City	State	Zip Code		FEC Identification Number			
Purpose of Disbursement			011	С			
Candidate Name			Category/ Type	Amount of Each Disbursement this Period			
Office Sought: House Disburse	ment For:	L	i yhe				
Senate	Primary	General					
State: District:	Other (spe	cify) 🔻		Memo Item			
Full Name (Last, First, Middle Initial)			· · ·				
В.				Date of Disbursement			
Mailing Address		· · · · ·					
		1					
City	State	Zip Code		FEC Identification Number			
Purpose of Disbursement		1.	011	С			
Candidate Name							
			Category/ Type	Amount of Each Disbursement this Period			
	ment For:						
President	Primary Other (spe	General		-			
State: District:				Memo Item			
Full Name (Last, First, Middle Initiał)							
С.				Date of Disbursement			
Mailing Address							
City	State	Zip Code		FEC Identification Number			
Purpose of Disbursement		1		С			
Candidate Name			0,1,1 Category/ Type	Amount of Each Disbursement this Period			
	ment For:	L					
Senate President	Primary Other (spe	General					
State: District:	Other (spe	сну) ▼		Memo Item			
I							
SUBTOTAL of Disbursements This Page (optional).			····· ►				
TOTAL This Period (last page this line number only	·)			00			

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FEC Schedule B (Form 3X) Rev. 05/2016

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SCHEDULE C (FEC Form 3X)

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OANS				Use separate sche for each category o Detailed Summary	of the	PAGE 1	OF 1 13 OF FORM 3X	
NAME OF COMMITTEE (In Full)						I	<u></u> #	
HANSON PROFESS	SIONAL	SERVICE	S INC	PAC				
LOAN SOURCE Full Name (La	st, First, Mi	ddle Initial)		Memo	item Ele	ection: Primary General		
Mailing Address						Other (specify) 🔻	
City		State	ZIP Cod	e				
Original Amount of Loan	æ	Cumulative Pay	yment To [Date	Balance	Outstanding at	Close of This Pe	riod
TERMS Date Incurred	<u> </u>		Date Due		Rate	% (apr)	Secured:	No
List All Endorsers or Guarantor	<u> </u>	o Loan Source		Name of Employer	<u></u>		<u></u>	
1. Full Name (Last, First, Middle	muary			Name of Employer				
Mailing Address		- <u></u>		Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:)* <u> </u>		
2. Full Name (Last, First, Middle	Initial)			Name of Employer				
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:	.) ²		
3. Full Name (Last, First, Middle	Initial)			Name of Employer				
Mailing Address			· ·	Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:		y		
4. Full Name (Last, First, Middle	Initial)			Name of Employer				
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:	· · · ·	· · · · ·		
SUBTOTALS This Period This Page	e (optional)			••••••				2
TOTALS This Period (last page in t	this line onl	y)				/	.0,(2
Carry outstanding balance only to	LINE 3, Sc	hedule D, for this	s line. If r	o Schedule D, carry	forward	to appropriate	line of Summa	ry.

T

HEDULE D (FEC Form 3X) BTS AND OBLIGATIONS Cluding Loans	(Use separate schedule(s) for each numbered line)	PAGE 1 OF FOR LINE NUMBER: (check only one)		
ME OF COMMITTEE (In Full) HANSON PROFESSIONAL			`	
A. Full Name (Last, First, Middle Initial) of Deb				ebt (Purpose):
			1	
Mailing Address				
City	State	Zip Code		
Outstanding Balance Beginning This Period	<u>l</u>			
Amount Incurred This Period	Pa	yment This Period	Outstandi	ng Balance at Close of This I
B. Full Name (Last, First, Middle Initial) of Debt	or or Creditor		Nature of D	ebt (Purpose):
Mailing Address				
City	State	Zip Code		
Outstanding Balance Beginning This Period				<u> </u>
Amount Incurred This Period	Pa	yment This Period	Outstandi	ng Balance at Close of This
Amount incurred this renou				
				<u></u>
C. Full Name (Last, First, Middle Initial) of Deb	otor or Creditor		Nature of D	ebt (Purpose):
Mailing Address				
City	State	Zip Code		
Outstanding Balance Beginning This Period				
Amount Incurred This Period	Pa	yment This Period	Outstandi	ng Balance at Close of This
<u></u>	I			
				· · · · · · · · · · · · · · · · · · ·
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page this line number only)				
TOTAL OUTSTANDING LOANS from Schedul	e C (last page d	only)		C

