# 1503 - 140 - 06

FEC FORM 3X

Office

Use

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED

2015 FEB 25 AM 11: 42

FEC FORM 3X

Rev. 12/2004

FEC MAIL CENTER TYPE OR PRINT ▼ Example: If typing, type NAME OF 12FE4M5 COMMITTEE (in full) over the lines. PROFESSIONAL SERVICES INC. PAC SIXTH STREE SOUTH ADDRESS (number and street) Check if different than previously reported. (ACC) CITY A ZIP CODE A STATE A FEC IDENTIFICATION NUMBER ▼ NEW **AMENDED** 3. IS THIS 00406124 REPORT OR (N) (A) TYPE OF REPORT Nov 20 (M11) (Non-Election Year Only) (b) Monthly Aug 20 (M8) Feb 20 (M2) May 20 (M5) Report (Choose One) Due On: Dec 20 (M12) Jun 20 (M6) Mar 20 (M3) Sep 20 (M9) (Non-Election Year Only) (a) Quarterly Reports: Oct 20 (M10) Jan 31 (YE) Apr 20 (M4) Jul 20 (M7) April 15 Quarterly Report (Q1) (c) General (12G) Runoff (12R) 12-Day Primary (12P) July 15 **PRE-Election** Quarterly Report (Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report (Q3) in the January 31 State of Election on Year-End Report (YE) July 31 Mid-Year 30-Day Report (Non-election **POST-Election** General (30G) Runoff (30R) Special (30S) Year Only) (MY) Report for the: Termination Report in the (TER) State of Election on Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. JO ELLEN KEIM Type or Print Name of Treasurer Signature of Treasurer Date

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

E6AN026

## SHMMARY PAGE

FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	   Page <b>2</b>
Write or Type Committee Name		
HANSON PROFESSIONAL	SERVICES INC. PAC	
Report Covering the Period: From:	0 1 0 1 2 0 1 5 To:	01 31 2015
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand  January 1,  2015		1,265 0,0
(b) Cash on Hand at  Beginning of Reporting Period	1,265 00	
(c) Total Receipts (from Line 19)	5000 00	5,0,00,00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	6265 00	6265 00
7. Total Disbursements (from Line 31)	00	0.0
Cash on Hand at Close of     Reporting Period     (subtract Line 7 from Line 6(d))	6265 00	6265 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)	00	
This committee has qualified as a mu	ulticandidate 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

# 1503-140-0632

#### **DETAILED SUMMARY PAGE**

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

HANSON PROFESSIONAL SERVICES INC. PAC

Report Covering the Period: From:		To: 01 / 31 / 2015
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)	5000 00	5000,00
(ii) Unitemized(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	5000 00	5000,00
(b) Political Party Committees		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶  12. Transfers From Affiliated/Other Party Committees	5000.00	5,0,00,00
13. All Loans Received		
<ol> <li>Loan Repayments Received</li></ol>		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	5000 00	5000 00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)▶	5000 00	5000_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)		Calcination Feat to Bate
	(i) Federal Share		
	(ii) Non-Federal Share		
	(b) Other Federal Operating		1 X X X X X X X X X X X X X X X X X X X
	Expenditures		
	(c) Total Operating Expenditures		00
	(add 21(a)(i), (a)(ii), and (b))▶		
22.	Transfers to Affiliated/Other Party		
23.	Committees	00	
24	and Other Political Committees  Independent Expenditures		
25.	(use Schedule E)		
26.	Loan Repayments Made		
	Loans Made Refunds of Contributions To:		
_0.	(a) Individuals/Persons Other		
	Than Political Committees		
	(b) Political Party Committees		
	(c) Other Political Committees		
	(such as PACs)		
	,		
	(d) Total Contribution Refunds		<del></del>
	(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) III aviall Chara		
	(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))	1	1
		1-0-0-0-2\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	00	00
	• • • • • • • • • • • • • • • • • • • •		
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	0.0	0.0

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5 COLUMN A COLUMN B III. Net Contributions/Operating Ex-**Total This Period** Calendar Year-to-Date penditures 33. Total Contributions (other than loans) 5000 0 0 5,000 00 (from Line 11(d), page 3) ..... 34. Total Contribution Refunds (from Line 28(d)) ..... 35. Net Contributions (other than loans) 5000 0 0 000 (subtract Line 34 from Line 33) ..... 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 

