

**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).....▶