

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER

2016 JUN 28 AM 7:44

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)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

Election on

MM / DD / YYYY

in the State of

CA

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

MM / DD / YYYY

in the State of

CA

5. Covering Period

MM / DD / YYYY
05 / 01 / 2016

through

MM / DD / YYYY
05 / 31 / 2016

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

Jo Ellen Keim

Date

MM / DD / YYYY
06 / 13 / 2016

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

Office Use Only

FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

HANSON PROFESSIONAL SERVICES INC. PAC

Report Covering the Period: From:

MM	DD	YY
05	01	2016

 To:

MM	DD	YY
05	31	2016

	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>YY</td><td>MM</td><td>DD</td></tr><tr><td>20</td><td>16</td><td></td></tr></table>	YY	MM	DD	20	16		<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>YY</td><td>MM</td><td>DD</td><td>00</td></tr><tr><td>20</td><td>16</td><td></td><td>00</td></tr></table>	YY	MM	DD	00	20	16		00	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>YY</td><td>MM</td><td>DD</td><td>00</td></tr><tr><td>20</td><td>16</td><td></td><td>00</td></tr></table>	YY	MM	DD	00	20	16		00
YY	MM	DD																						
20	16																							
YY	MM	DD	00																					
20	16		00																					
YY	MM	DD	00																					
20	16		00																					
(b) Cash on Hand at Beginning of Reporting Period.....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>YY</td><td>MM</td><td>DD</td><td>00</td></tr><tr><td>20</td><td>16</td><td></td><td>00</td></tr></table>	YY	MM	DD	00	20	16		00	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>YY</td><td>MM</td><td>DD</td><td>00</td></tr><tr><td>20</td><td>16</td><td></td><td>00</td></tr></table>	YY	MM	DD	00	20	16		00						
YY	MM	DD	00																					
20	16		00																					
YY	MM	DD	00																					
20	16		00																					
(c) Total Receipts (from Line 19)	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>YY</td><td>MM</td><td>DD</td><td>00</td></tr><tr><td>20</td><td>16</td><td></td><td>00</td></tr></table>	YY	MM	DD	00	20	16		00	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>YY</td><td>MM</td><td>DD</td><td>00</td></tr><tr><td>20</td><td>16</td><td></td><td>00</td></tr></table>	YY	MM	DD	00	20	16		00						
YY	MM	DD	00																					
20	16		00																					
YY	MM	DD	00																					
20	16		00																					
(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>YY</td><td>MM</td><td>DD</td><td>00</td></tr><tr><td>20</td><td>16</td><td></td><td>00</td></tr></table>	YY	MM	DD	00	20	16		00	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>YY</td><td>MM</td><td>DD</td><td>00</td></tr><tr><td>20</td><td>16</td><td></td><td>00</td></tr></table>	YY	MM	DD	00	20	16		00						
YY	MM	DD	00																					
20	16		00																					
YY	MM	DD	00																					
20	16		00																					
7. Total Disbursements (from Line 31).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>YY</td><td>MM</td><td>DD</td><td>00</td></tr><tr><td>20</td><td>16</td><td></td><td>00</td></tr></table>	YY	MM	DD	00	20	16		00	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>YY</td><td>MM</td><td>DD</td><td>00</td></tr><tr><td>20</td><td>16</td><td></td><td>00</td></tr></table>	YY	MM	DD	00	20	16		00						
YY	MM	DD	00																					
20	16		00																					
YY	MM	DD	00																					
20	16		00																					
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>YY</td><td>MM</td><td>DD</td><td>00</td></tr><tr><td>20</td><td>16</td><td></td><td>00</td></tr></table>	YY	MM	DD	00	20	16		00	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>YY</td><td>MM</td><td>DD</td><td>00</td></tr><tr><td>20</td><td>16</td><td></td><td>00</td></tr></table>	YY	MM	DD	00	20	16		00						
YY	MM	DD	00																					
20	16		00																					
YY	MM	DD	00																					
20	16		00																					
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>YY</td><td>MM</td><td>DD</td><td>00</td></tr><tr><td>20</td><td>16</td><td></td><td>00</td></tr></table>	YY	MM	DD	00	20	16		00	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>YY</td><td>MM</td><td>DD</td><td>00</td></tr><tr><td>20</td><td>16</td><td></td><td>00</td></tr></table>	YY	MM	DD	00	20	16		00						
YY	MM	DD	00																					
20	16		00																					
YY	MM	DD	00																					
20	16		00																					
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>YY</td><td>MM</td><td>DD</td><td>00</td></tr><tr><td>20</td><td>16</td><td></td><td>00</td></tr></table>	YY	MM	DD	00	20	16		00	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>YY</td><td>MM</td><td>DD</td><td>00</td></tr><tr><td>20</td><td>16</td><td></td><td>00</td></tr></table>	YY	MM	DD	00	20	16		00						
YY	MM	DD	00																					
20	16		00																					
YY	MM	DD	00																					
20	16		00																					

