

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAILCENTER

2023 OCT 17 AM 9:11

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), May 20 (M5), Aug 20 (M8), Nov 20 (M11)
Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12)
Apr 20 (M4), Jul 20 (M7), Oct 20 (M10), Jan 31 (YE)

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

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

Election on MM/DD/YYYY in the State of

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

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

Election on MM/DD/YYYY in the State of

5. Covering Period

09/01/2023 through 09/30/2023

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 RONDA K FOLKERTS

Signature of Treasurer

Ronda K. Folkerts

Date

10/09/2023

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

NON-RECORDING

**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
09 / 01 / 2023

To:

MM / DD / YYYY
09 / 30 / 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.....	9,347.20	
(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).....	9,347.20	18,597.20
7. Total Disbursements (from Line 31).....	250.00	9,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	9,097.20	9,097.20
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

NONDISCRIMINATION NOTICE

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
09 / 01 / 2023

To:

MM / DD / YYYY
09 / 30 / 2023

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)).....▶

.00
.00
.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)

.00

900.00

12. Transfers From Affiliated/Other Party Committees.....

.00

.00

13. All Loans Received.....

.00

.00

14. Loan Repayments Received.....

.00

.00

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

.00

.00

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

.00

.00

17. Other Federal Receipts (Dividends, Interest, etc.).....

.00

.00

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))..

.00
.00
.00

.00
.00
.00

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 17, and 18(c)).....▶

.00

900.00

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

.00

900.00

EQUINUSDB 106 1 NH 10H 10N0N

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.....	250.00	9,500.00
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))..	250.00	9,500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	250.00	9,500.00

1-800-424-9547

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) .....	. 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-FEDERAL CAMPAIGN

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

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
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

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
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

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
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

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

NONDISCRIMINATION

**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

Full Name (Last, First, Middle Initial) A. Friends of Raja for Congress		Date of Disbursement 09 / 22 / 2023
Mailing Address PO Box 681202		FEC Identification Number C00575092
City Schaumburg	State IL	Zip Code 60168
Purpose of Disbursement Contribution to Federal Candidates		Amount of Each Disbursement this Period 250.00
Candidate Name Raja S. Krishnamoorthi		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL	District: 8	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement
Mailing Address		FEC Identification Number
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement
Mailing Address		FEC Identification Number
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	250.00

NON-FEDERAL ORGANIZATION

SCHEDULE C (FEC Form 3X)

LOANS

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

PAGE 1 OF 1

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

HANSON PROFESSIONAL SERVICES INC PAC

LOAN SOURCE Full Name (Last, First, Middle Initial)

Memo Item

Election:

Primary

General

Other (specify) ▼

Mailing Address

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

_____ % (apr)

_____ % (apr)

Yes 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

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

City

State

ZIP Code

Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....

_____ 00

TOTALS This Period (last page in this line only).....

_____ 00

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

SUBMITTED BY: [unreadable]

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

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

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

1) SUBTOTALS This Period This Page (optional).....▶	<input type="text" value=""/> .00
2) TOTALS This Period (last page this line number only).....▶	<input type="text" value=""/> .00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶	<input type="text" value=""/> .00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	<input type="text" value=""/> .00

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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)

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			
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	

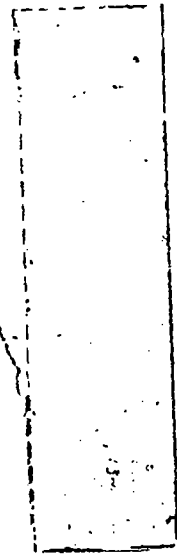
Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

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

NONDISCRIMINATION



ixth St. | Springfield, IL 62703



CERTIFIED MAIL



7019 1120 0002 1400 3344

Federal Election Commission
1050 First Street NE
Washington DC 20463

**RETURN RECEIPT
REQUESTED**

NONPROFIT POLITICAL ORGANIZATION

**RETURN RECEIPT
REQUESTED**

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B41781 03

\$1.25 0

US POSTAGE
FIRST-CLASS
06250007685020
62703

Stamps

B41774 04

\$8.50 0

US POSTAGE
FIRST-CLASS
06250007685020
FROM 62703

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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.

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<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 10/11/23
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<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
WDO PREPARER	10/17/23 DATE PREPARED

(4/2023)

20231017101111