FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVE

2417 HA 8/122Usof64111: 45

1.	NAME OF		
	COMMITTEE	(in	full)

FE6AN026

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FEPMS MAIL CENTER

COMMITTEE (in full)	over the lines.	
HANSON PROFESS	IONAL SERVICES INC	PAC
ADDRESS (number and street)	5 SOUTH SIXTH STRE	ET
Check if different than previously reported. (ACC)	RINGFIELD	IL 62703_
© 2. FEC IDENTIFICATION NUMBER	CITY	STATE ▲ ZIP CODE ▲
M C 0 0 4 0 6 1 2 4	3. IS THIS NEW REPORT (N) O	AMENDED (A)
4. TYPE OF REPORT (b) N (Choose One)	onthly Feb 20 (M2) X May 20 (Meport Lee On:	(Non-Election Year Only)
(a) Quarterly Reparts:	Mar 20 (M3) Jun 20 (M Apr 20 (M4) Jul 20 (M	(Non-Election Year Only)
April 15 Quarterly Report (Q1) July 15	12-Day Primary (12P)	General (12G) Runoff (12R)
Quarterly Report (Q2) October 15	PRE-Election Report for the: Convention (12C)	Special (12S)
Quarterly Report (Q3) January 31 Year-End Report (YE)	Election on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	POST-Election General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Report for the:	in the State of
5. Covering Period 04 /	2013 through	4 2 0 1 3
I certify that I have examined this Repor	and to the best of my knowledge and belief it is	true correct and complete
	JO ELLEN KEIM	
Signature of Treasurer	Ellentyn	Date 05 / 10 / 2013
NOTE: Submission of false, erroneous, or	ncomplete information may subject the person signir	g 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

red Fulli 3A (nev. 02/2003)		r age z
Write or Type Committee Name		
HANSON PROFESSIONAL S	ERVICES INC. PAC	
Report Covering the Period: From:	04 ' 01 ' 2 0 1 3 _{To:}	04'30'2013
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
l. (a) Cash on Hand January 1, 2 0 1 3		3215 00
(b) Cash on Hand at Beginning of Reporting Period	4965 00	
(c) Total Receipts (from Line 19)	00	4750 00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	4965 00	7965 00
7. Total Disbursements (from Line 31)	0.0	3000 00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	4965 00	4965 00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.0	
This committee has qualified as a multic	candidate 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

1303107194

DETAILED SUMMARY PAGE

of Receipts

Page 3

Write or Type Committee Name

T

O

M C) M) FEC Form 3X (Rev. 06/2004)

HANSON PROFESSIONAL SERVICES INC. PAC

0 4 2013 **ื่**2 0 1 3 3.0 04 To: Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 00 00 4750 (i) Iternized (use Schedule A)..... (ii) Uniternized (iii) TOTAL (add 0 0 4 7 5 Õ 00 Lines 11(a)(i) and (ii)....... (b) Political Party Committees (c) Other Political Committees (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 4750 00 0 0 Totals to Line 33, page 5)▶ 12. Transfers From Affiliated/Other Party Committees..... 13. All Loans Received..... 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 17. Other Federal Receipts (Dividends, Interest, etc.)..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3)..... (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)).. 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))....... 4750 0 0 20. Total Federal Receipts ດັດ 4750 (subtract Line 18(c) from Line 19)▶

