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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

2023 MAY 18 PM 12: 05

Office Use Only

1. NAME COMMIT	OF ITEE (in full)	TYPE OR PRINT ▼		nple: If typ the lines.		12FF	E4M5		
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	n previously orted. (ACC)	$[S_1P_1R_1I_1N_1G_1F_1]$	I _L E _L L _L D _L	<u> </u>		$[I^{T}]$	[6 ₁ 2 ₁ 7 ₁	0,3]-	
2. FEC ID	ENTIFICATION N	JMBER ▼	CITY A			STATE A		ZIP COI	DE 🛦
Co	0,4,0,6,1	2 4	B. IS THIS REPORT	V	NEW (N) OR		AMENDED (A)		
4. TYPE (Choose	OF REPORT One)	(b) Monthly Report	Feb 20 (M2)	\square	May 20 (M5) [Aug 20 (M8)		Nov 20 (M11) (Non-Election Year Only)
(a) Qua	arterly Reports:	Due On:	Mar 20 (M3)		Jun 20 (M6)		Sep 20 (M9)		Dec 20 (M12) (Non-Election Year Only)
П	April 15		Apr 20 (M4)		Jul 20 (M7)		Oct 20 (M10)		Jan 31 (YE)
H	Quarterly Report (C July 15	(c) 12-Day PRE-Election		Primary (1	2P)	Ge	neral (12G)		Runoff (12R)
	Quarterly Report (C	Report for th	land.	Conventior	1 (12C)	Spe	ecial (12S)		
L	Quarterly Report (C	23)		لشمشا	, <u>, , , , , , , , , , , , , , , , , , </u>	444	المعد	in the	السا
Ц	Year-End Report (\) July 31 Mid-Year		lection on	لــمــا		<u> </u>		State of	
Ц	Report (Non-electic Year Only) (MY)	n (d) 30-Day POST-Electic Report for the	<u> </u>	General (3	0G)	Ru	noff (30R)		Special (30S)
	Termination Report (TER)		lection on	W. A. W.	/ 6 6 /			in the State of	
5. Covering Period 04 01 2023 through 04 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 Qoincin L. Follows, Date 0.5 0.3 2023									
NOTE: Subm	ission of false, error	eous, or incomplete inforr	nation may su	bject the p	erson signing	this Repo	rt to the penalti	es of 52	U.S.C. § 30109
	fice Ise							FOR Rev. 05/20	

2025 - 05 - 18 - 05 - 00447678

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name HANSON PROFESSIONAL SERVICES INC Report Covering the Period: From: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 17,697.20 January 1, (b) Cash on Hand at Beginning of Reporting Period..... . 00 900.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 18,597 6(a) and 6(c) for Column B)..... 12,847 2 0 0 0 750. Total Disbursements (from Line 31)...... 7. Cash on Hand at Close of Reporting Period 12,847.20 12,847. (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0 0 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0 0 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