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		OR LINE NUMBER: PAGE 1 OF 4 check only one)    X   11a
Any information copied from such Reports and State or for commercial purposes, other than using the result of the NAME OF COMMITTEE (In Full)  HANSON PROFESSIONA  Full Name (Last, First, Middle Initial)  NELSON, JOHN W  Mailing Address  3712 PARADOR DR	L SERVICES INC. PAC	
City NAPERVILLE  FEC ID number of contributing federal political committee.  Name of Employer HANSON PROFESSIONAL SERVICES INC.  Receipt For: Primary General Other (specify)	State Zip Code IL 60564  C  Occupation VP  Aggregate Year-to-Date ▼  2 5 0 0 0	Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial)  B. MCCREE, JOHN W  Mailing Address 2005 OAK CREEK RD  City SPRINGFIELD	State Zip Code	Date of Receipt  0.1 26 2015
FEC ID number of contributing federal political committee.  Name of Employer HANSON PROFESSIONAL SERVICES INC.  Receipt For: Primary General Other (specify)	Occupation SR CIVIL ENGINEER  Aggregate Year-to-Date ▼  250	Amount of Each Receipt this Period  250 00
Full Name (Last, First, Middle Initial)  MESSMORE, JAMES P  Mailing Address 815 COMMERCE DRIVE SUITE 200  City OAK BROOK	State Zip Code IL 60523	Date of Receipt  0 1
FEC ID number of contributing		250 00

	<u> </u>	
Full Name (Last, First, Middle Initial) MESSMORE, JAMES P		Date of Receipt
Mailing Address 815 COMMERCE DRIVE SUITE 2	00	01 28 2015
City OAK BROOK	State Zip Code IL 60523	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250 00
Name of Employer HANSON PROFESSIONAL SERVICES INC.	Occupation SR VP	-
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250 00	
SUBTOTAL of Receipts This Page (optional)	•	750 00
TOTAL This Period (last page this line number	er only)	
CANO26		550 0 1 1 1 4 /F

1503
1 4 0
0636

SCHEDULE A (FEC Form 3X)	No consists asked to (a)	FOR LINE NUMBER: PAGE 2 OF 4
ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)
	Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Reports and Statements mor for commercial purposes, other than using the name and a	ay not be sold or used by any pe address of any political committee	rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		
HANSON PROFESSIONAL SERV	ICES INC. PAC	
Full Name (Last, First, Middle Initial)  A. FREITAG, JOAN C		Date of Receipt
Mailing Address  176 MAPLE GROVE  City State	Zip Code	01 29 2015
SPRINGFIELD State	62712	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		500 00
Name of Employer Occupation HANSON PROFESSIONAL SERVICES INC.	SR VP	
Receipt For:  Primary General  Other (specify)   Aggregate	Year-to-Date ▼  5 0 0 0 0	
Full Name (Last, First, Middle Initial)  B. PECORI, SERGIO A		Date of Receipt
Mailing Address 4517 TURTLE BAY		01 23 / 2015
City State SPRINGFIELD IL	Zip Code 62711	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		1000 00
Name of Employer Occupation HANSON PROFESSIONAL SERVICES INC.	PRESIDENT	
Drimon: Conord	Year-to-Date ▼	
Full Name (Last, First, Middle Initial)  C. COOMBE, JOHN P		Date of Receipt
Mailing Address 3317 QUAIL CHASE		01 26 2015
City State SPRINGFIELD IL	Zip Code 62711	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	~~~	500 00
Name of Employer  HANSON PROFESSIONAL SERVICES INC.	n EXEC VP	
Receipt For:  Primary General  Other (specify)   Aggregate	Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		2 0 0 0 0 0