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)	· · · · · · · · · · · · · · · · · · ·	Calcillal Teal-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)) ▶		
	22.	Transfers to Affiliated/Other Party		
.	23.	CommitteesContributions to		
O)		Federal Candidates/Committees and Other Political Committees		3,000,00
harid Anis	24.	Independent Expenditures		
0	25.	(use Schedule E)		
		(2 U.S.C. §441a(d)) (use Schedule F)		
M				
W	26.	Loan Repayments Made		
farit.	27.	Loans MadeRefunds of Contributions To:		
	20.	(a) Individuals/Persons Other		
		Than Political Committees		L
		(h) Political Party Committees		
		(b) Political Party Committees		
		(such as PACs)		
		(000) 20 / 100/		
		(d) Total Contribution Refunds		
		(add Lines 28(a), (b), and (c))▶		
	29.	Other Disbursements		
	20	Enderel Election Activity (2.11.5.C. \$431/20)\		
	3 U.	Federal Election Activity (2 U.S.C. §431(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)) ▶		
		בווופס טטנמאנון, טטנמאנוון מווט טטנטון		
	31.	Total Disbursements (add Lines 21(c), 22,		
		23, 24, 25, 26, 27, 28(d), 29 and 30(c))	00	3000 00
	00	Total Fadaval Dishuvas		
	32.	Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
		from Line 31)	00	3000 00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

111	Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) (from Line 11(d), page 3)	00	4750 00
34.	Total Contribution Refunds (from Line 28(d))		
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.0	4750 00
36 .,	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	00	00
	Offsets to Operating Expenditures (from Line 15, page 3)		
n 7 0	Net Operating Expenditures (subtract Line 37 from Line 36)	0.0	0.0

	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 1 OF 1 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and S r for commercial purposes, other than using the	rson for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full) HANSON PROFESSION	AL SERV	ICES INC. PAC	
A.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address			
	City	State	Zip Code	Amount of Each Receipt this Period
<u>م</u> س	FEC ID number of contributing federal political committee.	C	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
9	Name of Employer	Occupation		
03107	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ .	
₩ B	Full Name (Last, First, Middle Initial)	<u> </u>		Date of Receipt
	Mailing Address			Mrs. (lease) , Larara
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		
	Name of Employer	Occupation	1	-
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼	
_	Full Name (Last, First, Middle Initial)	L	 	Date of Receipt
С	Mailing Address			Date of necept
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		
	Name of Employer	Occupation	n	7
	Receipt For: Primary Ganeral Other (specify) ▼		Year-to-Date ▼	
F	SUBTOTAL of Receipts This Page (optional)			
	TOTAL This Period (last page this line number	r oniy)	······	· Langer

IT A	CHEDULE B (FEC Form 3X) EMIZED DISBURSEMENTS In information copied from such Reports and Statem for commercial purposes, other than using the name of the commercial purposes of the such Reports and Statem (In Full) NAME OF COMMITTEE (In Full) HANSON PROFESSIONAL STATEMENT (In Full)	ne and address of any politica	l committee to	one) 22
Α.	Full Name (Last, First, Middle Initial) Mailing Address			Date of Disbursement
	City	State Zip Code		
1950	Candidate Name Cate		0 1 1 Category/	Amount of Each Disbursement this Period
03707	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify)	. уре	
М — В.	Full Name (Last, First, Middle Initial) Mailing Address			Date of Disbursement
:	Purpose of Disbursement Candidate Name Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify)	Q 1 1 Category/ Type	Amount of Each Disbursement this Period
C.	Full Name (Last, First, Middle Initial) Mailing Address			Date of Disbursement
	City	State Zip Code		
	Purpose of Disbursement Candidate Name Office Sought: House Disburser Senate President State: District:	ment For: Primary ☐ General Other (specify) ▼	O.11 Category/ Type	Amount of Each Disbursement this Period
	SUBTOTAL of Disbursements This Page (optional)			0.0

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

00

SCHEDULE C (FEC Form 3X)

Use separate schedule(s) PAGE

OF

JOANS	for each category of the Detailed Summary Page	FOR LINE 13 OF FORM 3X		
NAME OF COMMITTEE (In Full)	<u> </u>			
HANSON PROFESSIONAL SERVICES INC. PAG				
LOAN SOURCE Full Name (Last, First, Middle Iritial)	Ele	ection: Primary General		
Mailing Address		Other (specify) ▼		
City State ZIP Cod	de			
Original Amount of Loan Cumulative Payment To		Outstanding at Close of This Period		
TERMS				
Date Incurred Date Due	Interest Rate	Secured: 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			
	Amount -			
City State ZIP Code	Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Guaranteed	-1-1-7x		
3. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line only)				
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**

