2023-12-27-03-00456161

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAILCENTER

2023 DEC 26 PH 12: 10

Office Use Only

NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
$[H_1A_1N_1S_1O_1N_1 P_1R_1O_1$	$F_1E_1S_1S_1I_1O_1N_1A_1L_1$	SERVIICES I	N _C P _A C	
ADDRESS (number and street)	1,5,2,5, S,O,U,T	H _I S _I I _X T _I H _I S _I T	$C_1R_1E_1E_1T_1$	
Check if different				
than previously reported. (ACC)	SPRINGFIE		I ₁ L ₁ [6 ₁ 2 ₁ 7	0,3]-
2. FEC IDENTIFICATION N	UMBER ▼ CIT	ΓY ▲	STATE A	ZIP CODE ▲
C 0 0 4 0 6 1	/ 4	S THIS NEW (N) OI	AMENDED (A)	
4. TYPE OF REPORT (Choose One)	Report	20 (M2) May 20 (M	15) Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On: Mar	20 (M3) Jun 20 (M	6) Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15		20 (M4) Jul 20 (M7	Oct 20 (M10)	
Quarterly Report (July 15	(C) 12-Day	Primary (12P)	General (12G)	Runoff (12R)
Quarterly Report (October 15	Report for the:	Convention (12C)	Special (12S)	
Quarterly Report (January 31 Year-End Report (Floatio	on on	, , , , , , , , , , , , , , , , , , , ,	in the State of
July 31 Mid-Year Report (Non-electi Year Only) (MY)	on (d) 30-Day POST-Election	General (30G)	Runoff (30R)	Special (30S)
Termination Repor (TER)	Report for the:	on on	,	in the
5. Covering Period	1 01 202	3 through 1	M / 3 0 / 2 0	2 3
I certify that I have examined to Type or Print Name of Treasur	5 6 37 5 3	my knowledge and belief it is $F \; O \; L \; K \; E \; R$	·	te.
Signature of Treasurer		Lockers	Date 1 2 0	6 2 0 2 3
NOTE: Submission of false, error	neous, or incomplete information	n may subject the person signing		
Use				FORM 3X Rev. 05/2016

2023-12-27-03-00356162

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Page 2

FEC Form 3X (Rev. 05/2016) Write or Type Committee Name

HANSON PROFESSIONAL SERVICES INC PAC

Report Covering the Period:

From:

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1,		17,697.20
	(b) Cash on Hand at Beginning of Reporting Period	9,097.20	
	(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)	9,097.20	18,597.20
7.	Total Disbursements (from Line 31)	2,500.00	12,000.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	6,597.20	6,597.20
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 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

NOWN - IN : NY : OM : ODASSIGN

DETAILED SUMMARY PAGEof Receipts

	FEC Form 3X (Rev. 05/2016)		Page 3
Wri	ite or Type Committee Name		
н /	ANSON PROFESSIONAL SE	ERVICES INC PAC	····
Rep	port Covering the Period: From:	To:	
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From:		
((a) Individuals/Persons Other		
	Than Political Committees	. 0 0	0.00
	(i) Itemized (use Schedule A)		, , 900,00
	(ii) Unitemized	. 0 0	. 0 0
	(iii) TOTAL (add		
	Lines 11(a)(i) and (ii)	.00	900.00
	2.1100 11(4)(1) 4.14 (1)		
((b) Political Party Committees		4 72 4 73 4 7 7
((c) Other Political Committees		
	(such as PACs)		77.4.4.7
((d) Total Contributions (add Lines		
	11(a)(iii), (b), and (c)) (Carry	. 0 0	0.00
	Totals to Line 33, page 5)▶		900.00
	Transfers From Affiliated/Other		
	Party Committees		
12	All Loans Received		
13. /	All Loans neceived		
	Land Bonovenanta Barahard		
	Loan Repayments Received		
	Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
	(Carry Totals to Line 37, page 5)		
	Refunds of Contributions Made	4 (7) 4 (4 (7) 4 (4 (7)) 4	
	to Federal Candidates and Other		
	Political Committees	1	
	Other Federal Receipts	47.	475 475
	(Dividends, Interest, etc.)		
18.	Transfers from Non-Federal and Levin Funds		
1	(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))	. 0 0	900.00
		423	47) 42) 44)
20.	Total Federal Receipts		
	(subtract Line 18(c) from Line 19)▶	. 0 0	900.00
			والمراقب المراقب المراقب والمراقب والمراقب والمراقب والمراقب والمراقب والمراقب والمراقب والمراقب والمراقب