NON-PROFIT ORGANIZATION

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

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)

<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

<p>A. Full Name (Last, First, Middle Initial) BROWN, KIRK</p>		<p>Date of Receipt MM / DD / YYYY 05 / 04 / 2016</p>	
<p>Mailing Address 15 GEORGETOWNE ROAD</p>		<p>Amount of Each Receipt this Period 350 00</p>	
<p>City SHERMAN</p>	<p>State IL</p>	<p>Zip Code 62684</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Aggregate Year-to-Date ▼ 350 00</p>	
<p>Name of Employer HANSON PROFESSIONAL SERVICES INC</p>		<p>Occupation SR POLICY ADVISOR</p>	
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>			

<p>B. Full Name (Last, First, Middle Initial) BOWEN, JEFFERY</p>		<p>Date of Receipt MM / DD / YYYY 05 / 25 / 2016</p>	
<p>Mailing Address 13761 CHATSWORTH LN</p>		<p>Amount of Each Receipt this Period 250 00</p>	
<p>City JACKSONVILLE</p>	<p>State FL</p>	<p>Zip Code 32225</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Aggregate Year-to-Date ▼ 250 00</p>	
<p>Name of Employer HANSON PROFESSIONAL SERVICES INC</p>		<p>Occupation VP</p>	
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>			

<p>C. Full Name (Last, First, Middle Initial)</p>		<p>Date of Receipt MM / DD / YYYY</p>	
<p>Mailing Address</p>		<p>Amount of Each Receipt this Period</p>	
<p>City</p>	<p>State</p>	<p>Zip Code</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Aggregate Year-to-Date ▼</p>	
<p>Name of Employer HANSON PROFESSIONAL SERVICES INC</p>		<p>Occupation</p>	
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>			

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

600 00

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

600 00

NON-PROFIT ORGANIZATION

**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"/> 24	<input type="checkbox"/> 25	<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. FRIENDS OF DICK DURBIN

Date of Disbursement

MM	DD	YYYY
05	06	2016

Mailing Address
PO BOX 1949

City State Zip Code
SPRINGFIELD IL 62705

Purpose of Disbursement
CONTRIBUTION TO FEDERAL CANDIDATE

011
Category/ Type

Amount of Each Disbursement this Period

1000.00

Candidate Name
DICK DURBIN

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: **IL** District:

Full Name (Last, First, Middle Initial)

B.
Mailing Address

Date of Disbursement

MM	DD	YYYY

City State Zip Code

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:

Full Name (Last, First, Middle Initial)

C.
Mailing Address

Date of Disbursement

MM	DD	YYYY

City State Zip Code

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:

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

1000.00

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

1000.00

2016-05-06 10:00:00 AM

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)

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:

% (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)

TOTALS This Period (last page in this line only)

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

2010-08-20 10:00:07 844

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 1 OF 1
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 9 <input type="checkbox"/> 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).....▶	00
2) TOTALS This Period (last page this line number only).....▶	00
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 only)▶	00

NON-PROFIT ORGANIZATION

201606020003



7013 2630 0001 9910 3157

U.S. POSTAGE
PAID
SPRINGFIELD, IL
62701
JUN 15, 16
AMOUNT

\$7.36

R2304N116812-16



Engineering | Planning | Allied Services

1525 S. Sixth St. | Springfield, IL 62703

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

RECEIVED
FEDERAL MAIL SERVICE
2016 JUN 20 AM 7:11

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked
Date of Receipt

USPS Registered/Certified Postmarked (R/C)
6/15/16

USPS Priority Mail Postmarked

USPS Priority Mail Express Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
Next Business 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): Date of Receipt or Postmarked


 PREPARER

6/20/16
 DATE PREPARED

201606150848