# 2016-06-20-03-00077857

FEC FORM 3X

. ž.

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED

2016mblis28ny AM 7:44

NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typ over the lines.	ing, type 12FI	E4M5	
HANSON PR	OFESSIONAL	SERVICES	INC PA	C	
					لحبيب
ADDRESS (number and stree	1525 SOUT	H SIXTH	STREET		
Check if different than previously reported. (ACC)	SPRINGFIE	L <sub>D</sub>		62703	<u></u>
2. FEC IDENTIFICATION	N NUMBER ▼ C	TY▲	STATE	▲ ZIP	CODE A
C 0040612		IS THIS REPORT	NEW (N) OR	AMENDED (A)	
4. TYPE OF REPORT (Choose One)	Report Due On:	b 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	L Ma	ar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Repo	ort (Q1)	r 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)
July 15 Quarterly Repo	ort (Q2) (c) 12-Day PRE-Election	Primary (12		eneral (12G)	Runoff (12R)
October 15 Quarterly Repo	Report for the:	Convention	(120)	pecial (12S)	
January 31 Year-End Rep	ort (YE) Elect	ion on		in t	the ate of
July 31 Mid-Ye Report (Non-e Year Only) (M	lection (d) 30-Day	General (30	0G) 🔲 R	unoff (30R)	Special (30S)
Termination Ro (TER)	eport	ion on	/ [ ] / [ ]	in t	the ate of
Covering Period  I certify that I have examin	0.5 0.1 2.0.1				6

certify that I have examined this Heport and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer JO ELLE

JO ELLEN KEIM

Signature of Treasurer

Gellent

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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				
1	Use	1			
	Only				

FEC FORM 3X Rev. 12/2004

FE6AN026

## 2016 · 06 · 20 · 05 · 00077858

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

			_
	I PROFESSIONAL		-
HANSON	IPROFFERINAL	SERVILES INC.	PAL.

Report Covering the Period: From: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 2,5,65 January 1, (b) Cash on Hand at 2.65 Beginning of Reporting Period..... 00 6\_00 0\_0 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 7865 6(a) and 6(c) for Column B)..... 00 000 Total Disbursements (from Line 31)...... 00 Cash on Hand at Close of Reporting Period 6865 (subtract Line 7 from Line 6(d))..... 6865 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) .....

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

## 2016 · 06 · 20 · 0M · 000778M9

### **DETAILED SUMMARY PAGE**

of Receipts

Page 3

·FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

## HANSON PROFESSIONAL SERVICES INC. PAC

Re	eport Covering the Period: From:	0,5 0,1	2016	То:	0,5	3.1	2016		
	I. Receipts	т	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)	77	600	00	A 1 23	11,75	ġ "oʻo		
	(ii) Unitemized (iii) TOTAL (add Lines 11(a)(i) and (ii)▶		600	00	A	1175	0 00		
	<ul> <li>(b) Political Party Committees</li> <li>(c) Other Political Committees</li> <li>(such as PACs)</li> <li>(d) Total Contributions (add Lines</li> <li>11(a)(iii), (b), and (c)) (Carry</li> </ul>				A A (2)				
12.	Totals to Line 33, page 5)  Transfers From Affiliated/Other Party Committees		6,00	<u> </u>	* * 2\\ \( \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	11,75	0, 0,0		
13.	All Loans Received		<u> </u>			<u> </u>			
	Loan Repayments Received				* * * * * * * * * * * * * * * * * * *	A			
	Refunds of Contributions Made to Federal Candidates and Other Political Committees				- 1 - 2 \ - 2 \ - 1 - 2 \				
18.	(Dividends, Interest, etc.)				A A A	A A 27 A			
	(b) Levin Funds (from Schedule H5)				A A 0	7	. ~ .		
	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶  Total Federal Receipts (subtract Line 18(c) from Line 19)▶				1	<u>11,7,5</u>			

### **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)		
	(i) Federal Share		
	(ii) Non-Federal Share	4 - 1 - 17 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
	(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		
22	Committees	0 0	
23.	Federal Candidates/Committees	1000 000	7450 00
٠.	and Other Political Committees	1,000,00	7,450,00
24.	Independent Expenditures		
25.	(use Schedule E)	(2) (2) (2)	
26.	Loan Repayments Made		
27.	Loans Made Refunds of Contributions To:		
20.	(a) Individuals/Persons Other		
	Than Political Committees		
	(h) Political Party Committees		[
	(b) Political Party Committees	75) - 75) - 75) - 75) - 75) - 75)	
	(such as PACs)		
•	(3001 43 1 703)		
	(d) Total Contribution Refunds		
	(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) "Levin" Share	(7) 4 (7) 4 (7)	
	(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))▶		
	Lines 30(a)(i), 30(a)(ii) and 30(b))		(7)
31	Total Disbursements (add Lines 21(c), 22,		
01.	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1000 00	7450 00
	,,,,,,,	1,000,00	7,450,00
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	1000 00	7,450 00
	'	0 1 2	23

## DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Co	ontributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	ontributions (other than loans) ne 11(d), page 3)	600 00	11,750 00
	ontribution Refunds ne 28(d))		
	ntributions (other than loans) st Line 34 from Line 33)	600 00	11,750, 00
	ederal Operating Expenditures ne 21(a)(i) and Line 21(b))	00	00
	to Operating Expenditures ne 15, page 3)		
-	erating Expenditures et Line 37 from Line 36)	00	00

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- 0 6
20
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<u>-</u>
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2

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 1 OF 1
ITEMIZED RECEIPTS	for each category of the	(check only one)
	Detailed Summary Page	X   11a     11b     11c     12     15     16     17
Any information copied from such Reports and Statements m	ay not be sold or used by any pe	erson 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)	ACES INC. DAG	
HANSON PROFESSIONAL SERV	/ICES INC. PAC	
Full Name (Last, First, Middle Initial)  A. BROWN, KIRK		Date of Receipt
Mailing Address	- · · · · · · · · · · · · · · · · · · ·	
15 GEORGETOWNE ROAD	7:- O-d-	05 04 2016
City State SHERMAN IL	Zip Code 62684	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.		3,50,00
Name of Employer Occupation		<del>-</del>
HANSON PROFESSIONAL SERVICES INC	SR POLICY ADVISOR	
Receipt For: Aggregate Primary General	e Year-to-Date ▼	_
Other (specify)		
Full Name (Last, First, Middle Initial)  B. BOWEN, JEFFERY		Date of Receipt
Mailing Address		الممتميم القيف الشيعا
13761 CHATSWORTH LN City State	Zip Code	05 25 2016
JACKSONVILLE FL	32225	Amount of Each Receipt this Period
FEC ID number of contributing	* * * * * * * * * * * * * * * * * * *	
federal political committee.		2,50,00
Name of Employer HANSON PROFESSIONAL SERVICES INC	n VP	
	e Year-to-Date ▼	
Primary General Other (specify) ▼	. 250.00	1
	<u>, , , , 2,5,0 ,0,0</u>	
Full Name (Last, First, Middle Initial) C.		Date of Receipt
Mailing Address		Mow / Lond / Landard
City State	Zip Code	
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		
Name of Employer Occupation	on	
HANSON PROFESSIONAL SERVICES INC.		
	e Year-to-Date ▼	
Primary General Other (specify) ▼		1
Canci (opening) \	_/)\_RR/)\_RR/\\_R	1
SUBTOTAL of Receipts This Page (optional)		6,00,00
TOTAL This Paried (last mage this line number eath)		600 00

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## SCHEDULE B (FEC Form 3X)

	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	21b	y one)
		<u> </u>	27	28a 28b 28c 29 30b
An or	y information copied from such Reports and Staterr for commercial purposes, other than using the nam	nents may not be sold or us ne and address of any polition	sed by any persical committee to	on tor the purpose of soliciting contributions osolicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		<u> </u>	
$\rangle$	HANSON PROFESSIONAL S	SERVICES INC. PA	.C	
Α.	Full Name (Last, First, Middle Initial)			Date of Disbursement
<b>~</b> 1.	FRIENDS OF DICK DURBIN			
	Mailing Address PO BOX 1949			05 06 2016
	•	State Zip Code IL 62705		
	SPRINGFIELD Purpose of Disbursement	IL 62705		-
	CONTRIBUTION TO FEDERAL CA	ANDIDATE	0 1 1	Amount of Each Disbursement this Period
	Candidate Name		Category/	1,0,0,0 0,0
	DICK DURBIN Office Sought:   House   Disbursen	nent For:	Туре	
	· · · · · · · · · · · · · · · · · · ·	Primary General		
	President	Other (specify) ▼		
	State: L District:			<del> </del>
В.	Full Name (Last, First, Middle Initial)			Date of Disbursement
				الممممما / العموا / العماما
	Mailing Address			
	City	State Zip Code		
	Purpose of Disbursement		7	
	·		011	Amount of Each Disbursement this Period
	Candidate Name		Category/ Type	
	Office Sought: House Disbursen	nent For: Primary General		
		Other (specify)		
	State: District:			
_	Full Name (Last, First, Middle Initial)		= :- <del></del>	Data of Dishurrant
C.			•	Date of Disbursement
	Mailing Address			
	City	State Zip Code		
	Purpose of Disbursement		011	Amount of Each Disbursement this Period
Candidate Name			Category/ Type	Amount of Lacif Disbursement this Feriod
	Office Sought: House Disbursen		· · · · · · · · · · · · · · · · · · ·	The state of the s
		Primary General		
	State: District:	Other (specify) ▼		
<u>_</u>				1000 00
	COTAL This Period (last page this line number calls)		<u>_</u>	1,0,0,0,0,0
ľ	OTAL This Period (last page this line number only)	)	·····	