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Operating Expenditures: -	Total IIIIs reliou	Calelluar rear-tu-Date
	(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
	(i) Federal Share		
	(1)		
	(ii) Non-Federal Share		
	(b) Other Federal Operating		
	Expenditures		
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b))▶		
2.	Transfers to Affiliated/Other Party		
	Committees		
	Contributions to Federal Candidates/Committees		
	and Other Political Committees	2,500.00	12,000.0
	Independent Expenditures		
5.	(use Schedule E)		
	(52 U.S.C. § 30116(d)) (use Schedule F)		
	(due concodic 1 /		
5	Loan Repayments Made		
٠.		75 75 75	<u> </u>
7.	Loans Made		
В.	Refunds of Contributions To:	<u> </u>	
	(a) Individuals/Persons Other Than Political Committees		
	<u> </u>		
	(b) Political Party Committees		
	(c) Other Political Committees		
	(such as PACs)		1
	(d) Total Contribution Refunds	<u> </u>	
	(add Lines 28(a), (b), and (c))		
	, L		
9.	Other Disbursements (Including		
	Non-Federal Donations)		
_		75 (F) A55	
	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	73	77
	Entirely With Federal Funds		
	(c) Total Federal Election Activity (add		
	Lines 30(a)(i), 30(a)(ii) and 30(b))		
	z volajiji, volajiij and volaji		A72 A72
	Total Dishursaments (add Lines 21/a) 22		
	Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29, and 30(c))		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	2,500.00	12,000.
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	(522.25. 2.10 2.14/1.) 4.10 2.110 00(4/1.)		
	from Line 31)	2,500.00	12,000.

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

	FEC FORM 3X (Nev. 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)	. 00	900.00
34.	Total Contribution Refunds (from Line 28(d))	493 493 . 0 0	. 0 0
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	. 00	900.00
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

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 1 OF 1 (check only one)		
ITEMIZED RECEIPTS		for each category of the	(check only one)		
		Detailed Summary Page	13 14 15 16 17		
	y information copied from such Reports and Statemer for commercial purposes, other than using the name				
Ţ	NAME OF COMMITTEE (In Full)	u a		To be a service of the service of th	
\rangle	HANSON PROFESSI	O N	AL SERVICE	S INC PAC	
_	Full Name of Individual (Last, First, Middle Initial) or	Full O	rganization Name		
Α.	Mailing Address			Date of Receipt	
	walling Address			Many Long / Landrad	
	City	ate	Zip Code	Amount of Each Passint this Paried	
	FEC ID number of contributing	-		Amount of Each Receipt this Period	
	federal political committee.				
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item	
		_l regate	Year-to-Date ▼	-	
	Primary General Other (specify) ▼				
	Carlot (speedily) V	<u></u>	<u> </u>	<u> </u>	
D	Full Name of Individual (Last, First, Middle Initial) or	Full O	rganization Name	Onto of Possint	
B				Date of Receipt	
		***	Zin Code		
	City	ale	Zip Code	Amount of Each Receipt this Period	
	FEC ID number of contributing		* * * * * * *		
	federal political committee.				
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item	
		regate	Year-to-Date ▼		
Primary General Other (specify) ▼		A A A			
		<u> </u>	<u> </u>		
 С.	Full Name of Individual (Last, First, Middle Initial) or	Full O	rganization Name	Date of Receipt	
	Mailing Address			المعمممما الهمعا الممممعا	
	City	ate	Zip Code	Amount of Each Receipt this Period	
	FEC ID number of contributing			Amount of Each Receipt this Period	
	federal political committee.				
Name of Employer (for Individual) Occ		Occi	upation (for Individual)	Memo Item	
	Primary General Other (specify)		7		
_				·	
s	UBTOTAL of Receipts This Page (optional)	•••••	······	. 00	
_	OTAL This Period (last page this line number only)			. 00	