202M: 0M: 18: 0M: 00442629

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 05/2016)	of Heceipts	Page 3
Write or Type Committee Name		
HANSON PROFESSIONAL S	ERVICES INC PAC	
Report Covering the Period: From:	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	$ \begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 4 \end{bmatrix} & \begin{smallmatrix} 0 & 0 \\ 3 & 0 \end{bmatrix} & \begin{bmatrix} \begin{smallmatrix} 0 & 0 \\ 2 & 0 & 2 & 3 \end{bmatrix} $
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)	. 0 0	, , 900.00 . 00
Lines 11(a)(i) and (ii)▶	. 00	900.00
(b) Political Party Committees	(2) (2) (2)	- (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1) - (1)
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	.00	" <u>"</u> 900 <u>"</u> 00
Party Committees	413	_ A _ 472 _ k _ A _ 473 _ A _ 472 _ A
13. All Loans Received	(1)	A 1 (1) A 1 (1) A 1 (1)
14. Loan Repayments Received15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)(Carry Totals to Line 37, page 5)		7), 7), 73
16. Refunds of Contributions Made to Federal Candidates and Other		3, 3, 4, 5, 6, 6, 6, 6, 6, 6, 6, 6, 6, 6, 6, 6, 6,
Political Committees	472 4 4 272 4 4 272 4 4 4 4 4 4 4 4 4 4	
(Dividends, Interest, etc.)	s	4 47 4 47 4 47
(a) Non-Federal Account (from Schedule H3)		9) 9) 1 9) 1 9)
(b) Levin Funds (from Schedule H5)	-0,	-97
(c) Total Transfers (add 18(a) and 18(b))	A - 4 - 475 - 4 - 475 - 4 - 475 - 4	A 475 A 475 A 475 A 475 A
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	. 00	900.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)▶	. 0 0	900.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B
21. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	Total Tris Period	Calendar Year-to-Date
(i) Federal Share	49	4) 4 4)
(ii) Non-Federal Share		
(b) Other Federal Operating		(), (), (2), (2), (2), (2), (3), (4), (4), (4), (4), (4), (4), (4), (4
Expenditures	1	
(c) Total Operating Expenditures	(F)	(3)
(add 21(a)(i), (a)(ii), and (b))▶		
22. Transfers to Affiliated/Other Party	7)	2) - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	.00	5,750.00
24. Independent Expenditures	4)	() () ()
(use Schedule E)25. Coordinated Party Expenditures		
(52 U.S.C. § 30116(d)) (use Schedule F)	75 1 1 15	42)443)443
26. Loan Repayments Made	4)	4. 4.75 4 4.75 4 4.75
27 Loone Made		
27. Loans Made28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
man Folitical Committees	<i></i>	49
(b) Political Party Committees		
(c) Other Political Committees		
(such as PACs)		
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))		
•		49 49 49
29. Other Disbursements (Including		
Non-Federal Donations)		
30. Federal Election Activity (52 U.S.C. § 3010	1(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))	7) 1 2 7)	7) 4 7)
31. Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	. 00	5,750.00
32. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	.00	5,750.00
		2) 1 2 2 1 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2

