

**FEC
FORM 3X**

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

RECEIVED
FEC MAILCENTER

2022 JUN 23 AM 9:03

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)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- 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

MM / DD / YYYY

in the State of

CA

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

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

MM / DD / YYYY

in the State of

CA

5. Covering Period

MM / DD / YYYY

through

MM / DD / YYYY

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

MM / DD / YYYY

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

FEC FORM 3X
Rev. 05/2016

**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 / 2022

To:

MM / DD / YYYY
05 / 31 / 2022

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

| | |
|--|---|
| 6. (a) Cash on Hand January 1, 2022 | 21,715.00 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 30,265.00 |
| (c) Total Receipts (from Line 19) | 15,800.00 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 37,515.00 |
| 7. Total Disbursements (from Line 31)..... | 7,000.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 23,865.00 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | |

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

HANSON PROFESSIONAL SERVICES INC PAC

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:

MM / DD / YYYY
05 / 01 / 2022

To:

MM / DD / YYYY
05 / 31 / 2022

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).....

6 0 0 . 0 0

1 5 , 8 0 0 . 0 0

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

6 0 0 . 0 0

1 5 , 8 0 0 . 0 0

(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).....▶

6 0 0 . 0 0

1 5 , 8 0 0 . 0 0

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)).....▶

6 0 0 . 0 0

1 5 , 8 0 0 . 0 0

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

6 0 0 . 0 0

1 5 , 8 0 0 . 0 0

HANSON PROFESSIONAL SERVICES INC PAC

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 | 7,000.00 | 13,650.00 |
| 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)) .. | 7,000.00 | 13,650.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) | 7,000.00 | 13,650.00 |

NON-FEDERAL DISBURSEMENTS

DETAILED SUMMARY PAGE
of Disbursements

| 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) | 6 0 0 . 0 0 | 1 5 , 8 0 0 . 0 0 |
| 34. Total Contribution Refunds (from Line 28(d)) | | |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 6 0 0 . 0 0 | 1 5 , 8 0 0 . 0 0 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | | |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | | |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | | |

NONPROFIT 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. Robert Waller

Mailing Address
220 Sandstone Drive

City State Zip Code
Chatham IL 62629

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
HANSON PROFESSIONAL SERVICES INC PAC ASST. VP

Receipt For: Primary General Other (specify) Aggregate Year-to-Date **300.00**

Date of Receipt
05 / 17 / 2022

Amount of Each Receipt this Period
300.00

Memo Item

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

B. David Kemp

Mailing Address
1191 Eagle Point Dr

City State Zip Code
St. Augustine FL 32092

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
HANSON PROFESSIONAL SERVICES INC PAC VP

Receipt For: Primary General Other (specify) Aggregate Year-to-Date **300.00**

Date of Receipt
05 / 26 / 2022

Amount of Each Receipt this Period
300.00

Memo Item

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

C.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

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

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

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **600.00**
TOTAL This Period (last page this line number only)..... **600.00**

**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"/> 22 <input checked="" type="checkbox"/> 23 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28a <input type="checkbox"/> 28b <input type="checkbox"/> 28c <input type="checkbox"/> 29 <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. Durbin Victory Fund

Full Name (Last, First, Middle Initial)
 Mailing Address
PO BOX 1949

City **SPRINGFIELD** State **IL** Zip Code **62705**

Purpose of Disbursement
 Contribution to a Federal Candidate

Candidate Name
Richard J. Durbin

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) **011** Category/Type

State: **IL** District:

Date of Disbursement
05 / 20 / 2022

FEC Identification Number
C00148999

Amount of Each Disbursement this Period
1,000.00

Memo Item

B. Tammy for Illinois

Full Name (Last, First, Middle Initial)
 Mailing Address
PO Box 10793

City **Chicago** State **IL** Zip Code **60610**

Purpose of Disbursement
 Contribution to a Federal Candidate

Candidate Name
Tammy L. Duckworth

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) **011** Category/Type

State: **IL** District:

Date of Disbursement
05 / 18 / 2022

FEC Identification Number
C00544254

Amount of Each Disbursement this Period
1,000.00

Memo Item

C. American Council of Engineering Companies (ACEC/PAC)

Full Name (Last, First, Middle Initial)
 Mailing Address
1015 15th Street NW Suite 800

City **Washington DC** State Zip Code **20005**

Purpose of Disbursement
 Contribution to PAC to support Federal Candidates

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) **011** Category/Type

State: District:

Date of Disbursement
05 / 18 / 2022

FEC Identification Number
C00010868

Amount of Each Disbursement this Period
5,000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ **7,000.00**

TOTAL This Period (last page this line number only).....▶ **7,000.00**

11-11-2022 10:00 AM

SCHEDULE C (FEC Form 3X)
LOANS

NAME OF COMMITTEE (In Full)
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

| | | |
|---|-------|---|
| 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 | Date Due | Interest Rate | Secured |
| <input type="text"/> | <input type="text"/> | <input type="text"/> % (apr) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| 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.

NONUNION

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 |

HANSON PROFESSIONAL SERVICES INC PAC

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)

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

| | | | |
|--|-------|---------------------------|--|
| 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 | | |
| <input type="text" value="00000000000000000000"/> | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input type="text" value="00000000000000000000"/> | <input type="text" value="00000000000000000000"/> | <input type="text" value="00000000000000000000"/> |

| | | | |
|--|-------|---------------------------|--|
| 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 | | |
| <input type="text" value="00000000000000000000"/> | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input type="text" value="00000000000000000000"/> | <input type="text" value="00000000000000000000"/> | <input type="text" value="00000000000000000000"/> |

| | | | |
|--|-------|---------------------------|--|
| 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 | | |
| <input type="text" value="00000000000000000000"/> | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input type="text" value="00000000000000000000"/> | <input type="text" value="00000000000000000000"/> | <input type="text" value="00000000000000000000"/> |

| | |
|--|---|
| 1) SUBTOTALS This Period This Page (optional).....▶ | <input type="text" value="0000000000"/> |
| 2) TOTALS This Period (last page this line number only).....▶ | <input type="text" value="0000000000"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶ | <input type="text" value="0000000000"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶ | <input type="text" value="0000000000"/> |

NON-CONFIDENTIAL

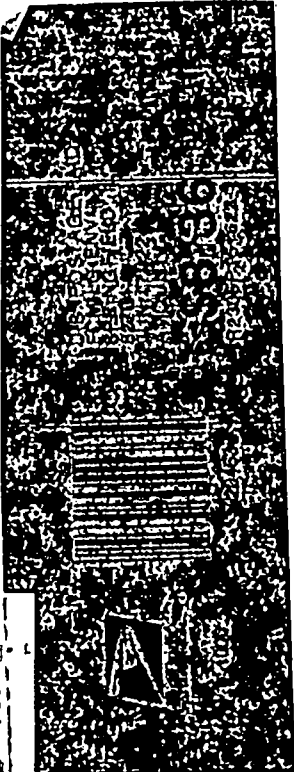


Sixth St. | Springfield, IL 62703

UNIVERSITY MICROFILMS INTERNATIONAL



7013 2630 0001 9909 5391



RECEIVED
FEC MAILCENTER

2022 JUN 23 AM 9: 03

Federal Election Commission
1050 First Street NE
Washington DC 20463

RETURN RECEIPT
REQUESTED

RETURN RECEIPT

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) <i>6/17/22</i> |
| <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 |
| PREPARER <i>MP</i> | <i>6/23/22</i> DATE PREPARED |

(3/2015)

20220617 10:00:00 AM