SCHEDULE B (FEC FORM 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 1 OF 1					
ITEMIZED DISBURSEMENTS	for each category of the	(check only one) 21b 22 723 26 27					
	Detailed Summary Page	28a 28b 28c 29 30b					
		by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)							
/	IONAL SER	VICES INC PAC					
Full Name (Last, First, Middle Initial)		Data of Dishursement					
A. Lahood for Co	ngress	Date of Disbursement					
Mailing Address P.O.Box 10	7 3 5	11 02 2023					
	State Zip Code I L 6 1 6 1 2	FEC Identification Number					
Purpose of Disbursement		C00575050					
Contribution to a Federa. Candidate Name	l Candidate						
Darin LaHood		Category/ Amount of Each Disbursement this Period Type					
Office Sought: House Disbursen		2,500.00					
	Primary General Other (specify) ▼						
State. I L District: 1 8	Other (specify)	Memo Item					
Full Name (Last, First, Middle Initial)							
В.		Date of Disbursement					
Mailing Address		(000 /					
City	State Zip Code	FEC Identification Number					
Purpose of Disbursement		C					
Candidate Name							
Calculate Name Category/ Type		Category/ Amount of Each Disbursement this Period					
Office Sought: House Disbursen							
	Primary General						
State: District:	Other (specify)	Memo Item					
Full Name (Last, First, Middle Initial)							
C.		Date of Disbursement					
Mailing Address		M M / D D / Y Y Y Y Y					
City	State Zip Code	FEC Identification Number					
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For:							
				Senate Primary General			
					Other (specify) ▼	Memo Item	
State: District:							
SUBTOTAL of Disbursements This Page (optional)							
TOTAL This Period (last page this line number only).		2,500.00					

SCHEDULE C (FEC Form 3X) **LOANS**

PAGE Use separate schedule(s) OF 1 for each category of the FOR LINE 13 OF FORM 3X **Detailed Summary Page** NAME OF COMMITTEE (In Full) HANSON PROFESSIONAL SERVICES INC PAC Election: LOAN SOURCE Full Name (Last, First, Middle Initial) Memo Item **Primary** General Mailing Address Other (specify) ▼ City ZIP Code State Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period TERMS Date Incurred Date Due Secured Interest Rate Yes % (apr) 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: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation State ZIP Code City Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation ZIP Code City State Amount Guaranteed Outstanding SUBTOTALS This Period This Page (optional)..... 0 0 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

Excluding Loans

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

V	9
	10

cluding Loans			numbered	numbered line) 10		
ME OF COMMITTEE (In Full)						
HANSON PROFESSIONAL	SERVICE	S INC PA	С			
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nat	ure of De	ebt (Purpose):	
,				-		
Mailing Address						
City	State	Zıp Code				
Outstanding Palence Pasing on This Pasing			<u> </u>			
Outstanding Balance Beginning This Period	ĺ					
Amount Incurred This Period	j P:	ayment This Period	O)utstandir	ng Balance at Close	e of This Perio
	بنا ا	.,	اً لت		3 2 3 3 3 3 3 3	
	1 L	494			<u> </u>	
B. Full Name (Last, First, Middle Initial) of De	ebtor or Creditor		Nat	ture of D	ebt (Purpose):	
Mailing Address	_					
	· · · · · · · · · · · · · · · · · · ·				•	
City	State	Zip Code				
Outstanding Balance Beginning This Period	ld	—. I				
]					
Amount Incurred This Period	Pa	ayment This Period		Outstandir	ng Balance at Close	e of This Perio
4)3		42			4	4-22-4
C. Full Name (Last, First, Middle Initial) of D	Debtor or Creditor		Nat	ture of D	ebt (Purpose):	
, , , , , , , , , , , , , , , , , , , ,				-	, - F/-	
Mailing Address						
City	State	Zip Code				
•						
Outstanding Balance Beginning This Period	d 1					
	J					
Amount Incurred This Period	Pi	ayment This Period		Outstandir	ng Balance at Close	of This Perio
<u> </u>		-1-1-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1				
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SUBTOTALS This Period This Page (option	al)		>	++	77	0
TOTALS This Period (last page this line nur	mber only)		>		593	. 0 0
TOTAL OUTSTANDING LOANS from Sched	dule C (last page	only)		-	-17	. 0 0
ADD 2) and 3) and carry forward to approp	riate line of Sumn	nary Page (last nage	e only) ►	1 1		. 0 0
e, and e, and carry lorward to approp	mic or outilit	r age tiast page				