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

		EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 3 OF 4 (check only one)    X   11a
	An	rson for the purpose of soliciting contributions to solicit contributions from such committee.			
1503:140	A.	HANSON PROFESSIONAL SERVICES INC.		Zip Code 62711 VP VP Year-to-Date ▼	Date of Receipt  O 1
n .	В.	HANSON PROFESSIONAL SERVICES INC.	State   L   C   C   C   C   C   C   C   C   C	Zip Code 62629 n VP e Year-to-Date ▼	Date of Receipt  Mo M / B29° / 2015  Amount of Each Receipt this Period  250 00
	<u></u> С.	Mailing Address 40 VILLA GROVE  City SPRINGFIELD  FEC ID number of contributing federal political committee.  Name of Employer HANSON PROFESSIONAL SERVICES INC.	State IL C Occupation Aggregate	Zip Code 62712  n EXEC VP e Year-to-Date ▼	Date of Receipt  10 1 28 2015  Amount of Each Receipt this Period  500 00
	H	SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number on			

1503
1 4 0
0638

#### SCHEDULE A (FEC Form 3X) FOR LINE NUMBER: PAGE 4 OF 4 Use separate schedule(s) (check only one) ITEMIZED RECEIPTS for each category of the X 11a 115 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 (Last, First, Middle Initial) WHALEN, DANIEL J Date of Receipt Mailing Address 2015 206 MAYS DR State City Zip Code 61701 **BLOOMINGTON** IL Amount of Each Receipt this Period FEC ID number of contributing 500 0 0 federal political committee. Name of Employer Occupation SR VP HANSON PROFESSIONAL SERVICES INC. Receipt For: Aggregate Year-to-Date ▼ Primary General 500 οõ Other (specify) Full Name (Last, First, Middle Initial) В. KEIM, JO, E. Date of Receipt Mailing Address 26 2015 **15251 W LOAMI RD** City State Zip Code ΙL 62670 **NEW BERLIN** Amount of Each Receipt this Period FEC ID number of contributing C 500 00 federal political committee. Name of Employer Occupation HANSON PROFESSIONAL SERVICES INC. TREASURER, EXEC VP Receipt For: Aggregate Year-to-Date ▼ Primary General 500 00 Other (specify) ~ Full Name (Last, First, Middle Initial) C. WILKINSON, EUGENE R. Date of Receipt Mailing Address 2015 **5 CARAVAN LANE** City State Zip Code **SPRINGFIELD** IL 62712 Amount of Each Receipt this Period FEC ID number of contributing 250 federal political committee. Name of Employer Occupation HANSON PROFESSIONAL SERVICES INC. **CHAIRMAN** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) -250 1250 0.0SUBTOTAL of Receipts This Page (optional).....

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

5000

0 0

SCHEDULE B (FEC Form 3X)		FOR LINE N	IUMBER: PAGE 1 OF 1
TEMIZED DISBURSEMENTS	Use separate schedule(s)	(s) (check only one)	
	for each category of the Detailed Summary Page	21b	22 💢 23 🔲 24 🔲 25 🔲 26
		27	28a 28b 28c 29 30t
Any information copied from such Reports and Stater or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
HANSON PROFESSIONAL S	SERVICES INC. PAC	<b>;</b>	
Full Name (Last, First, Middle Initial)			Date of Disbursement
			MAM / DOD / YAYAY
Mailing Address			
City	Ștate Zip Code		
Purpose of Disbursement		0.1.1	Amount of Each Disbursement this Period
Candidate Name		0 1 1 Catacany	Amount of Each Disbursement this Feriod
N/A		Category/ Type	
Office Sought: House Disburse Senate	ment For: Primary General		
President	Other (specify)		
State: District:	<del></del>		
Full Name (Last, First, Middle Initial)			Date of Dishusaness
3.			Date of Disbursement
Mailing Address			
City	State Zip Code		
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		011	Amount of Each Disbursement this Period
		Category/ Type	
Office Sought: House Disburse	ement For:		
President	Primary ☐ General Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			
<b>).</b>			Date of Disbursement
Mailing Address			
City	State Zip Code		
Purpose of Disbursement			
Candidate Name		O_1_1 Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburse	ement For:	76-	
Senate President	Primary General		
State: District:	Other (specify)		
	<del></del>		
SUBTOTAL of Disbursements This Page (optional).		······································	0.0
TOTAL This Period (last page this line number only	y)		0.0
		-	

