

**FEC  
FORM 3X**

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

RECEIVED  
FEC MAILCENTER  
2023 APR 12 PM 3:04

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

H A N S O N , P R O F E S S I O N A L , S E R V I C E S , I N C , P A C

ADDRESS (number and street) 1 5 2 5 S O U T H S I X T H S T R E E T

Check if different than previously reported. (ACC) S P R I N G F I E L D I L 6 2 7 0 3-

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 0 0 4 0 6 1 2 4

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:
- |   |                                      |                                       |  |
|---|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2)            | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3)            | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input checked="" type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on M M / D D / Y Y Y Y Y Y in the State of  

- (d) 30-Day POST-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on M M / D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y Y Y through M M / D D / Y Y Y Y Y Y

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 R O N D A K F O L K E R T S

Signature of Treasurer Ronda K Folkerts Date M M / D D / Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only									
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**FEC FORM 3X**  
Rev. 05/2016

UNIONBANK



**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

HANSON PROFESSIONAL SERVICES INC PAC

Report Covering the Period: From:

M M / D D / Y Y Y Y  
0 3 / 0 1 / 2 0 2 3

To:

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 2 3

**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).....
  - (ii) Unitemized.....
  - (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

900.00  
00  
900.00

900.00  
00  
900.00

- (b) Political Party Committees.....
- (c) Other Political Committees (such as PACs).....
- (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

900.00

900.00

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)).....▶

900.00

900.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

900.00

900.00

NONFEDERAL AND LEVIN FUNDS

**DETAILED SUMMARY PAGE**  
of Disbursements

**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 .....		
(b) Other Federal Operating Expenditures .....		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....		
22. Transfers to Affiliated/Other Party Committees .....		
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	750.00	5,750.00
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F) .....		
26. Loan Repayments Made .....		
27. Loans Made .....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....		
(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 Non-Federal Donations) .....		
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)) ..	750.00	5,750.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	750.00	5,750.00

NON-FEDERAL DISBURSEMENTS

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. 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) .....	9 0 0 . 0 0	9 0 0 . 0 0
34. Total Contribution Refunds (from Line 28(d)) .....	. 0 0	. 0 0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9 0 0 . 0 0	9 0 0 . 0 0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	. 0 0	. 0 0
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	. 0 0	. 0 0
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	. 0 0	. 0 0

10N00040001W01NH1401W000N

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER (check only one)		PAGE 1 OF 1	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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 <b>A. Stephen Alm</b>			Date of Receipt MM / DD / YYYY <b>03 / 22 / 2023</b>	
Mailing Address <b>29021 Machmeier Court</b>			Amount of Each Receipt this Period <b>300.00</b>	
City <b>Lindstrom</b>	State <b>MN</b>	Zip Code <b>55045</b>		
FEC ID number of contributing federal political committee. <b>C</b>			<input type="checkbox"/> Memo Item	
Name of Employer (for Individual) <b>HANSON PROFESSIONAL SERVICES INC PAC</b>		Occupation (for Individual) <b>Vice President</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <b>300.00</b>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Charles Snowden</b>			Date of Receipt MM / DD / YYYY <b>03 / 28 / 2023</b>	
Mailing Address <b>165 Carnuba Way</b>			Amount of Each Receipt this Period <b>600.00</b>	
City <b>Ponte Vedra</b>	State <b>FL</b>	Zip Code <b>32081</b>		
FEC ID number of contributing federal political committee. <b>C</b>			<input type="checkbox"/> Memo Item	
Name of Employer (for Individual) <b>HANSON PROFESSIONAL SERVICES INC PAC</b>		Occupation (for Individual) <b>Senior Vice President</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <b>600.00</b>		

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>900.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>900.00</b>

NONDISCRIMINATION NOTICE

**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)		PAGE 1 OF 1		
	<input type="checkbox"/> 21b <input type="checkbox"/> 28a	<input type="checkbox"/> 22 <input type="checkbox"/> 28b	<input checked="" type="checkbox"/> 23 <input type="checkbox"/> 28c	<input type="checkbox"/> 26 <input type="checkbox"/> 29	<input type="checkbox"/> 27 <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**

**A.** Full Name (Last, First, Middle Initial)  
**Mike Bost for Congress**

Date of Disbursement: **03 / 07 / 2023**

Mailing Address: **PO Box 1212**

City: **Murphysboro** State: **IL** Zip Code: **62966**

Purpose of Disbursement: **Contribution to a Federal Candidate** Category/Type: **011**

Candidate Name: **Mike Bost**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: **IL** District: **12th**

FEC Identification Number: **C00546499**

Amount of Each Disbursement this Period: **500.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Robin Kelly for Congress**

Date of Disbursement: **03 / 15 / 2023**

Mailing Address: **PO Box 6953**

City: **Chicago** State: **IL** Zip Code: **60680**

Purpose of Disbursement: **Contribution to a Federal Candidate** Category/Type: **011**

Candidate Name: **Robin Kelly**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: **IL** District: **2nd**

FEC Identification Number: **C00539866**

Amount of Each Disbursement this Period: **250.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ **750.00**

**TOTAL** This Period (last page this line number only).....▶ **750.00**

110004400 IN IN 10 WNON





**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)  9  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

NONCONFIDENTIAL

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 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	

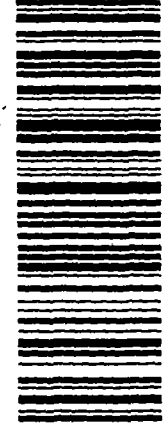
Outstanding Balance Beginning This Period		
[ ]		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
[ ]	[ ]	[ ]

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

400040001014010000

UNIVERSITY MICROFILMS INTERNATIONAL

**CERTIFIED MAIL**



7021 0950 0000 8743 9746

**\$8.50**  
US POSTAGE  
FIRST-CLASS  
062S0007685020  
62703

**\$8.50**  
US POSTAGE  
FIRST-CLASS  
062S00076850  
62703



4th St. | Springfield, IL 62703

**RETURN RECEIPT  
REQUESTED**

**RECEIVED  
FEC MAIL CENTER  
2023 APR 12 PM 3:08  
RETURN RECEIPT  
REQUESTED**

Federal Election Commission  
1050 First Street NE  
Washington DC 20463

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked Date of Receipt
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*NO Date stamp*

*BW*  
 PREPARER  
 (3/2015)

*4-12-2003*  
 DATE PREPARED

NON INFORMATION POSTED