2020 - 06 - 29 - 05 - 00521917

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FOR MAIL DEVI-

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Office Use Only

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2.	FEC IDI	ENTIFICATION N	IUMBER ▼		ITY 🛦		····	STATE	A	ZIP COD	DE 🛦
	C 0	0.4.0.6.1	2.4	3.	IS THIS REPORT	N	NEW (N) OI	R 🛮	AMENDED (A)		
4.	(Choose	OF REPORT One) rterly Reports:	(b) Mor Rep Due	ort 🔲 🗀	eb 20 (M2 ar 20 (M3		May 20 (M		Aug 20 (M8) Sep 20 (M9)		Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
		April 15 Quarterly Report (July 15 Quarterly Report (October 15 Quarterly Report ((c) (Q2)	12-Day PRE-Election Report for the:	or 20 (M4)	Primary (*		G	Oct 20 (M10) eneral (12G) pecial (12S)		Jan 31 (YE) Runoff (12R)
		January 31 Year-End Report (Elec	tion on	- 1AT - 1AT	/ 0 0	/ ***	***	in the State of	
		July 31 Mid-Year Report (Non-electi Year Only) (MY)	ion (d)	30-Day POST-Election Report for the:		General (30G)	R	unoff (30R)		Special (30S)
		Termination Repor (TER)	t	·	tion on	й - М	/ D D D	,		in the State of	
5.	Covering	Period 0	2 6	1 202	0	through	h O	Ž [′] Ž	9 [′] 20	ž 0	
		I have examined t	5011			owledge an	d belief it is	true, corre	ect and comple	te.	
	e or Print	Name of Treasur	Pmo	LULL.	Jo	LKU		Date	03 ′ 1	3 ′	ž 0 2 0 °
NO	TE: Submi	ssion of false, erro	neous, or inc	omplete informat	ion may s	ubject the p	person signin	g this Repo	ort to the penalt	ies of 52	U.S.C. § 30109.
1		ice se								FOR	

NOND: DO: NO: DM: DOMNHOHO

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:

Qualified as multicandidate on 3-14-16.

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

0,2 / 0,1

2020

To:

0.2

2,9

2020

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2020		13,765 00
•	(b) Cash on Hand at Beginning of Reporting Period	20,365,00	
	(c) Total Receipts (from Line 19)	5,100,00	13200 00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	25465 00	26,96500
7.	Total Disbursements (from Line 31)	250 00	1750 00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	25215 00	25,215,00
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)		

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. 05/2016)

Page 3

Write or Type Committee Name

HANSON PROFESSIONAL SERVICES INC PAC

Re	eport Covering the Period: From:	2 ' 0 1 ' 2 0 2 0 To	o: 02 / 29 / 2020
	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)	5,100,00	, 1,3 2 0 0 0 0
	(ii) Unitemized(iii) TOTAL (add		
	Lines 11(a)(i) and (ii)▶	5,100,00	13200.00
	(b) Political Party Committees		(2) (1) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
4.5	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	5,100,00	13,200,00
12.	Transfers From Affiliated/Other Party Committees	775 - 775 - 775	
13.	All Loans Received	2)	
14.	Loan Repayments Received		
15.	Offsets To Operating Expenditures		
	(Refunds, Rebates, etc.)		
10	(Carry Totals to Line 37, page 5)		
Iδ.	Refunds of Contributions Made to Federal Candidates and Other		
	Political Committees		
17.	Other Federal Receipts	42	
	(Dividends, Interest, etc.)		
18.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)		
	(Irom Schedule FIS)		
	(b) Levin Funds (from Schedule H5)	40 40	4) h 4 (1) h 4 (1) h
	(c) Total Transfers (add 18(a) and 18(b))	-02-1-1-23-1-23-1-23	
10	Total Descipts (add Lines 44/4)		
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	5,100,00	13,200.00
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	5_10000	13,200,00

FEC Form 3X (Rev. 05/2016)

