

**FEC  
FORM 3X**

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

RECEIVED  
FED MAIL CENTER  
2019 MAR 18 AM 11:47

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 ▲

C 00406124

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)
  - Mar 20 (M3)
  - Apr 20 (M4)
  - May 20 (M5)
  - Jun 20 (M6)
  - Jul 20 (M7)
  - Aug 20 (M8)
  - Sep 20 (M9)
  - Oct 20 (M10)
  - Nov 20 (M11) (Non-Election Year Only)
  - Dec 20 (M12) (Non-Election Year Only)
  - Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P)
  - General (12G)
  - Runoff (12R)
  - Convention (12C)
  - Special (12S)

Election on  /  /  in the State of

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

Election on  /  /  in the State of

5. 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.

Type or Print Name of Treasurer RONDA K FOLKERTS

Signature of Treasurer

*Ronda K Folkerts*

Date

/  /

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									
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**FEC FORM 3X**  
Rev. 05/2016

**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: 

M M	/	D D	/	Y Y Y Y Y Y
0 2		0 1		2 0 1 9

 To: 

M M	/	D D	/	Y Y Y Y Y Y
0 2		2 8		2 0 1 9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date			
6. (a) Cash on Hand January 1, <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px;">Y Y Y Y Y Y</td></tr><tr><td style="padding: 2px;">2 0 1 9</td></tr></table>	Y Y Y Y Y Y	2 0 1 9		<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px;">7 4 6 5 0 0</td></tr></table>	7 4 6 5 0 0
Y Y Y Y Y Y					
2 0 1 9					
7 4 6 5 0 0					
(b) Cash on Hand at Beginning of Reporting Period.....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px;">8 1 6 5 0 0</td></tr></table>	8 1 6 5 0 0			
8 1 6 5 0 0					
(c) Total Receipts (from Line 19).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px;">1 2 6 5 0 0 0</td></tr></table>	1 2 6 5 0 0 0	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px;">1 3 8 5 0 0 0</td></tr></table>	1 3 8 5 0 0 0	
1 2 6 5 0 0 0					
1 3 8 5 0 0 0					
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px;">2 0 8 1 5 0 0</td></tr></table>	2 0 8 1 5 0 0	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px;">2 1 3 1 5 0 0</td></tr></table>	2 1 3 1 5 0 0	
2 0 8 1 5 0 0					
2 1 3 1 5 0 0					
7. Total Disbursements (from Line 31).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px;">1 0 0 0 0 0</td></tr></table>	1 0 0 0 0 0	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px;">1 5 0 0 0 0</td></tr></table>	1 5 0 0 0 0	
1 0 0 0 0 0					
1 5 0 0 0 0					
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px;">1 9 8 1 5 0 0</td></tr></table>	1 9 8 1 5 0 0	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px;">1 9 8 1 5 0 0</td></tr></table>	1 9 8 1 5 0 0	
1 9 8 1 5 0 0					
1 9 8 1 5 0 0					
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px;">0 0</td></tr></table>	0 0			
0 0					
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px;">0 0</td></tr></table>	0 0			
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

NOTHING ON THIS FORM CONSTITUTES AN OFFICIAL RECORD

**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: 

M	M
02	01

 / 

D	D
01	01

 / 

Y	Y	Y	Y	Y	Y
2	0	1	9		

 To: 

M	M
02	28

 / 

D	D
28	01

 / 

Y	Y	Y	Y	Y	Y
2	0	1	9		

**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).....

12650 00

13850 00

(ii) Unitemized.....

00 00

00 00

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

12650 00

13850 00

(b) Political Party Committees.....

00 00

00 00

(c) Other Political Committees (such as PACs).....

00 00

00 00

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

12650 00

13850 00

12. Transfers From Affiliated/Other Party Committees.....

00 00

00 00

13. All Loans Received.....

00 00

00 00

14. Loan Repayments Received.....

00 00

00 00

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

00 00

00 00

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

00 00

00 00

17. Other Federal Receipts (Dividends, Interest, etc.).....

00 00

00 00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

00 00

00 00

(b) Levin Funds (from Schedule H5).....

00 00

00 00

(c) Total Transfers (add 18(a) and 18(b))..