SCHEDULE D (FEC Form 3X)		1		PAGE 1 OF 1
DEBTS AND OBLIGATIONS			(Use separate schedule(s)	FOR LINE NUMBER
Excluding Loans		ļ	for each	(check only one) 9
NAME OF COMMITTEE (In Full)			numbered line)	/ 10
	·	CEDUIC	ES IN	C PAC
		SERVIC		
A. Full Name (Last, First, Middle Initial) of Debtor	or Creator		Nature or	Debt (Purpose):
Mailing Address				
City	State	Zip Code		
Outstanding Balance Beginning This Period	.	1		
Amount Incurred This Period	Payı	ment This Period	Outstand	ling Balance at Close of This Period
		·	ــا لـــ	
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		!		·
Colournal of Sugaring 1110 1 ones				
Annual Alexander This Desired	D-		0.1-1	er a Balanca ex Otaca ex This Basic
Amount Incurred This Period	Payi	ment This Period	Outstand	ding Balance at Close of This Period
35. 4 35. 4 40. 40.				<u> </u>
C. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of	Debt (Purpose):
Mailing Address				
City	State	Zip Code		
Outstanding Balance Beginning This Period	- 			
Amount Incurred This Period	Pave	ment This Period	Outstand	ding Balance at Close of This Period
Amount medical this Feriod	i ayı	ment this renou	Outstand	any balance at close of this renou
	4 47)	4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -		1 - 2/2 - 4 1
1) SUBTOTALS This Period This Page (optional)			, [. 0 0
TO COSTOTALES THIS I CHOO THIS I age (opinorial)			<u> </u>	
2) TOTALS This Period (last page this line number	only)		▶	

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)......

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

1525 S. Sixth St. | Springfield, IL 62703



vice Type

Signature Restricted Delivery
Signature Restricted Delivery
at on Delivery
A Mail Restricted Delivery
A Mail Restricted Delivery
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A Mail Restricted Delivery
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Domestic Return Receipt Priority Mail Express®

| Registered Mail**
| Registered Mail Restricted Pelivery | Signature Confirmation | Signature |

is delivery address different from item 17 if YES, enter delivery address below:

AyAgent Date of Delivery Received by (Printed Name)

OMPLETE THIS SECTION ON DELIVERY

ENVELOPE REPLACEMENT PA	ion Commission GE FOR INCOMING DOCUMENTS this filing to indicate how it was received.			
Hand Delivered	Date of Receipt			
USPS First Class Mail	Date of Receipt			
USPS Registered/Certified	Postmarked (R/C) 12/11/2023			
USPS Priority Mail	Postmarked			
USPS Priority Mail Express	Postmarked			
Postmark Illegible				
No Postmark				
Overnight Delivery Service (Specify):	Shipping Date Date of Receipt			
Gervice (openity).	Next Business Day Delivery			
Received via FAX	Date of Receipt			
Received via Email	Date of Receipt			
Received from Electronic Filing Offic	Date of Receipt e			
Other (Specify):	Date of Receipt or Postmarked			
PB	12/27/2023			
(4/2023)	DATE PREPARED			
\ ··====/				