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)	. 00	, 900.00
34.	Total Contribution Refunds (from Line 28(d))	0 4 . 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					
T	EMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12			_		
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abla	NAME OF COMMITTEE (In Full)							- · · · -	
_	HANSON PROFESSI	ON	A L SERVICE	s I	N C	Р.	A C		
Α.	Full Name of Individual (Last, First, Middle Initial) of	r Full O	rganization Name	Date	. at D	int			
A.	Mailing Address			Date	OIN	eceipt	, 	7 7 7	∵
	City	State	Zip Code	┦┖		<u></u>	┚┖	······································	ل
				Amo	unt of	Each R	eceipt thi	s Period	
	FEC ID number of contributing federal political committee.								
	Name of Employer (for Individual)	Occi	upation (for Individual)	⊣ h	Mom	o Item		h	
	Name of Employer (for individual)	1000	upation (ioi individual)	L	IAICIII	o item			
	Receipt For: Ag Primary General	gregate	Year-to-Date ▼						
	Other (specify) ▼		42-1-1-1-42-1-42-1						
_	Full Name of Individual (Last, First, Middle Initial) of	v Sull O	Prognization Name						
В.			nganization Name	Date	e of R	eceipt			
	Mailing Address			W.	M	0 0	7 / [~	-7-7-4	7
	City	State	Zip Code		لسا		l	<u></u>	!
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	FEC ID number of contributing federal political committee.	1_				413			
	Name of Employer (for Individual)	Осс	upation (for Individual)	\dashv \square	Mem	o Item			
	Receipt For:	orenate	Year-to-Date ▼	\dashv					
	Primary General	gregate	Teal-to-bate V	1					
	Other (specify) ▼		<u>ΑΑ.</u>	!					
_	Full Name of Individual (Last, First, Middle Initial)	or Full C	Organization Name	5.			•		
C.	Mailing Address			Date Park	e of H	eceipt	7 / 17	***	~ ~
	City	State	Zip Code	↓ L			JL		
			2.0000	Amo	ount o	Each F	Receipt th	is Period	
	FEC ID number of contributing federal political committee.	1						 	7
				╛ᡖ					
	Name of Employer (for Individual)	Occ	upation (for Individual)	╽╙	ivierr	o Item			
	Receipt For: Ag Primary General	gregate	Year-to-Date ▼						
	Other (specify)		433 # 6 453 # 6 453 #						
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SC	CHEDULE B (FEC Form 3X)	FOR I			INE NUMBER: PAGE 1 OF 1				
T	EMIZED DISBURSEMENTS		ate schedule(s)	(check only	nly one)				
			ategory of the ummary Page	21b	22 Z3 26 27 28b 29c 20 20 20b				
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	y information copied from such Reports and Statem for commercial purposes, other than using the name								
/	NAME OF COMMITTEE (In Full)								
/	HANSON PROFESS	IONA	L SEF	RVICE	S INC PAC				
_	Full Name (Last, First, Middle Initial)				Date of Dishurs				
Α.					Date of Disbursement				
	Mailing Address								
	City	State	Zip Code		FEC Identification Number				
	Purpose of Disbursement								
	Candidate Name			Category/ Type	Amount of Each Disbursement this Period				
	Office Sought: House Disbursen								
		Primary Other (speci	☐ General						
	State: District:	55. (Opcor	·// •		Memo Item				
	Full Name (Last, First, Middle Initial)				2				
В.					Date of Disbursement				
	Mailing Address								
	City	State	Zip Code		FEC Identification Number				
	Purpose of Disbursement		Ţ		C				
	Candidate Name	-		Category/	Amount of Each Disbursement this Period				
	Office Sought: House Disbursen	nent For:	Type						
	Senate	Primary	General						
	State: President State:	Other (speci	fy)		Memo Item				
_	Full Name (Last, First, Middle Initial)				Data of Dishursement				
C.					Date of Disbursement				
	Mailing Address								
	City	State	Zip Code		FEC Identification Number				
	Purpose of Disbursement	C							
	Candidate Name	Amount of Each Disbursement this Period							
	Office Sought: Disbursement For:								
	Senate President	Primary Other (speci	[] General fv) ▼						
	State: District:		·// •		Memo Item				
S	SUBTOTAL of Disbursements This Page (optional)			>					
T	TOTAL This Period (last page this line number only)								