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CHEDULE D (FEC Form 3X) EBTS AND OBLIGATIONS ccluding Loans	(Use separate schedule(s) for each numbered line)	PAGE 1 OF 1 FOR LINE NUMBER: (check only one) 9 X 1		
HANSON PROFESSIONAL	SERVIC	ES INC PAC	•	
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of D	Debt (Purpose):
Mailing Address				
City	State	Zip Code		
Outstanding Balance Beginning This Period			·	· · · · · · · · · · · · · · · · · · ·
Amount Incurred This Period	Pa	ment This Period	Outstandi	ng Balance at Close of This P
		<u> </u>		
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	40 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Nature of D	Debt (Purpose):
Mailing Address				
City	State	Zip Code		
Amount Incurred This Period	Pa	yment This Period	Outstandi	ng Balance at Close of This P
C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	4	Nature of D	Debt (Purpose):
Mailing Address				
City	State	Zip Code		
Outstanding Balance Beginning This Period		_I	·	
Amount Incurred This Period	Pa	yment This Period	Outstandi	ng Balance at Close of This Po
I) SUBTOTALS This Period This Page (optional)			►	<u>" </u>
TOTALS This Period (last page this line number only)				
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page o	nly)		0
 ADD 2) and 3) and carry forward to appropriate 				

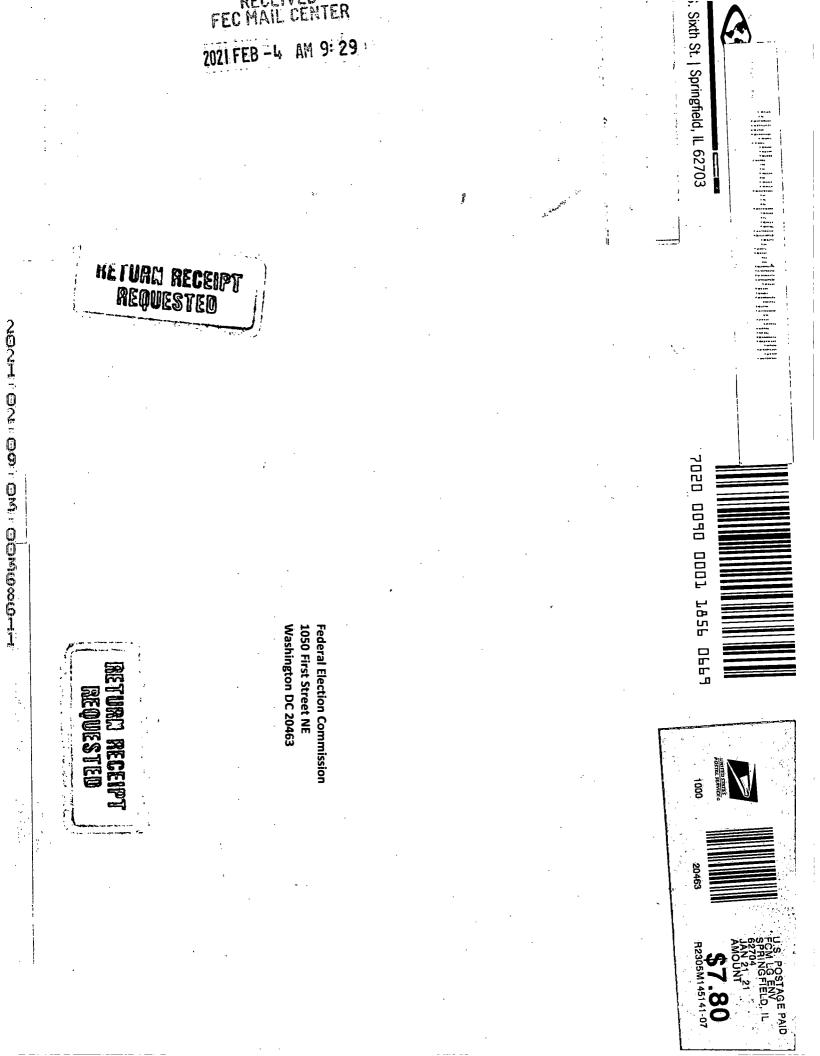
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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOM The FEC added this page to the end of this filing to indi	AING DOCUMENTS
Hand Delivered	Date of Receipt
Postmarked USPS First Class Mail	Date of Receipt
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
	Postmarked
USPS Priority Mail Express	
Postmark Illegible	
No Postmark)
Overnight Delivery Service (Specify):	Shipping Date
Next Bu	siness 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):	e of Receipt or Postmarked
SPM	2/5/21
PREPARER	DATE PREPARED

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