DETAILED SUMMARY PAGE of Disbursements Page 4

	II. Disbursements	COLUMN A	COLUMN B
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	Total This Period	Calendar Year-to-Date
	(i) Federal Share		
	(ii) Non-Federal Share		
	(b) Other Federal Operating		
	Expenditures		
	(c) Total Operating Expenditures	(
	(add 21(a)(i), (a)(ii), and (b))▶	0.0	
22.	Transfers to Affiliated/Other Party		
	Committees		
23.	Contributions to Federal Candidates/Committees		
	and Other Political Committees	2.5.00.0	1,7,50,00
	Independent Expenditures		
25	(use Schedule E)		
25.	(52 U.S.C. § 30116(d)) (use Schedule F)		
	(use Schedule F)		0 0 652 0 0 652 0 0 653 0
26.	Loan Repayments Made		
27. 28	Loans MadeRefunds of Contributions To:		
	(a) Individuals/Persons Other		
	Than Political Committees		
	(h) Dalli- I Dark Organith		
	(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		
20.	Non-Federal Donations)		
	Tion I decide Donatorio,		
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))	25000	1,750_00
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		[
	from Line 31)	2.5000	1.7.50.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

1 E0 1 51111 611 (1101: 00:E010)		, ago o
III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Total Contributions (other than loans) (from Line 11(d), page 3)	5,100_00	13,200,00
Total Contribution Refunds (from Line 28(d))		
Net Contributions (other than loans) (subtract Line 34 from Line 33)	5,100,00	13,200,00
Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶		0.0
Offsets to Operating Expenditures (from Line 15, page 3)	P. 475. A. 475. B. 475. B. 475. B.	# # # # # # # # # # # # # # # # # # #
Net Operating Expenditures (subtract Line 37 from Line 36)	.,0,0	,, ,, ,, ,, ,, ,, ,, ,, 0, 0
	III. Net Contributions/ Operating Expenditures Total Contributions (other than loans) (from Line 11(d), page 3)	III. Net Contributions/ Operating Expenditures Total Contributions (other than loans) (from Line 11(d), page 3)

SCHEDULE A (FEC Form 3X)

FOH	LINE	NU	MRFH	:	PAGE	1		O۴	<u>5</u>	
(check only one)										
X	11a		11b		11c		12			
	13		14		15		16			17

TEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (IN FUII) HANSON PROFESSION	IAL SER	RVICES INC PAC	
Full Name of Individual (Last, First, Middle In RIVERA, WILFREDO Mailing Address	itial) or Full C	Organization Name	Date of Receipt
610 DEL MAR BLVD City CORPUS CHRISTI	State TX	Zip Code 78404	0 2 0 3 2 0 2 0 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	• • • • •	300.00
Name of Employer (for Individual) HANSON PROFESSIONAL SERVICE Receipt For: Primary General Other (specify) ▼	S INC.	avpation (for Individual) AVP e Year-to-Date ▼	Memo Item
Full Name of Individual (Last, First, Middle In SCHROEDER, TIMOTHY	nitial) or Full C		Date of Receipt
Mailing Address 6200 PORTSTEWART DR City	02 03 2020		
SPRINGFIELD FEC ID number of contributing federal political committee.	State IL	Zip Code 62711	Amount of Each Receipt this Period
Name of Employer (for Individual) HANSON PROFESSIONAL SERVICE Receipt For: Primary General Other (specify) ▼	ES INC Aggregate	AVP Year-to-Date ▼ 3 0 0 \ \ 0 0	Memo Item
Full Name of Individual (Last, First, Middle In C. FUHR, KEVIN Mailing Address 2948 W BELDEN AVE	nitial) or Full C	Organization Name	Date of Receipt 0.2 0.5 2020
City CHICAGO	State IL	Zip Code 60647	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	30000		
Name of Employer (for Individual) HANSON PROFESSIONAL SERVICES Receipt For: Primary General Other (specify)	INC. Occ	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

FOR LINE NUMBER: PAGE 2 OF 5 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c Detailed Summary Page 13 15

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 KEMP, STUART, M Date of Receipt Mailing Address 2469 MALMAISON 2020 State Zip Code City **BELVIDERE** IL 61008 Amount of Each Receipt this Period FEC ID number of contributing 3.00 .00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) HANSON PROFESSIONAL SERVICES INC VP Receipt For: Aggregate Year-to-Date ▼ Primary General 3.00 Other (specify) ▼ 0 0 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name CLACK, GARY, L Date of Receipt Mailing Address 12 CABIN SMOKE TRAIL City State Zip Code SPRINGFIELD IL 62707 Amount of Each Receipt this Period FEC ID number of contributing 3.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) HANSON PROFESSIONAL SERVICES INC **AVP** Receipt For: Aggregate Year-to-Date ▼ Primary General 0.0 V 0.0 E Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name MOLL, JAMES, W Date of Receipt Mailing Address **1850 W LAUREL** 2020 02 06 State ' Zip Code **SPRINGFIELD** IL 62704 Amount of Each Receipt this Period FEC ID number of contributing 3_0 0 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) VP HANSON PROFESSIONAL SERVICES INC Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 3.00 0.0 SUBTOTAL of Receipts This Page (optional).....