SCHEDULE C	(FEC	Form	3X)
LOANS			

AME OF COMMITTEE (In Full) H. A. N. S. O. N. P. R. O. F. E. 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) Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Pence Original Amount of Loan Cumulative Payment To Date Date Due Interest Rate Secured: """ (apr) Yes N. N. List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Amount Guaranteed Outstanding Amount Guaranteed City State ZIP Code Amount Guaranteed City State ZIP Code Amount Guaranteed Outstanding Amount Guaranteed Outstanding Amount Guaranteed Guaranteed Outstanding Amount Guaranteed Guaranteed Outstanding Amount Guaranteed Outstanding Occupation City State ZIP Code Amount Guaranteed Outstanding Occupation City State ZIP Code Amount Guaranteed Outstanding Occupation Occupation Name of Employer Mailing Address Occupation Occupation Outstanding	• =• (. =• . •	,				_	
AME 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) Mailing Address City State ZIP Code Date Due Interest Rate Secured. Where of Employer Where of Employer Mailing Address City State ZIP Code Date Due Interest Rate Secured. Where of Employer Mailing Address City State ZIP Code Amount Guaranteed Outstanding: City State ZIP Code Amount Guaranteed Outstanding: Occupation Mailing Address City State ZIP Code Amount Guaranteed Outstanding: Occupation Mailing Address City State ZIP Code Amount Guaranteed Outstanding: Outstand	OANS			for each category of the		·	
HANSON PROFESSIONAL SERVICES INC PAC LOAN SOURCE Full Name (Last, First, Middle Initial) Memo tem Correct Primary General Other (specify) ▼ City State ZIP Code Date Due Interest Rate Secured.	AME OF COMMITTEE (In Full)						
LOAN SOURCE Full Name (Last, First, Middle Initial)		S S T O	мат. стр	. W T C	ree the	ם א כ	
Mailing Address City State ZIP Code Original Amount of Loan Cumulative Payment To Date Balance Cutstanding at Close of This Perice TERMS Date Incurred Date Due Interest Rate Secured: """ % (apr) Yes N List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Amount Guaranteed Outstanding: City State ZIP Code Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address City State ZIP Code Amount Guaranteed Outstanding: City City	T			· · · ·			
Mailing Address City State ZIP Code Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Peric TERMS Date Incurred Date Due Interest Rate Secured: % (apr) Yes N List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Amount Guaranteed Outstanding 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 Occupation City State ZIP Code Amount Guaranteed Outstanding Occupation Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding Outstanding Amount Guaranteed Outstanding Occupation City State ZIP Code Amount Guaranteed Outstanding Occupation City State ZIP Code Amount Guaranteed Outstanding Occupation City State ZIP Code Amount Guaranteed Outstanding Outstanding Outstanding Outstanding Outstanding Outstanding City State ZIP Code Amount Guaranteed Outstanding	LOAN SOURCE Full Name (La	ist, First, Mi	ddie Initial)		□ Memo		7
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Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Perice TERMS Date Incurred Date Due Interest Rate Secured. (apr) Yes N List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding. Occupation Occupation Occupation City State ZIP Code Amount Guaranteed Outstanding. Occupation Occupation Occupation Amount Guaranteed Outstanding. Occupation Occupation Occupation Name of Employer Occupation Occupation Amount Guaranteed Outstanding. Occupation Occupation This Period This Page (optional)			1				
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SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

(Use separate schedule(s) for each

PAGE 1 OF 1 FOR LINE NUMBER: (check only one)

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rcluding Loansnum			numbere	ed line)		10
NAME OF COMMITTEE (In Full)						
HANSON PROFESSIONAL	SERVICE	S INC PAG	С			
A. Full Name (Last, First, Middle Initial) of Del	btor or Creditor		Na	iture of D	ebt (Purpose):	
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City	State	Zip Code				
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B. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor		Na	ature of D	ebt (Purpose):	<u></u>
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3) TOTAL OUTSTANDING LOANS from Schedu	ile C (last page (only)		<u></u>		. 0 0
4) ADD 2) and 3) and carry forward to appropria	ate line of Summ	nary Page (last page	only) ▶			. 0 0

SCHEDULE D	(FEC	Form	3X)
DEBTS AND O	BLIGA	TIONS	3
Excluding Loans			

HEDULE D (FEC Form 3X) BTS AND OBLIGATIONS Cluding Loans			(Use separate schedule(s) for each numbered line)	PAGE 1 OF 1 FOR LINE NUMBER: (check only one) 9 10
ME OF COMMITTEE (In Full)	•			
HANSON PROFESSI	ONAI	L SERVI	CES IN	C PAC
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City	State	Zip Code		
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4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) >

1525 S. Sixth St. | Springfield, IL 62703

RETURK BECEIPT REQUESTED

202M. OS. 18. OM. OOGAZOEN

Federal Election Commission 1050 First Street NE Washington DC 20463

RECEIVED FEC MAILCENTER

2023 HAY 18 PM 12: 05

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RETURN RECEIPT REQUESTED

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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.		
Hand Delivered		Date of Receipt
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USPS Priority Mail		Postmarked
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Overnight Delivery Service (Specify):	Shipping Date	Date of Receipt
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Other (Specify):	Date of F	Receipt or Postmarked
MM		5/18/23
PREPARER (4/2023)		DATE PREPARED