00 00

00 00

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

12650 00

13850 00

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

12650 00

13850 00

NON-FEDERAL CONTRIBUTIONS

**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 .....	1,000 00	1,500 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)) ..	1,000 00	1,500 00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	1,000 00	1,500 00

NON-FEDERAL DONATIONS



**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 9

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. MOLL, JAMES, W</b>		Date of Receipt MM / DD / YYYY <b>02 / 01 / 2019</b>	
Mailing Address <b>1850 W LAUREL</b>		Amount of Each Receipt this Period <b>300.00</b>	
City <b>SPRINGFIELD</b>	State <b>IL</b>	Zip Code <b>62704</b>	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date <b>300.00</b>	
Name of Employer (for Individual) <b>HANSON PROFESSIONAL SERVICES INC</b>		Occupation (for Individual) <b>VP</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. PECORI, SERGIO, A</b>		Date of Receipt MM / DD / YYYY <b>02 / 01 / 2019</b>	
Mailing Address <b>4517 TURTLE BAY</b>		Amount of Each Receipt this Period <b>1200.00</b>	
City <b>SPRINGFIELD</b>	State <b>IL</b>	Zip Code <b>62711</b>	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date <b>1200.00</b>	
Name of Employer (for Individual) <b>HANSON PROFESSIONAL SERVICES INC.</b>		Occupation (for Individual) <b>CEO</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. MESSMORE, JAMES, P</b>		Date of Receipt MM / DD / YYYY <b>02 / 01 / 2019</b>	
Mailing Address <b>750 WARRENVILLE ROAD SUITE 200</b>		Amount of Each Receipt this Period <b>600.00</b>	
City <b>LISLE</b>	State <b>IL</b>	Zip Code <b>60532</b>	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date <b>600.00</b>	
Name of Employer (for Individual) <b>HANSON PROFESSIONAL SERVICES INC</b>		Occupation (for Individual) <b>SR VP</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>2100.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2 OF 9

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**HANSON PROFESSIONAL SERVICES INC PAC**

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

**A. WHALEN, DANIEL, J**

Mailing Address

206 MAYS DR

City

BLOOMINGTON

State

IL

Zip Code

61701

FEC ID number of contributing federal political committee.

C

Name of Employer (for Individual)

HANSON PROFESSIONAL SERVICES INC.

Occupation (for Individual)

SR VP

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY  
02 / 05 / 2019

Amount of Each Receipt this Period

600.00

Memo Item

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

**B. MCDONALD, DAVID, R. JR**

Mailing Address

4700 ROSLYN RD

City

DOWNERS GROVE

State

IL

Zip Code

60515

FEC ID number of contributing federal political committee.

C

Name of Employer (for Individual)

HANSON PROFESSIONAL SERVICES INC.

Occupation (for Individual)

VP

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY  
02 / 05 / 2019

Amount of Each Receipt this Period

350.00

Memo Item

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

**C. LAMONT, THOMAS**

Mailing Address

1633 S BATES AVE

City

SPRINGFIELD

State

L

Zip Code

62704

FEC ID number of contributing federal political committee.

C

Name of Employer (for Individual)

HANSON PROFESSIONAL SERVICES INC

Occupation (for Individual)

DIRECTOR

Receipt For:

Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY  
02 / 05 / 2019

Amount of Each Receipt this Period

400.00

Memo Item

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

1,350.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 3 OF 9  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)

**HANSON PROFESSIONAL SERVICES INC PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
RAYHILL, DANIEL, J

Mailing Address  
7524 WENTWORTH DR

City SPRINGFIELD State IL Zip Code 62711

FEC ID number of contributing federal political committee. C

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

Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 300.00

Date of Receipt 02 / 05 / 2019

Amount of Each Receipt this Period 300.00

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
HOLLAHAN, DENNIS, J

Mailing Address  
728 W VINE ST

City SPRINGFIELD State IL Zip Code 62704

FEC ID number of contributing federal political committee. C

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

Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 600.00

Date of Receipt 02 / 06 / 2019

Amount of Each Receipt this Period 600.00

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
CANOPY, ANDREW, D

Mailing Address  
79 WALDHEIM

City MORTON State IL Zip Code 61550

FEC ID number of contributing federal political committee. C

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

Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 300.00

Date of Receipt 02 / 07 / 2019

Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional)..... 1200.00

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





**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 5 OF 9
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. WORLEY, JOSEPH, D**

