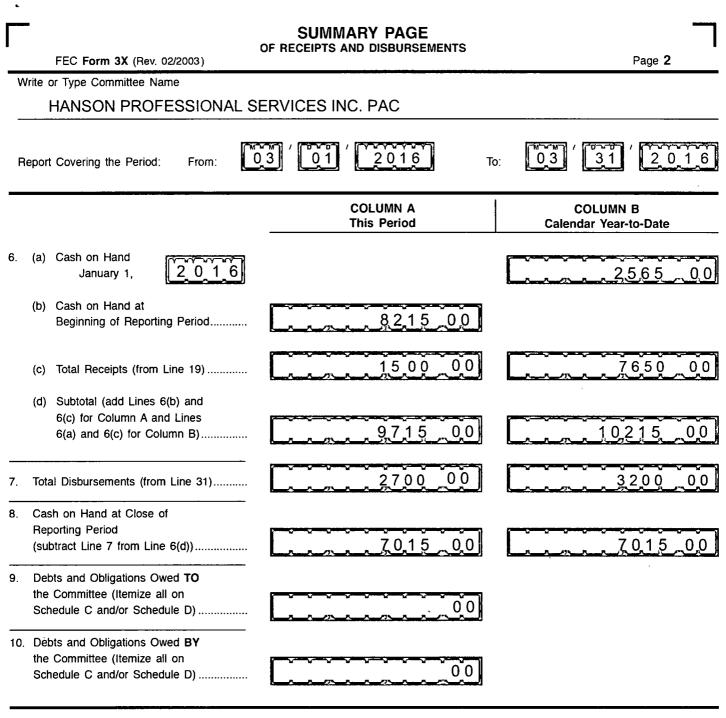
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FE(FORM		AND DI	T OF RE SBURSEI In An Authorized	MENTS	;		RECEIV EC MAIL IGABRZZniy	CENTER		
1. NAME O COMMIT	F TEE (in full)	TYPE OR PRINT		ample: If typing or the lines.	g, type	12FE4M5				
H A N S (HANSON PROFESSIONAL SERVICES INC PAC									
▼ Che	umber and street) ck if different previousty orted. (ACC)		GFIELD	X T H S			62703			
2. FEC IDE	ENTIFICATION	NUMBER 🔻			S		ZIP C			
CÕ	0406124		3. IS THIS REPORT	10.11	EW ≬) OR	AN (A)				
(Choose	DF REPORT One) rterly Reports: April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report January 31 Year-End Report July 31 Mid-Year	(Q2) (Q2) (Q3) (YE) (C) 12-L PRE Rep	E-Election ort for the:		2C)	General Special (i i i i i i i i i i i i i i i i i i i	N 11		
u n	Report (Non-elec Year Only) (MY) Termination Rep	tion POS	ST-Election	General (30G		Runoff (3		Special (30S)		
<u> </u>	(TER)		Election on) in the State			
5. Covering Period 0.3^{\prime} 0.1^{\prime} 2.016^{\prime} through 0.3^{\prime} 3.1^{\prime} 2.016^{\prime}										
-	I have examined		the best of my kno LLEN KEIM	owledge and b	elief it is true	e, correct and	d complete.			
Signature of ⁻	Treasurer _	DE	luke		Da	ate 0.4	, <u>1</u> 3	2016		
	ssion of false, err	oneous, or incomple	ete information may s	ubject the pers	on signing thi	is Report to th				
Us Or	se						FEC FO Rev. 12			



