

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER

2021 APR 28 PM 12:37
Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

HANSON PROFESSIONAL SERVICES INC PAC

ADDRESS (number and street)

1525 SOUTH SIXTH STREET



Check if different than previously reported. (ACC)

SPRINGFIELD

IL

62703

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00406124

3. IS THIS REPORT

N

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)
- General (12G)
- Runoff (12R)
- Convention (12C)
- 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:

- 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

03 / 01 / 2021 through 03 / 31 / 2021

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

04 / 02 / 2021

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-FEDERAL CAMPAIGN FINANCING ACT

**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: **03 / 01 / 2021** To: **03 / 31 / 2021**

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2021		20215 00
(b) Cash on Hand at Beginning of Reporting Period.....	30715 00	
(c) Total Receipts (from Line 19)	2700 00	13200 00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	33415 00	33415 00
7. Total Disbursements (from Line 31).....	1000 00	1000 00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	32415 00	32415 00
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	

Qualified as multicandidate on 3-14-16.

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

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

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

NON-PROFIT ORGANIZATION

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Report Covering the Period: From: **03 / 01 / 2021** To: **03 / 31 / 2021**

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).....	2700 00	13200 00
(ii) Unitemized		
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	2700 00	13200 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).....▶	2700 00	13200 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)).....▶	2700 00	13200 00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	2700 00	13200 00

NON-FEDERAL RECEIPTS

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))	00	00
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1,000 00	1,000 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))..	1,000 00	1,000 00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1,000 00	1,000 00

NON-FEDERAL DONATIONS

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 2	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
13	14	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)
HANSON PROFESSIONAL SERVICES INC PAC

A. MCPHAIL, RICHARD, P.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address
16233 CHANCELLORS RIDGE WAY

City **WESTFIELD** State **IN** Zip Code **46062**

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

Name of Employer (for Individual) **HANSON PROFESSIONAL SERVICES INC.** Occupation (for Individual) **AVP**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300 00

Date of Receipt
03 / 01 / 2021

Amount of Each Receipt this Period
300 00

Memo Item

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

Mailing Address
1460 SHADWELL CIRCLE

City **HEATHROW** State **FL** Zip Code **32746**

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

Name of Employer (for Individual) **HANSON PROFESSIONAL SERVICES INC.** Occupation (for Individual) **SR VP**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600 00

Date of Receipt
03 / 04 / 2021

Amount of Each Receipt this Period
600 00

Memo Item

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

Mailing Address
18520 ASHLAND AVE

City **HOMWOOD** State **IL** Zip Code **60430**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600 00

Date of Receipt
03 / 08 / 2021

Amount of Each Receipt this Period
600 00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ **1500 00**

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

20210301 10:40:00 AM

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 2 OF 2
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14
	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16
		<input type="checkbox"/> 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

A. MCDONALD JR, DAVID, R.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address
4700 ROSLYN RD

City **DOWNERS GROVE** State **IL** Zip Code **60515**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
03 / 12 / 2021

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address
2413 SW HICKORY LANE

City **LEE'S SUMMIT** State **MO** Zip Code **64082**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
03 / 18 / 2021

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address
165 CARNAUBA WAY

City **PONTE VEDRA** State **FL** Zip Code **32081**

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

Name of Employer (for Individual) **HANSON PROFESSIONAL SERVICES INC.** Occupation (for Individual) **SR VP**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
03 / 23 / 2021

Amount of Each Receipt this Period
600.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1,200.00
TOTAL This Period (last page this line number only).....▶	2,700.00

NON-PROFIT 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

[Empty numeric field]

[Empty numeric field]

[Empty numeric field]

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

[Empty date field]

[Empty date field]

[Empty date field]

[Empty date field]

[Empty date field]

[Empty date field]

[Empty interest rate field]

% (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:	[Empty numeric field]
2. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	[Empty numeric field]
3. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	[Empty numeric field]
4. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	[Empty numeric field]

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

[Empty numeric field] 00

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

[Empty numeric field] 00

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

NON-FEDERAL CAMPAIGN

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

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).....▶	0.00
2) TOTALS This Period (last page this line number only).....▶	0.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	0.00

UNIVERSITY MICROFILMS

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

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

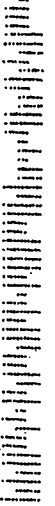
Outstanding Balance Beginning This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount Incurred This Period		
<input type="text"/>		

1) SUBTOTALS This Period This Page (optional).....▶	<input type="text" value="0.0"/>
2) TOTALS This Period (last page this line number only).....▶	<input type="text" value="0.0"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶	<input type="text" value="0.0"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	<input type="text" value="0.0"/>

NON-PROFIT ORGANIZATION



1525 S. Sixth St. | Springfield, IL 62703



VERIFIED MAIL

7019 1640 0000 3378 1330



1000



20463

U.S. POSTAGE PAID
FCM LG ENV
SPRINGFIELD, IL
62704
APR 07 '21
AMOUNT
\$7.85
R2305M145141-04

Federal Election Commission
1050 First Street NE
Washington DC 20463

RETURN RECEIPT
REQUESTED

RETURN RECEIPT
REQUESTED

2021 APR 29 PM 12:37

RECEIVED
FEC MAIL CENTER

NONPROFIT ORGANIZATION