## SCHEDULE C (FEC Form 3X) LOANS

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

PAGE 1 OF

		Detailed Summary	Page	FOR LINE 1:	3 OF FORM 3X	
NAME OF COMMITTEE (In Full)	· · · · · · · · · · · · · · · · · · ·					
HANSON PROFESSIONAL SER	VICES INC. PAC					
LOAN SOURCE Full Name (Last, First, Middle	nitial)		Ele	ction:		
				Primary		
	<u>-</u>	_, <del></del>		General		
Mailing Address				Other (specify)	<b>V</b>	
	ate ZIP Cod					
Original Amount of Loan	Cumulative Payment To I	Date	Balance	Outstanding at C	lose of This Period	
				_0\0\		
TERMS						
Date Incurred	Date Due	Interes	t Hate	_	Secured:	
				% (apr)	Yes No	
List All Endorsers or Guarantors (if any) to I						
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				
	Ī	Amount		<del></del>		
City State	ZIP Code	Guaranteed Outstanding:		1 1 1		
3. Full Name (Last, First, Middle Initial)		Name of Employer	-	·		
Mailing Address		Occupation				
	. •	Amount				
City State	ZIP Code	Guaranteed	_ ,	, <del></del>	·	
		Outstanding:	())			
4. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
	}	Amount				
City State	ZIP Code	Guaranteed Outstanding:	()	19	(0)	
SUBTOTALS This Period This Page (optional)						
TOTALS This Period (last page in this line only)	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.						

SCHEDULE D	(FEC	Form	3X)
DEBTS AND	OBLIG/	ATIONS	3

(Use separate

PAGE

OF

DEBTS AND OBLIGATIONS		schedule(s) for each	FOR LINE NUMBER: (check only one)
		numbered line)	10
NAME OF COMMITTEE (In Full) HANSON PROFESSIONAL	SERVICES INC. PAC		
	· · · · · · · · · · · · · · · · · · ·	Notice of C	Ocht (Purnoco)
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor		ivalure of L	Debt (Purpose):
Maillian Address	<del></del>		
Mailing Address			
City State	Zip Code		
Outstanding Balance Beginning This Period	1		
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
			()()
B. Full Name (Last, First, Middle Initial) of De	ebtor or Creditor	Nature of D	Debt (Purpose):
Mailing Address			
City State	Zip Code	<del></del>	
Outstanding Balance Beginning This Period	3 <b>1</b>		
	ļ		
Amount Incurred This Period	Payment This Period	Outstandi	ing Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of D	Debtor or Creditor	Nature of D	Debt (Purpose):
Mailing Address			
City	State Zip Code		
- City	· Zip Code	·	
Outstanding Balance Beginning This Period	d		
Amount Incurred This Period	Payment This Period	Outstand	ing Balance at Close of This Period
1) SUBTOTALS This Period This Page (option	al)	<b>-</b>	00
2) TOTALS This Period (last page this line nur	mber only)		00
3) TOTAL OUTSTANDING LOANS from Sched	<del></del>		00
	- <del></del>		
4) ADD 2) and 3) and carry forward to approp	riate line of Summary Page (last page o	only) ▶	0.0

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS Excluding Loans	(Use separate schedule(s) for each numbered line)	FOR LINE NUM (check only one
NAME OF COMMITTEE (In Full)		

EBTS AND OBLIGATIONS cluding Loans		for each numbered line)	(check only one) 9
AME OF COMMITTEE (In Full) HANSON PROFESSIONAL	. SERVICES INC. PAC	<u> </u>	1/1/10
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
B. Full Name (Last, First, Middle Initial) of C	Debtor or Creditor	Nature of C	Debt (Purpose):
Mailing Address			
City State	Zip Code		
Outstanding Balance Beginning This Period  Amount Incurred This Period	Payment This Period	Outstandi	ing Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of	Debtor or Creditor	Nature of E	Debt (Purpose):
Mailing Address  City	State Zip Code		)
Outstanding Balance Beginning This Period  Amount Incurred This Period		Outstand	ing Balance at Close of This Period
1) SUBTOTALS This Period This Page (optio	nal)		00
2) TOTALS This Period (last page this line nu	umber only)		00
3) TOTAL OUTSTANDING LOANS from Sche	edule C (last page only)		0.0
4) ADD 2) and 3) and carry forward to appro	priate line of Summary Page (last page o	nly) ▶	00

POSTAGE
SARING FIELD
SARING FIE



1525 S. Sixth St. | Springfield, IL 62703

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

> ; \_\_\_\_

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING I The FEC added this page to the end of this filing to indicate h	
Hand Delivered	Date of Receipt
Postmarked USPS First Class Mail	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	· · · · · · · · · · · · · · · · · · ·
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):	ceipt or Postmarked
	6/20/16
(3/2015)	DATE PREPARED