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

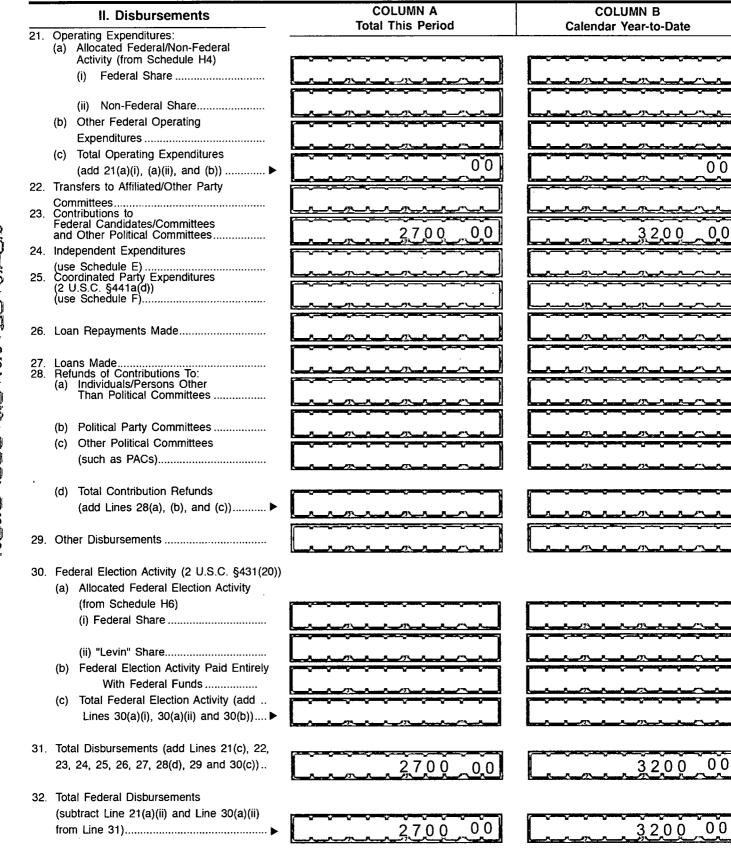
DETAILED SUMMARY PAGE of Receipts FEC Form 3X (Rev. 06/2004) Page 3 Write or Type Committee Name HANSON PROFESSIONAL SERVICES INC. PAC 03 03 31 01 2016 2016 Report Covering the Period: From: To: COLUMN A COLUMN B I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 500 00 650 00 (i) Itemized (use Schedule A)..... (ii) Unitemized (iii) TOTAL (add 00 500 65 0 00 Lines 11(a)(i) and (ii)...... (b) Political Party Committees (c) Other Political Committees (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 500 0.0 65 n 0.0 Totals to Line 33, page 5) 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), 1,5,00 00 7,6,5,0,00 12, 13, 14, 15, 16, 17, and 18(c))...... 20. Total Federal Receipts 500 7650 00 00 (subtract Line 18(c) from Line 19)▶

DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)



DETAILED SUMMARY PAGE

of Disbursements

Page 5

0 0

COLUMN A III. Net Contributions/Operating Ex-COLUMN B **Total This Period** Calendar Year-to-Date penditures 33. Total Contributions (other than loans) 0 0 7650 1500 00 (from Line 11(d), page 3) 34. Total Contribution Refunds (from Line 28(d)) 35. Net Contributions (other than loans) 00 650 00 5 00 (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures 00 00 (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures (from Line 15, page 3).....

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FEC Form 3X (Rev. 02/2003)

38. Net Operating Expenditures

						
SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 1 OF 2 (check only one)				
ITEMIZED RECEIPTS	for each category of the					
	Detailed Summary Page	13 14 15 16 17				
Any information copied from such Reports and Statements m or 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 to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)						
HANSON PROFESSIONAL SERV	ICES INC. PAC					
Full Name (Last, First, Middle Initial) A. COLLORA EDWARD J	· · · · · · · · · · · · · · · · · · ·	Date of Receipt				
6 STONEWALL CT City State	Zip Code					
RINGWOOD NJ	07456	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: Aggregate	Year-to-Date ▼					
Other (specify) ▼	500 00					
	<u></u>					
Full Name (Last, First, Middle Initial) B. RAYHILL DANIEL J		Date of Receipt				
Mailing Address						
7524 WENTWORTH DR	7524 WENTWORTH DR					
City State SPRINGFIELD IL	Arrough of Fach Descire this Desired					
FEC ID number of contributing	62711	Amount of Each Receipt this Period				
federal political committee.		250 00				
Name of Employer Occupation	n					
HANSON PROFESSIONAL SERVICES INC	VP					
Receipt For: Aggregate	Year-to-Date ▼					
Primary General General Other (specify) ▼	A 250,00					
		1				
	······	Date of Receipt				
C. <u>SNOWDEN CHARLES H, JR</u> Mailing Address						
1300 PALMER TER		03 14 2016				
City State JACKSONVILLE FL	Zip Code 32207					
		Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	<u> </u>	500 00				
Name of Employer Occupatio	n					
HANSON PROFESSIONAL SERVICES INC	SR VP					
Receipt For: Aggregate	e Year-to-Date ▼					
Primary General Other (specify) ▼	500 00					
	<u>, 500 00</u>					
SUBTOTAL of Receipts This Page (optional)	•	1,2,50,00				
TOTAL This Period (last page this line number only)	••••••	00				