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 5 (check only one)

X 11a 11b 11c 12

13 14 15 16 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)

\geq		ONAL SERVICES INC PA	√C	
Α.	Full Name of Individual (Last, First, Middle Init WALLER, ROBERT, A	Date of Receipt		
	Mailing Address 220 SANDSTONE DRIVE			
	City SPRINGFIELD	State Zip Code IL 62629	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	300,00	
	Name of Employer (for Individual) HANSON PROFESSIONAL SERVICES	Occupation (for Individual) S INC. AVP	Memo Item	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼		
— В.	Full Name of Individual (Last, First, Middle Init BRADFORD, WILLIAM C	tial) or Full Organization Name	Date of Receipt	
	Mailing Address 1460 SHADWELL CIRCLE City	State Zip Code	0,2 1,0 2,020	
	HEATHROW	FL 32746	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.		6,0,0,0,0	
	Name of Employer (for Individual) HANSON PROFESSIONAL SERVICES I	Occupation (for Individual) NC. SR VP	Memo Item	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼		
c.	Full Name of Individual (Last, First, Middle Init	tial) or Full Organization Name	Date of Receipt	
	Mailing Address 34454 NORTH PEORIA LINE ROAD City	State Zip Code	02 10 2020	
	FÁRMINGTON	IL 61531	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	3,00,00	
	Name of Employer (for Individual) HANSON PROFESSIONAL SERVICE		Memo Item	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼		
s	UBTOTAL of Receipts This Page (optional)	•	1,2,0,0.0,0	
т	OTAL This Period (last page this line number	only)		

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

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

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Use separate schedule(s) for each category of the	(check only one)		_	
Detailed Summary Page	X 11a	11c	12	
	13 14	15	16	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 BIALOBRESKI, KURT Date of Receipt Mailing Address 1712 N STEVENS CT State Zip Code **PRINCEVILLE** IL 61559 Amount of Each Receipt this Period FEC ID number of contributing 3,00,00 federal political committee. Name of Employer (for Individual) Occupation (for Individual) Memo Item HANSON PROFESSIONAL SERVICES INC AVP Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) \(\neg \) 3.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt BIGGS, MINA Mailing Address 3221 FALCON PT 2.020 City State Zip Code SPRINGFIELD ΙL 62711 Amount of Each Receipt this Period FEC ID number of contributing 3,00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) HANSON PROFESSIONAL SERVICES INC VP Receipt For: Aggregate Year-to-Date ▼ Primary General $3.00 \, \text{A}0.0$ Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name WORLEY, JOSEPH, D Date of Receipt Mailing Address 10266 STILLWELL DRIVE 2020 0.2 City Zip Code State **AVON** IN 46123 Amount of Each Receipt this Period FEC ID number of contributing 3_0 0 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **AVP** HANSON PROFESSIONAL SERVICES INC Receipt For: Aggregate Year-to-Date ▼ Primary General 3.00 _ 0.0 Other (specify) SUBTOTAL of Receipts This Page (optional).....