Mailing Address  
**10266 STILLWELL DR**

City **AVON** State **IN** Zip Code **46123**

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

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

Receipt For:  
 Primary  General  
 Other (specify) **▼**

Aggregate Year-to-Date **300.00**

Date of Receipt  
**02 / 12 / 2019**

Amount of Each Receipt this Period  
**300.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. POCHOP, MICHAEL, A**

Mailing Address  
**2413 SW HICKORY LANE**

City **LEE'S SUMMIT** State **MO** Zip Code **64082**

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

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

Receipt For:  
 Primary  General  
 Other (specify) **▼**

Aggregate Year-to-Date **300.00**

Date of Receipt  
**02 / 21 / 2019**

Amount of Each Receipt this Period  
**300.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. WALLER, ROBERT, A**

Mailing Address  
**220 SANDSTONE DRIVE**

City **CHATHAM** State **IL** Zip Code **62629**

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

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

Receipt For:  
 Primary  General  
 Other (specify) **▼**

Aggregate Year-to-Date **300.00**

Date of Receipt  
**02 / 19 / 2019**

Amount of Each Receipt this Period  
**300.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **900.00**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 9

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**HANSON PROFESSIONAL SERVICES INC PAC**

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

**A. FLETCHER, MATHEW, A**

Mailing Address

**34454 NORTH PEORIA LINE ROAD**

City

**FARMINGTON**

State

**IL**

Zip Code

**61531**

FEC ID number of contributing federal political committee.

**C**

Name of Employer (for Individual)

**HANSON PROFESSIONAL SERVICES INC.**

Occupation (for Individual)

**VP**

Receipt For:

Primary  General

Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**02 / 27 / 2019**

Amount of Each Receipt this Period

**300.00**

Memo Item

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

**B. COOMBE, JOHN, P**

Mailing Address

**7030 GRASSLAND CT**

City

**SARASOTA**

State

**FL**

Zip Code

**34241**

FEC ID number of contributing federal political committee.

**C**

Name of Employer (for Individual)

**HANSON PROFESSIONAL SERVICES INC.**

Occupation (for Individual)

**SR VP**

Receipt For:

Primary  General

Other (specify) ▼

Aggregate Year-to-Date ▼

**600.00**

Date of Receipt

**02 / 12 / 2019**

Amount of Each Receipt this Period

**600.00**

Memo Item

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

**C. TRACHTMAN, JAMES, A**

Mailing Address

**12 IRONWOOD CT**

City

**CARMEL**

State

**IN**

Zip Code

**46033**

FEC ID number of contributing federal political committee.

**C**

Name of Employer (for Individual)

**HANSON PROFESSIONAL SERVICES INC**

Occupation (for Individual)

**VP**

Receipt For:

Primary  General

Other (specify)

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**02 / 12 / 2019**

Amount of Each Receipt this Period

**300.00**

Memo Item

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

**1,200.00**

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 9

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**HANSON PROFESSIONAL SERVICES INC PAC**

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

**A. PILARCZYK, PAUL**

Mailing Address

**4501 GOLLIHAR RD**

City  
**CORPUS CHRISTI**

State  
**TX**

Zip Code  
**78411**

FEC ID number of contributing federal political committee.

**C**

Name of Employer (for Individual)

**HANSON PROFESSIONAL SERVICES INC.**

Occupation (for Individual)

**SR PROJECT MGR**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**600 00**

Date of Receipt

**02 / 14 / 2019**

Amount of Each Receipt this Period

**600 00**

Memo Item

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

**B. KEMP, STUART, M**

Mailing Address

**2469 MALMAISON**

City  
**BELVIDERE**

State  
**IL**

Zip Code  
**61008**

FEC ID number of contributing federal political committee.

**C**

Name of Employer (for Individual)

**HANSON PROFESSIONAL SERVICES INC**

Occupation (for Individual)

**VP**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**300 00**

Date of Receipt

**02 / 19 / 2019**

Amount of Each Receipt this Period

**300 00**

Memo Item

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

**C. JACKSON, GRANT, A**

Mailing Address

**1334 RAY DR**

City  
**CORPUS CHRISTI**

State  
**TX**

Zip Code  
**78411**

FEC ID number of contributing federal political committee.

