

**FEC
FORM 3X**

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

RECEIVED
FEC MAILCENTER

2023 JUN 12 AM 11:18

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:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- Jun 20 (M6)
- Jul 20 (M7)
- May 20 (M5)
- Sep 20 (M9)
- Oct 20 (M10)
- Aug 20 (M8)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

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

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- 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.

NON-PROFIT ORGANIZATION

**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:

MM / DD / YYYY
05 / 01 / 2023

To:

MM / DD / YYYY
05 / 31 / 2023

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, YYYYYY 2023		17,697.20
(b) Cash on Hand at Beginning of Reporting Period.....	12,847.20	
(c) Total Receipts (from Line 19) .....	.00	900.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	12,847.20	18,597.20
7. Total Disbursements (from Line 31).....	.00	5,750.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	12,847.20	12,847.20
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	.00	



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

For further information contact:

Federal Election Commission
1050 First Street, N.E.
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

11-11-2023 10:00:00 AM

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.....		
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))..	.00	5,750.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	.00	5,750.00

2014-10-01 10:00:00 AM

DETAILED SUMMARY PAGE
of Disbursements

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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) .....	. 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) .....	. 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

NON-PROFIT ORGANIZATION

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 1 OF 1
(check only one)
 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)
 HANSON PROFESSIONAL SERVICES INC PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mailing Address

Date of Receipt
 M M / D D / Y Y Y Y Y Y

City State Zip Code

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. C

Memo Item

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mailing Address

Date of Receipt
 M M / D D / Y Y Y Y Y Y

City State Zip Code

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. C

Memo Item

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Mailing Address

Date of Receipt
 M M / D D / Y Y Y Y Y Y

City State Zip Code

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. C

Memo Item

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

SUBTOTAL of Receipts This Page (optional)..... ▶ .00
 TOTAL This Period (last page this line number only)..... ▶ .00

NON-FEDERAL CAMPAIGN

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full)
 HANSON PROFESSIONAL SERVICES INC PAC

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address		
City	State	ZIP Code

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

TERMS

Date Incurred MM / DD / YYYY	Date Due MM / DD / YYYY	Interest Rate <input type="text"/> % (apr)	Secured: <input type="checkbox"/> Yes <input type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	<input type="text"/>
TOTALS This Period (last page in this line only)	<input type="text"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

NON-PROFIT ORGANIZATION

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State Zip Code	

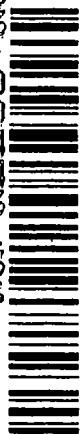
Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

1) SUBTOTALS This Period This Page (optional).....▶	<input type="text"/>
2) TOTALS This Period (last page this line number only).....▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	<input type="text"/>

UNION

ixth St. | Springfield, IL 62703

UNITED STATES POSTAL SERVICE



7021 0950 0000 8743 9845

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62703



BA17701

062S0007685020
62703



BA17702

**RETURN RECEIPT
REQUESTED**

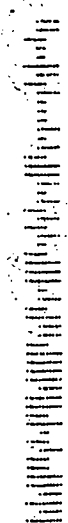
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RECEIVED
FEC MAIL CENTER

2023 JUN 12 AM 11:18

Federal Election Commission
1050 First Street NE
Washington DC 20463

**RETURN RECEIPT
REQUESTED**



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	Date of Receipt
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 6/12/23
<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 Date of Receipt Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received via FAX	Date of Receipt
<input type="checkbox"/> Received via Email	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
JAM PREPARER (4/2023)	6/12/23 DATE PREPARED

11-11-2023 10:11:00 AM