

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER
2018 AUG 20 AM 11:22
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 ▲

C00406124

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 MM / DD / YYYYYY in the State of

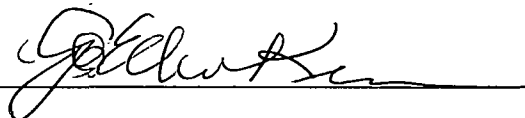
- (d) 30-Day POST-Election Report for the:
- General (30G) Runoff (30R) Special (30S)

Election on MM / DD / YYYYYY in the State of

5. Covering Period MM / DD / YYYYYY through MM / DD / YYYYYY

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 MM / DD / YYYYYY

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 | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|

**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:

| | | |
|----|----|------|
| MM | DD | YYYY |
| 07 | 01 | 2018 |

 To:

| | | |
|----|----|------|
| MM | DD | YYYY |
| 07 | 31 | 2018 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | |
|--|-------------------------|-----------------------------------|--|----------|
| 6. (a) Cash on Hand January 1, <table border="1"><tr><td>YYYYYY</td></tr><tr><td>2018</td></tr></table> | YYYYYY | 2018 | | 10615 00 |
| YYYYYY | | | | |
| 2018 | | | | |
| (b) Cash on Hand at Beginning of Reporting Period..... | 11465 00 | | | |
| (c) Total Receipts (from Line 19) | 00 | 14700 00 | | |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 11465 00 | 25315 00 | | |
| 7. Total Disbursements (from Line 31)..... | 250 00 | 14100 00 | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 11215 00 | 11215 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

20180701 10:00:00 AM

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:

07 / 01 / 2018

To:

07 / 31 / 2018

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).....

00

14700.00

(ii) Unitemized.....

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

00

14700.00

(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).....▶

00

14700.00

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)).....▶

00

14700.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

00

14700.00

20180701-20180731

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..... | 250 00 | 14100 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)).. | 250 00 | 14100 00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 250 00 | 14100 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) | 0 0 | 1 4 7 0 0 0 0 |
| 34. Total Contribution Refunds (from Line 28(d)) | | |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 0 0 | 1 4 7 0 0 0 0 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 0 0 | 0 0 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | | |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0 0 | 0 0 |

NON-PROFIT AND FOUNDATION

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 1
 (check only one)

11a 13 11b 14 11c 15 12 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 PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)
 HANSON PROFESSIONAL SERVICES INC.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ **0.0**

TOTAL This Period (last page this line number only).....▶ **0.0**

2016-10-08 10:00:00 AM

**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)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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 (Last, First, Middle Initial)

A. RODNEY FOR CONGRESS

Date of Disbursement

| | | |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 07 | 19 | 2018 |

Mailing Address

PO BOX 344

City

TAYLORVILLE

State

IL

Zip Code

625680344

FEC Identification Number

C 00521948

Purpose of Disbursement

CONTRIBUTION TO FEDERAL CANDIDATE

011

Category/
Type

Amount of Each Disbursement this Period

250.00

Candidate Name

RODNEY DAVIS

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: **IL**

District: **13**

Memo Item

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

| | | |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| | | |

Mailing Address

City

State

Zip Code

FEC Identification Number

C

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)

State:

District:

Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

| | | |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| | | |

Mailing Address

City

State

Zip Code

FEC Identification Number

C

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) ▼

State:

District:

Memo Item

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

250.00

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

250.00

SCHEDULE C (FEC Form 3X)
LOANS

NAME OF COMMITTEE (In Full)
HANSON PROFESSIONAL SERVICES INC PAC

| | | |
|---|-------|--|
| LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item | | Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address | | |
| City | State | ZIP Code |

| | | |
|---|---|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| <input style="width:100%; height:20px;" type="text"/> | <input style="width:100%; height:20px;" type="text"/> | <input style="width:100%; height:20px;" type="text"/> |

TERMS

| | | | |
|---------------------------------|----------------------------|---|--|
| Date Incurred MM / DD / YYYY | Date Due MM / DD / YYYY | Interest Rate <input style="width:80%; height:20px;" type="text"/> % (apr) | Secured: <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---------------------------------|----------------------------|---|--|