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 2 OF 2 (check only one) I1a I1b I1c I2
		Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	y information copied from such Reports and Stateme for commercial purposes, other than using the name		
\square	NAME OF COMMITTEE (In Full) HANSON PROFESSIONAL S		
Ľ	. <u> </u>		
A.	Full Name (Last, First, Middle Initial) BARTOLOMUCCI THOMAS		Date of Receipt
	Mailing Address 9390 OLD INDIAN TRAIL		03 09 2016
	City St CHATHAM IL	ate Zip Code 62629	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250,00
	Name of Employer Occ HANSON PROFESSIONAL SERVICES INC	upation VP	
	Dessist Fau	regate Year-to-Date ▼	
	Primary General	····	n
	Other (specify) ▼	<u> </u>	
в.	Full Name (Last, First, Middle Initial)		Date of Receipt
	Mailing Address		
	City St	ate Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		
	Name of Employer Occ	upation	
	Receipt For: Agg	regate Year-to-Date ▼	_
	Other (specify) ▼		
<u>с</u> .	Full Name (Last, First, Middle Initial)	· · · · · · · · · · · · · · · · · · ·	Date of Receipt
	Mailing Address		ليحيمهما العمعا العمعا
	City St	ate Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		
	Name of Employer Occ	upation	
	Receipt For: Age	regate Year-to-Date ▼	_
_	Other (specify) ▼		
S	UBTOTAL of Receipts This Page (optional)	······	2.50.00
F	OTAL This Period (last page this line number only)	······	1,500 00

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SCHEDULE B (FEC Form 3X)										OF 1			
ITI	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the) (c	check only one)									26
		Detailed Summary Page			27		28a	<u> </u>	28b		BC	29	30b
	y information copied from such Reports and Staten for commercial purposes, other than using the narr												
$\left \right\rangle$	NAME OF COMMITTEE (In Full) HANSON PROFESSIONAL S	SERVICES INC. PA	NC										
	Full Name (Last, First, Middle Initial)					ļ							
Α.	FRIENDS OF SCHUMER						Date of	f Dis	sburse	ement			
	Mailing Address 192 LEXINGTON AVENUE SUIT	E 1001			-		03		0	3	2	0_1 6	5
	City S NEW YORK	State Zip Code NY 10016											
	Purpose of Disbursement					1	_	_					
	CONTRIBUTION TO FEDERAL CA				1		Amount of Each Disbursemen				this Period		
	CHUCK SCHUMER		Cat T	egoi ype					<i>(</i>)		$\frac{2}{3}7$	<u></u> ן(00
	Office Sought: House Disbursen	nent For: Primary General											
	State: NY District:	Other (specify)											
в.	Full Name (Last, First, Middle Initial)						Data a	4 Dia	- h	mont			
в.							Date of Disbursement						
	Mailing Address												
	City	State Zip Code										•	
	Purpose of Disbursement					1,	Amoun	t of	Each	Disbu	seme	nt this	Period
	Candidate Name		Category/				-		-	-			
	Office Sought: House Disburser	nent For:	I	ype				-	(7		<u></u>	_	
	Senate President	Primary General Other (specify)											
	State: District:												
С.	Full Name (Last, First, Middle Initial)					1	Date o	f Dis	sburse	ement			
	Mailing Address						й – й] ′	6	D /	Ľ	Ϋ́₩Ύ	Ň
	City	State Zip Code				+							
Purpose of Disbursement						{							
	Candidate Name				ry/	Amount of Each Disbursement			nt this	Period			
	Office Sought: House Disburser	_	·	ype		{			<i>0</i> 1		Ð		أسيد
	President	Primary General Other (specify) ▼											
	State: District:												
s	UBTOTAL of Disbursements This Page (optional)				•				() 		2,7(ָם <u>ר</u>	00
Т	OTAL This Period (last page this line number only)				• •				<u></u>		270	្រក្ខ	00