**C**

Name of Employer (for Individual)

**HANSON PROFESSIONAL SERVICES INC**

Occupation (for Individual)

**VP**

Receipt For:

Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

**500 00**

Date of Receipt

**02 / 21 / 2019**

Amount of Each Receipt this Period

**500 00**

Memo Item

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

**1400 00**

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 9  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)

**HANSON PROFESSIONAL SERVICES INC PAC**

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

**A. WILKINSON, EUGENE, R**

Mailing Address  
**5 CARAVAN LANE**

City State Zip Code  
**SPRINGFIELD IL 62712**

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

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

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) **300 00**

Date of Receipt  
**02 / 14 / 2019**

Amount of Each Receipt this Period  
**300 00**

Memo Item

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

**B. LOOS, LUCINDA, A**

Mailing Address  
**8311 W ROBERTSON RD**

City State Zip Code  
**EDWARDS IL 61528**

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

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

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) **300 00**

Date of Receipt  
**02 / 14 / 2019**

Amount of Each Receipt this Period  
**300 00**

Memo Item

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

**C. BROWN, KIRK**

Mailing Address  
**15 GEORGETOWNE ROAD**

City State Zip Code  
**SHERMAN IL 62684**

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

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

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) **300 00**

Date of Receipt  
**02 / 14 / 2019**

Amount of Each Receipt this Period  
**300 00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **900 00**

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



**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)		PAGE 1 OF 1	
	<input type="checkbox"/> 21b <input type="checkbox"/> 28a	<input type="checkbox"/> 22 <input type="checkbox"/> 28b	<input checked="" type="checkbox"/> 23 <input type="checkbox"/> 28c	<input type="checkbox"/> 26 <input type="checkbox"/> 29

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

Full Name (Last, First, Middle Initial) <b>A. RODNEY FOR CONGRESS</b>		Date of Disbursement 02 / 12 / 2019	
Mailing Address PO BOX 344		FEC Identification Number C00521948	
City TAYLORVILLE	State IL	Zip Code 62568	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement CONTRIBUTION TO FEDERAL CANDIDATE		Category/ Type 011	
Candidate Name RODNEY DAVIS		Memo Item <input type="checkbox"/>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IL	District: 13		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement	
Mailing Address		FEC Identification Number	
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		Category/ Type 011	
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement	
Mailing Address		FEC Identification Number	
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		Category/ Type 011	
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	1000.00

**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

NAME OF COMMITTEE (In Full)

**HANSON PROFESSIONAL SERVICES INC PAC**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Memo Item

Election:

Primary

General

Other (specify) ▼

Mailing Address

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

% (apr)

Yes  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:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount 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

City

State

ZIP Code

Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional).....

00

**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.



**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) <b>SUBTOTALS</b> This Period This Page (optional).....▶	00
2) <b>TOTALS</b> This Period (last page this line number only).....▶	00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....▶	00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)▶	00

NON-CONFIDENTIAL INFORMATION

**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

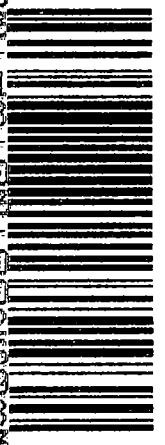
\_\_\_\_\_

1) <b>SUBTOTALS</b> This Period This Page (optional).....▶	_____ 0.0
2) <b>TOTALS</b> This Period (last page this line number only).....▶	_____ 0.0
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....▶	_____ 0.0
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)▶	_____ 0.0

**HANSON**

1 St. | Springfield, IL 62703

HANSON INVESTMENT GROUP



7016 2140 0000 5348 8955

U.S. POSTAGE PAID  
FROM OFFICE  
SPRINGFIELD, IL  
62703-1119  
PERMIT NO. 1119  
\$7.75  
R2605M146050-9



RECEIVED  
FEDERAL MAIL CENTER  
2019 MAR 18 AM 11: 47

Federal Election Commission  
1050 First Street NE  
Washington DC 20463

RETURN RECEIPT  
REQUESTED

RETURN RECEIPT  
REQUESTED

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	Postmarked Date of Receipt
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 3/14/19
<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

ES

PREPARER  
(3/2015)

3/18/19

DATE PREPARED

20190314 10:01:10 AM