(Use separate schedule(s)

PAGE 1 OF FOR LINE NUMBER:

X	9
	10

Excluding Loans	:.	for each numbered lin	e) (check only	one) X 9
NAME OF COMMITTEE (In Full) HANSON PROFESSIONAL SERVI	CES INC PAC			
A. Full Name (Last, First, Middle Initial) of Debtor or C		Nature	of Debt (Purpose):	<u>. </u>
7. I dii Paine (Last, First, Middle Initial) di Debidi di C	,,,oui,oi	Natule	or pear (i dipose).	•
Mailing Address				
City State Z	ip Code			
Outstanding Balance Beginning This Period				
Amount Incurred This Period	Payment This Period			Close of This Period
B. Full Name (Last, First, Middle Initial) of Debtor or C		Nature	of Debt (Purpose)	:
Mailing Address				
City State Z	ip Code			
Outstanding Balance Beginning This Period Amount Incurred This Period	Payment This Period	Outsi	anding Balance at	Close of This Period
C. Full Name (Last, First, Middle Initial) of Debtor or	Creditor	Nature	of Debt (Purpose)	:
Mailing Address				
City	ate Zip Code			
Outstanding Balance Beginning This Period				<u> </u>
Amount Incurred This Period	Payment This Period	Outs	tanding Balance at	Close of This Period
SUBTOTALS This Period This Page (optional)		C		00
2) TOTALS This Period (last page this line number only)	>		0.0
3) TOTAL OUTSTANDING LOANS from Schedule C (la	st page only)	>		0.0
4) ADD 2) and 3) and carry forward to appropriate line	of Summary Page (last page or	nly) ▶		0.0

SCHEDULE D (FEC Form 3X) DERTS AND ORLIGATIONS

(Use separate schedule(s)

PAGE FOR LINE NUMBER:

П	9
X	10

OF

Sedia And Omigations		for eac		(check only one)	9
Excluding Loans		numbered	line)		X 10
NAME OF COMMITTEE (In Full) HANSON PROFESSIONAL SE	EDVICES INC. DAC				
HANSON PROFESSIONAL SE	RVICES INC. PAC				
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Natu	re of D	ebt (Purpose):	
•					
Mailing Address					
l l					
City State	Zip Code				
		l			
Outstanding Balance Beginning This Period					
Amount Incurred This Period	Payment This Period	Oı	ıtetandiı	ng Balance at Close of	This Pariod
Mingrist morning and 1 and	Taymon mo remo			To The second of	
		<u></u>] [
B. Full Name (Last, First, Middle Initial) of Debtor	r or Creditor	Natu	re of D	ebt (Purpose):	
			0. 2	(d. podo).	
Mailing Address		-		•	
City State	Zip Code				
Joint Charles	_ _				
Outstanding Balance Beginning This Period					
Catorana Salimina Line Land					
Amount Incurred This Period	Payment This Period			ng Balance at Close of	
	1				,
					المستينستره
C. Full Name (Last, First, Middle Initial) of Debt	or or Creditor	Natu	re of D	ebt (Purpose):	
}		ļ			
Mailing Address					
City	State Zip Code				
Outstanding Balance Beginning This Period					
Amount Incurred This Period	Payment This Period	O	utstandi	ng Balance at Close o	f This Period
			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
[Lannana and and and and and and and and a		سما ل		mr. rgr.	سبعسيا
		ار		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
1) SUBTOTALS This Period This Page (optional)		▶	<u></u> _^_		00
		<u> </u>			0.0
2) TOTALS This Period (last page this line numbe	r only)				0_0
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)			<u> </u>	0 0
of Total Gotofalished Found from Schedule					·
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page of	nlv) 🕨			0 0

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
USPS Registered/Certified	Postmarked (R/C) 5 / 17/13
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label	
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery	
Date of Receipt Received from House Records & Registration Office	
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	of Receipt or Postmarked
Smil	5/22/17
PREPARER (3/2005)	DATE PREPARED