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 Use separate schedule(s) (check only one) X 11a

OF 5

for each category of the 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 of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt WHALEN DANIEL J Mailing Address 2020 206 MAYS DR State Zip Code BLOOMINGTON 61701 Amount of Each Receipt this Period FEC ID number of contributing 600,00 federal political committee. Name of Employer (for Individual) Occupation (for Individual) Memo Item SR VP HANSON PROFESSIONAL SERVICES INC Receipt For: Aggregate Year-to-Date ▼ Primary General 6.00.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name LOOS, LUCINDA, A Date of Receipt Mailing Address 8311 W ROBERTSON RD 2_0 2 0 Zip Code State City **EDWARDS** IL 61528 Amount of Each Receipt this Period FEC ID number of contributing 3_0 0 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) HANSON PROFESSIONAL SERVICES INC VP Receipt For: Aggregate Year-to-Date ▼ Primary General $^{9}0^{0}$ Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name POCHOP, MICHAEL, A Date of Receipt Mailing Address 2020 2413 SW HICKORY LANE 0.2 State Zip Code City LEE'S SUMMIT MO 64082 Amount of Each Receipt this Period FEC ID number of contributing 3.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) HANSON PROFESSIONAL SERVICES INC Receipt For: Aggregate Year-to-Date ▼ Primary General 3.00 _ 0.0 Other (specify) <u>0,0,0,0</u> SUBTOTAL of Receipts This Page (optional).....

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	TILDOLL B (I LO I OIIII OX)					NUMBER: PAGE 1 OF 1			
TI	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page (check only 21b		21b	22 🗶 23 🗌 26 🔲 27				
_					28a	28b 28c 29 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	. SERV	/ICES INC	PAC	;				
Δ	Full Name (Last, First, Middle Initial)	·		•		Date of Disbursement			
٦.	FRIENDS OF RAJA FOR CONGRESS				ļ	present , Carles , Presentation			
	Mailing Address					02 14 2020			
	PO BOX 681202		1						
		tate	Zip Code			FEC Identification Number			
	SCHAUMBURG Purpose of Disbursement		60168						
	CONTRIBUTION TO FEDERAL CANDIDA	ATE		0 1	1	C 0,0,5,7,5,0 9 2			
	Candidate Name		B	Catego	ory/	Amount of Each Disbursement this Period			
	RAJA KRISHNAMOORTHI Office Sought: Y House Disbursem	ent For:		Туре	=	250,00			
		rent For: Primary	General						
	President A	Other (spec	\Box			Memo Item			
	State: IL District: 0 8					I Memo Kem			
_	Full Name (Last, First, Middle Initial)		·						
В.						Date of Disbursement			
	Mailing Address				المصدورين لوموا التوسا				
		<u> </u>							
	City	ty State Zip Code				FEC Identification Number			
	Purpose of Disbursement		<u> </u>		, ,				
	Condidate Name	· .		0,11					
	Candidate Name		-	Catego Type		Amount of Each Disbursement this Period			
	Office Sought: House Disburserr								
		Primary	General			(See See See See See See See See See See			
	State: District:	Other (spec	-iiy)			Memo Item			
•	Full Name (Last, First, Middle Initial)								
C.	·					Date of Disbursement			
	Mailing Addross					Waw \ Dad \ Ashahad			
	Mailing Address								
	City	State	Zip Code			FEC Identification Number			
	Purpose of Disbursement		<u> </u>						
	Candidate Name					Amount of Each Dishuronment this Device			
		Categ Typ				Amount of Each Disbursement this Period			
	Office Sought: House Disbursem								
	├ I	Primary Other (spec	General city) ▼			.			
	State: District:					Memo Item			
S	SUBTOTAL of Disbursements This Page (optional)				>	, 25000			
T	OTAL This Period (last page this line number only).				·· >	25000			

SCHEDULE C (FEC Form 3X) LOANS

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

PAGE 1 OF 1

		Detailed Summary Page	FOR LINE 13 OF FORM 3X			
NAME OF COMMITTEE (In Full)		<u> </u>				
HANSON PROFESSIONA	AL SERVICES IN	C PAC				
LOAN SOURCE Full Name (Last, First,	Middle Initial)	Memo Item E	ection: Primary General			
Mailing Address			Other (specify) ▼			
City	State ZIP Co	ode				
Original Amount of Loan	Cumulative Payment To	Date Balance	Outstanding at Close of This Period			
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Date Incurred	Date Due	Interest Rate	Secured: Yes No			
List All Endorsers or Guarantors (if any 1. Full Name (Last, First, Middle Initial)) to Loan Source	Name of Employer	and the second s			
Mailing Address	,	Occupation				
City State	ZIP Code	Amount Guaranteed Outstanding:	(Y-1-1-1)			
2. Full Name (Last, First, Middle Initial)		Name of Employer Occupation				
Mailing Address						
City State	ZIP Code	Amount Guaranteed Outstanding:	7			
3. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
City State	ZIP Code	Amount Guaranteed Outstanding:	77			
4. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address	·	Occupation				
City / State	ZIP Code	Amount Guaranteed Outstanding:	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
SUBTOTALS This Period This Page (option	al)	······	00			
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	t to appropriate line of Summary			

