

**FEC
FORM 3X**

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

RECEIVED
FEC MAILCENTER

2024 MAR 18 AM 11:51
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)
- 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

0 2 / 0 1 / 2 0 2 4

through

0 2 / 2 9 / 2 0 2 4

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

0 3 / 0 6 / 2 0 2 4

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-PROFIT ORGANIZATION

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
02 / 01 / 2024

To:

MM / DD / YYYY
02 / 29 / 2024

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).....

5,000.00

5,300.00

(ii) Unitemized.....

.00

.00

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

5,000.00

5,300.00

(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).....▶

5,000.00

5,300.00

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)).....▶

5,000.00

5,300.00

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

5,000.00

5,300.00

2025 RELEASE UNDER E.O. 14176

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.....	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

ELECTORAL AND POLITICAL

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)	5,000.00	5,300.00
34. Total Contribution Refunds (from Line 28(d))00	.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5,000.00	5,300.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))00	.00
37. Offsets to Operating Expenditures (from Line 15, page 3)00	.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)00	.00

1-604020200 (NO '08) (NO '10) (NO '11)

**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. Michael Flatt

Mailing Address 67 Axline Dr

City Chatham State IL Zip Code 62629

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual) Occupation (for Individual)
Hanson Professional Services Inc PAC Vice President

Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 500.00

Date of Receipt

MM / DD / YYYY
02 / 20 / 2024

Amount of Each Receipt this Period

500.00

Memo Item

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

B. William Pongracz

Mailing Address 2111 Sunstone Ct.

City Springfield State IL Zip Code 62704

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual) Occupation (for Individual)
Hanson Professional Services Inc PAC Asst. Vice President

Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 500.00

Date of Receipt

MM / DD / YYYY
02 / 20 / 2024

Amount of Each Receipt this Period

500.00

Memo Item

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

C. Jeffrey Tatarek

Mailing Address 408 Five Forks Drive

City Springfield State IL Zip Code 62707

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual) Occupation (for Individual)
Hanson Professional Services Inc PAC Asst. Vice President

Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 500.00

Date of Receipt

MM / DD / YYYY
02 / 20 / 2024

Amount of Each Receipt this Period

500.00

Memo Item

SUBTOTAL of Receipts This Page (optional) 1,500.00
TOTAL This Period (last page this line number only)

2025 RELEASE UNDER E.O. 14176

**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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Daniel Rayhill

Mailing Address 7525 Wentworth Dr

City Springfield State IL Zip Code 62711

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

Name of Employer (for Individual) Occupation (for Individual)
Hanson Professional Services Inc PAC Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2024

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 79 Waldheim

City Morton State IL Zip Code 61550

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

Name of Employer (for Individual) Occupation (for Individual)
Hanson Professional Services Inc PAC Asst. Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2024

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 206 Mays Drive

City Bloomington State IL Zip Code 61701

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

Name of Employer (for Individual) Occupation (for Individual)
Hanson Professional Services Inc PAC Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1,000.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2024

Amount of Each Receipt this Period
1,000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2,000.00

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

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**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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Anthony Comerio
 Mailing Address **229 Walnut Glen Drive**
 City **Springfield** State **IL** Zip Code **62707**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) **Hanson Professional Services Inc PAC** Occupation (for Individual) **Asst. Vice President**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 27 / 2024**
 Amount of Each Receipt this Period **500.00**
 Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Stephen Alm
 Mailing Address **29021 Machmeier Court**
 City **Lindstrom** State **MN** Zip Code **55045**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) **Hanson Professional Services Inc PAC** Occupation (for Individual) **Senior Vice President**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1,000.00**

Date of Receipt **02 / 27 / 2024**
 Amount of Each Receipt this Period **1,000.00**
 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) **1,500.00**
TOTAL This Period (last page this line number only) **5,000.00**

2025 RELEASE UNDER E.O. 14176

**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)

<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

Full Name (Last, First, Middle Initial)

A. Eric Sorensen for Illinois

Date of Disbursement

MM	DD	YYYY
02	12	2024

Mailing Address

P O B o x 1 1 7 2

FEC Identification Number

C	0	0	7	9	3	9	3	5
---	---	---	---	---	---	---	---	---

City

M o l i n e

State

I L

Zip Code

6 1 2 6 5

Purpose of Disbursement

Contribution to a Federal Candidate

--

Candidate Name

E r i c S o r e n s e n

Category/
Type

Amount of Each Disbursement this Period

1	,	0	0	0	.	0	0
---	---	---	---	---	---	---	---

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: I L

District: 1 7

Memo Item

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

Date of Disbursement

MM	DD	YYYY

Mailing Address

FEC Identification Number

C								
---	--	--	--	--	--	--	--	--

City

State

Zip Code

Purpose of Disbursement

--

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

	,				.		
--	---	--	--	--	---	--	--

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Memo Item

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

Date of Disbursement

MM	DD	YYYY

Mailing Address

FEC Identification Number

C								
---	--	--	--	--	--	--	--	--

City

State

Zip Code

Purpose of Disbursement

--

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

	,				.		
--	---	--	--	--	---	--	--

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Memo Item

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

1	,	0	0	0	.	0	0
---	---	---	---	---	---	---	---

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

1	,	0	0	0	.	0	0
---	---	---	---	---	---	---	---

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	Date Due	Interest Rate	Secured:
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <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.

2025 RELEASE UNDER E.O. 14176

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

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

140505400 : 401 : 001 : HANSON

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		
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

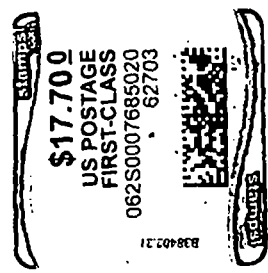
1) SUBTOTALS This Period This Page (optional).....	00
2) TOTALS This Period (last page this line number only).....	00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	00

20160508 10:41:03 AM

POSTAGE WILL BE PAID BY ADDRESSEE



7013 2630 0001 9909 5919



\$17.70
US POSTAGE
FIRST-CLASS
062S0007685020
02703

B394021

RETURN RECEIPT
REQUESTED

Federal Election Commission
1050 First Street NE
Washington, DC 20463


RECEIVED
FEC MAIL CENTER

2024 MAR 18 AM 11:51

RETURN RECEIPT
REQUESTED

X-RAYED BY FEC SECURITY

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) 03/11/2024
<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
 PREPARER (4/2023)	03/18/2024 DATE PREPARED

20250318 10:01:10 AM