### SCHEDULE C (FEC Form 3X) LC

OANS.		Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1 FOR LINE 13 OF FORM 3X
NAME OF COMMITTEE (In Full)		······ · · · · · · · · · · · · · · · ·	
HANSON PROFESSIONAL SI	ERVICES INC. P	AC	
LOAN SOURCE Full Name (Last, First, M	iddle Initial)		Election:
	,	[	Primary
			General
Mailing Address			Other (specify) ▼
City	State ZIP	Code	<del></del>
Original Amount of Loan	Cumulative Payment	l_	e Outstanding at Close of This Perio
Chightal Amount of Edah	Control and a series	To Date Datation	e outstanding at close of this fence
TERMS			
Date Incurred	Date D	oue Interest Rate	Secured:  % (apr)  Yes  N
List All Endorsers or Guarantors (if any)  1. Full Name (Last, First, Middle Initial)	to Loan Source	Name of Employer	
Mailing Address		Occupation	
Maining Mas. 333		Geoupanon	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address	<del></del>	Occupation	
		,	
		Amount	
City State	ZIP Code	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	
Mailing Address		Occupation	ì
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional	)		000
TOTALS This Period (last page in this line or Carry outstanding balance only to LINE 3, S	· ·	Comp.	00

# SCHEDULE D (FEC Form 3X) D E

(Use separate

PAGE 1 OF

EBTS AND OBLIGATIONS scluding Loans		schedule(s) for each numbered line)	FOR LINE NUMBER:   (check only one)   X 9   10	
IAME OF COMMITTEE (In Full) HANSON PROFESSIONAL S	ERVICES INC. PAC		1 10	
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of D	Nature of Debt (Purpose):	
Mailing Address				
City State	Zip Code			
Outstanding Balance Beginning This Period				
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period	
B. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor	Nature of D	Debt (Purpose):	
Mailing Address				
City State	Zip Code			
Outstanding Balance Beginning This Period  Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period	
C. Full Name (Last, First, Middle Initial) of De	btor or Creditor	Nature of D	Debt (Purpose):	
Mailing Address				
City	State Zip Code			
Outstanding Balance Beginning This Period				
Amount Incurred This Period	Payment This Period	Outstand	ing Balance at Close of This Period	
1) SUBTOTALS This Period This Page (optional	)		00	
2) TOTALS This Period (last page this line num	2) TOTALS This Period (last page this line number only)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
3) TOTAL OUTSTANDING LOANS from Schedu	le C (last page only)		00	
4) ADD 2) and 3) and carry forward to appropris	ate line of Summary Page (last page o	nly) ▶	0.0	

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

Ex

(Use separate schedule(s) for each

PAGE FOR LINE NUMBER: **9** (check only one)

OF

xcluding Loans		numbered line) X 10
NAME OF COMMITTEE (In Full) HANSON PROFESSIONA	AL 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 Pe	eriod	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
B. Full Name (Last, First, Middle Initial) of	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	
Mailing Address		
City State	Zip Code	
Outstanding Balance Beginning This Pe	Payment This Period	Outstanding Balance at Close of This Perio
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 Po	eriod	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Perio
1) SUBTOTALS This Period This Page (op	otional)	
2) TOTALS This Period (last page this line	number only)	
B) TOTAL OUTSTANDING LOANS from Schedule C (last page only)		0.0
i) ADD 2) and 3) and carry forward to app	propriate line of Summary Page (last page o	only) ▶ 0.0

RETURN RECEIP

1525 S. Sixth St. | Springfield, IL 62703

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

2015 FEB 25

FEC MAIL CENTER

RETURN RECEIPT REQUESTED

RETURN RECEIPT REQUESTED

HANSON

0475 E878 L000 02,

# **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.

The second and page to the end of the same	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
	Postmarked
USPS Priority Mail Express	
Postmark Illegible	· · · · · · · · · · · · · · · · · · ·
No Postmark	7
Overnight Delivery Service (Specify):	Shipping Date
N	lext Business Day Delivery
Received from House Records & Registration	Date of Receipt Office
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
11	2/25/15
PREPARER	DATE PREPARED

(8/2013)