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SCHEDULE C (FEC Form 3X) L

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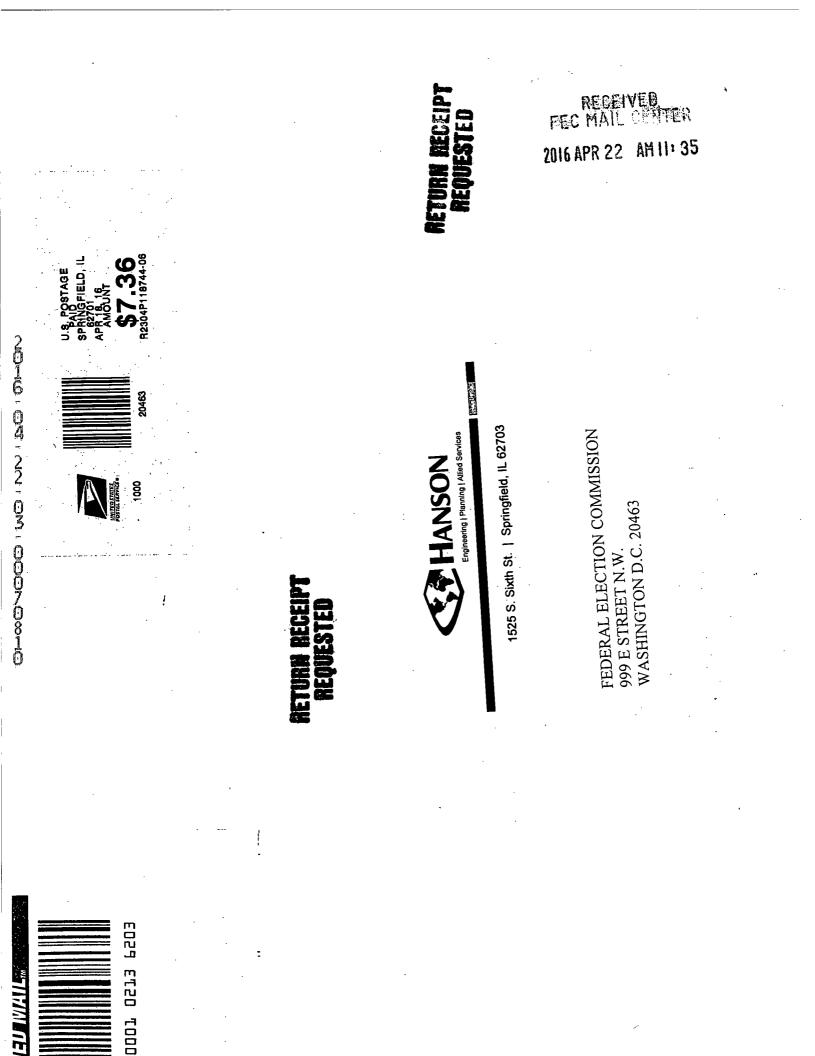
LOANS	Use separate schedule(s) PAGE 1 OF 1 for each category of the Detailed Summary Page FOR LINE 13 OF FORM 3X
NAME OF COMMITTEE (In Full)	
HANSON PROFESSIONAL SERVICES INC	C. PAC
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
	Primary General
Mailing Address	Other (specify)
City State	ZIP Code
Original Amount of Loan Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
TERMS	nte Due laterent Date Convert
Date Incurred Da	Ate Due Interest Rate Secured: / / / / / / / / / / / / / / / / / / /
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	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
	Amount
City State ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	► 00
Carry outstanding balance only to LINE 3, Schedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDUILE D (EEC Form 3Y)	r					
			se separate PAGE 1 OF 1 chedule(s) FOR LINE NUMBER:			
bebro and obligations for			(check only one) X9			
Excluding Loans		numbered line)	10			
NAME OF COMMITTEE (In Full) HANSON PROFESSIONAL SEF	RVICES INC. PAC					
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of D	ebt (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			
	<u></u>		<u>nunnunn</u>			
B. Full Name (Last, First, Middle Initial) of Debtor o	r Creditor	Nature of D	ebt (Purpose):			
Mailing Address		·····				
	<u> </u>					
City State	Zip Code					
Outstanding Balance Beginning This Period		I				
Amount Incurred This Period	Payment This Period		ng Balance at Close of This Period			
	<u></u>		<u></u>			
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of D	ebt (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			
1) SUBTOTALS This Period This Page (optional)			00			
2) TOTALS This Period (last page this line number of	nly)	··· • <u> </u>	<u></u>			
3) TOTAL OUTSTANDING LOANS from Schedule C		00				
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summary Page (last page on	iy) ►	<u></u>			

SCHEDULE D (FEC Form 3X)	(Use separate	PAGE 1 OF 1
DEBTS AND OBLIGATIONS	schedule(s)	
Excluding Loans	for each numbered line)	(check only one) 9 X 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	L	
Amount Incurred This Period Payment This Perio	d Outstand	ding 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	d Outstand	ding 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	od Outstan	ding Balance at Close of This Period
		<u>, , , , , , , , , , , , , , , , , , , </u>
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1) SUBTOTALS This Period This Page (optional)	•	00
2) TOTALS This Period (last page this line number only)		
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	······ •	00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page)	age only) ►	00

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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. Date of Receipt Hand Delivered Postmarked Date of Receipt **USPS First Class Mail** Postmarked (R/C) JSPS Registered/Certified Postmarked **USPS Priority Mail** Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark Shipping Date **Overnight Delivery Service (Specify):** Next Business Day Delivery Date of Receipt 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 or Postmarked Other (Specify): PREPARER DATE PREPARED (3/2015)