List All Endorsers or Guarantors (if any) to Loan Source

| 1. Full Name (Last, First, Middle Initial) | | | Name of Employer |
|--|-------|----------|---|
| Mailing Address | | | Occupation |
| City | State | ZIP Code | Amount Guaranteed Outstanding: <input style="width:80%; height:20px;" type="text"/> |
| 2. Full Name (Last, First, Middle Initial) | | | Name of Employer |
| Mailing Address | | | Occupation |
| City | State | ZIP Code | Amount Guaranteed Outstanding: <input style="width:80%; height:20px;" type="text"/> |
| 3. Full Name (Last, First, Middle Initial) | | | Name of Employer |
| Mailing Address | | | Occupation |
| City | State | ZIP Code | Amount Guaranteed Outstanding: <input style="width:80%; height:20px;" type="text"/> |
| 4. Full Name (Last, First, Middle Initial) | | | Name of Employer |
| Mailing Address | | | Occupation |
| City | State | ZIP Code | Amount Guaranteed Outstanding: <input style="width:80%; height:20px;" type="text"/> |

| | |
|---|--|
| SUBTOTALS This Period This Page (optional).....▶ | <input style="width:90%; height:20px;" type="text" value="0.0"/> |
| TOTALS This Period (last page in this line only).....▶ | <input style="width:90%; height:20px;" type="text" value="0.0"/> |

Carry 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 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 |

2010-10-01 08:00 AM

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 | |

| | | |
|---|---|---|
| Outstanding Balance Beginning This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input style="width:100%; height:100%;" type="text"/> | <input style="width:100%; height:100%;" type="text"/> | <input style="width:100%; height:100%;" type="text"/> |
| Amount Incurred This Period | | |
| <input style="width:100%; height:100%;" type="text"/> | | |

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

| | | |
|---|---|---|
| Outstanding Balance Beginning This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input style="width:100%; height:100%;" type="text"/> | <input style="width:100%; height:100%;" type="text"/> | <input style="width:100%; height:100%;" type="text"/> |
| Amount Incurred This Period | | |
| <input style="width:100%; height:100%;" type="text"/> | | |

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

| | | |
|---|---|---|
| Outstanding Balance Beginning This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input style="width:100%; height:100%;" type="text"/> | <input style="width:100%; height:100%;" type="text"/> | <input style="width:100%; height:100%;" type="text"/> |
| Amount Incurred This Period | | |
| <input style="width:100%; height:100%;" type="text"/> | | |

| | |
|---|---|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | <input style="width:100%; height:100%;" type="text"/> 0.0 |
| 2) TOTALS This Period (last page this line number only)..... ▶ | <input style="width:100%; height:100%;" type="text"/> 0.0 |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | <input style="width:100%; height:100%;" type="text"/> 0.0 |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | <input style="width:100%; height:100%;" type="text"/> 0.0 |

11-01-2016 10:00 AM



ixth St. | Springfield, IL 62703

FEC MAIL CENTER
2018 AUG 20 AM 11: 21

CERTIFIED MAIL



7016 2340 0000 5348 8801

Federal Election Commission
1050 First Street NE
Washington DC 20463

**RETURN RECEIPT
REQUESTED**

**RETURN RECEIPT
REQUESTED**

**RETURN RECEIPT
REQUESTED**

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

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.

| | |
|--|---|
| <input type="checkbox"/> Hand Delivered | Date of Receipt |
| <input type="checkbox"/> USPS First Class Mail | Date of Receipt |
| <input checked="" type="checkbox"/> USPS Registered/Certified | Postmarked (R/C) 8-16-18 |
| <input type="checkbox"/> USPS Priority Mail | Postmarked |
| <input type="checkbox"/> USPS Priority Mail Express | Postmarked |
| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> No Postmark | |
| <input type="checkbox"/> Overnight Delivery Service (Specify): | Shipping Date |
| | Next Business Day Delivery <input type="checkbox"/> |
| <input type="checkbox"/> Received from House Records & Registration Office | Date of Receipt |
| <input type="checkbox"/> Received from Senate Public Records Office | Date of Receipt |
| <input type="checkbox"/> Received from Electronic Filing Office | Date of Receipt |
| <input type="checkbox"/> Other (Specify): | Date of Receipt or Postmarked |
| <i>zlf</i> PREPARER | 8-20-18 |
| (3/2015) | DATE PREPARED |

2018-08-20 10:00:00 AM