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

Ex

(Use separate schedule(s)

PAGE 1 FOR LINE NUMBER: (check only one)

X	9
	10

OF 1

cluding Loans			numbered line)	(Griddin Griny Gridy	10
AME OF COMMITTEE (In Full)					
HANSON PROFESSIONA	L SERVI	CES INC PAC			
A. Full Name (Last, First, Middle Initial) of Do	ebtor or Creditor		Nature of [Debt (Purpose):	
Mailing Address					
City	State	Zip Code			
Outstanding Balance Beginning This Period	i		•		
77-1-1-77-1-77-1-77-1-1-77-1					
Amount Incurred This Period	P	ayment This Period	Outstand	ng Balance at Close of	This Pe
77.					
B. Full Name (Last, First, Middle Initial) of De	btor or Creditor		Nature of I	Debt (Purpose):	
Mailing Address					
City	State	Zip Code			
City	State	Zip Code			
Outstanding Balance Beginning This Period					
Amount Incurred This Period	P.	ayment This Period	Outstand	ing Balance at Close of	This Pe
C. Full Name (Last, First, Middle Initial) of D	obtor or Creditor		Noture of E	Opt (Burness)	
C. Tuli Ivame (Last, Flist, Middle Illital) of D	ebior or Creditor		Nature of L	Debt (Purpose):	
Mailing Address					
Walling Address					
City	State	Zip Code			
Outstanding Balance Beginning This Period	<u> </u>				
Amount Incurred This Period	Í Pi	ayment This Period	Outstand	ing Balance at Close of	This Pe
			سسا لسد	-73-4-4-573-4-4	_*** <u> </u>
SUBTOTALS This Period This Page (optional	.0				<u> </u>
SUBTUTALS THIS PERIOD THIS Page (Options				-572-4-A	
TOTALS This Period (last page this line num	nber only)		<u> </u>		0,
TOTAL OUTSTANDING LOANS from Sched	ule C (last page	only)	> [0
422 () () () ()	into King of O				
ADD 2) and 3) and carry forward to appropr	ate line of Sumn	nary Page (last page (oniy) ▶ 📗 🕍 🦼		∪ ہید ∪

SCHEDULE D (FEC Form 3X)

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(Use separate

PAGE 1 FOR LINE NUMBER:

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OF 1

xcluding Loans		·	for each numbered line)	(check only one) 9	
NAME OF COMMITTEE (In Full)			1	I	
HANSON PROFESSIONAL	SERVIC	ES INC PAC			
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					
492					
Amount Incurred This Period	Pe	ayment This Period	Outstandi	ng Balance at Close of This Period	
77	7/2				
B. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Nature of D	Debt (Purpose):	
Mailing Address					
City	State	Zip Code		,	
Outstanding Balance Beginning This Period		_			
Amount Incurred This Period	Pá	ayment This Period	Outstandi	ng Balance at Close of This Period	
C. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor		Nature of C	Debt (Purpose):	
C. Tuli Marie (cast, 1 iist, Middle Illillar) of Deb	nor or oreanor		Nature of L	rest (Fulpose).	
Mailing Address					
City	State .	Zip Code	ļ		
Outstanding Balance Beginning This Period					
Amount Incurred This Period	Pa	ayment This Period	Outstandi	ng Balance at Close of This Period	
					
	<u> </u>		<u></u>	5)3-4-4-20)-4-4-3-3-3-4-4-3-3-3-4-4-3-3-3-3-4-4-3	
1) SUBTOTALS This Period This Page (optional).			\ \	0.0	
				7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
2) TOTALS This Period (last page this line number	er only)		<u> </u>		
3) TOTAL OUTSTANDING LOANS from Schedule	e C (last page	only))		
4) ADD 2) and 3) and carry forward to appropriate	e line of Summ	nary Page (last page o	nly) ▶	0.0	

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HANSON

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No Postmark		
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(3/2015)	DATE PREPARED	