

**FEC  
FORM 3X**

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

RECEIVED  
FEC MAIL 05/21/20  
2020 JUN 25 11:08:48

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

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

MM / DD / YYYY

in the State of

XX

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

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

Election on

MM / DD / YYYY

in the State of

XX

5. Covering Period

MM / DD / YYYY 05 / 01 / 2020

through

MM / DD / YYYY 05 / 31 / 2020

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

MM / DD / YYYY 06 / 08 / 2020

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:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>		<input type="text" value="13765 00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="23515 00"/>	
(c) Total Receipts (from Line 19).....	<input type="text" value="00"/>	<input type="text" value="15000 00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="23515 00"/>	<input type="text" value="28765 00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="00"/>	<input type="text" value="5250 00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="23515 00"/>	<input type="text" value="23515 00"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="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

NOVEMBER 10 10 01 AM '16

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Report Covering the Period: From:

MM / DD / YYYY  
05 / 01 / 2020

To:

MM / DD / YYYY  
05 / 31 / 2020

**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).....

00

15000.00

(ii) Unitemized.....

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

00

15000.00

(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

15000.00

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)).....▶

00

15000.00

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

00

15000.00

NON-FEDERAL AND LEVIN FUNDS

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

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.....	00	5250 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))..	00	5250 00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	00	5250 00

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)

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

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

Date of Receipt

M M	/	D D	/	Y Y Y Y

**A.**

Mailing Address

Amount of Each Receipt this Period

--	--	--	--	--	--	--	--	--	--

City

State

Zip Code

FEC ID number of contributing federal political committee.

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

Memo Item

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

--	--	--	--	--	--	--	--	--	--

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

Date of Receipt

M M	/	D D	/	Y Y Y Y

**B.**

Mailing Address

Amount of Each Receipt this Period

--	--	--	--	--	--	--	--	--	--

City

State

Zip Code

FEC ID number of contributing federal political committee.

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

Memo Item

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

--	--	--	--	--	--	--	--	--	--

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

Date of Receipt

M M	/	D D	/	Y Y Y Y

**C.**

Mailing Address

Amount of Each Receipt this Period

--	--	--	--	--	--	--	--	--	--

City

State

Zip Code

FEC ID number of contributing federal political committee.

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

Memo Item

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

--	--	--	--	--	--	--	--	--	--

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

									00
--	--	--	--	--	--	--	--	--	----

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

									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"/> 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**

**A.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: M M / D D / Y Y Y Y Y Y

FEC Identification Number: C

Amount of Each Disbursement this Period: [ ]

Category/Type: 0 1 1

Memo Item

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: M M / D D / Y Y Y Y Y Y

FEC Identification Number: C

Amount of Each Disbursement this Period: [ ]

Category/Type: 0 1 1

Memo Item

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: M M / D D / Y Y Y Y Y Y

FEC Identification Number: C

Amount of Each Disbursement this Period: [ ]

Category/Type: 0 1 1

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ [ ] 0 0

**TOTAL** This Period (last page this line number only).....▶ [ ] 0 0

2009-11-03 10:00:00 AM

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

MM / DD / YYYY

% (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.

1-651-11000 : ING : ON : 00 : 0000



**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

[Empty numeric field]

Amount Incurred This Period

[Empty numeric field]

Payment This Period

[Empty numeric field]

Outstanding Balance at Close of This Period

[Empty numeric field]

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

[Empty numeric field]

Amount Incurred This Period

[Empty numeric field]

Payment This Period

[Empty numeric field]

Outstanding Balance at Close of This Period

[Empty numeric field]

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

[Empty numeric field]

Amount Incurred This Period

[Empty numeric field]

Payment This Period

[Empty numeric field]

Outstanding Balance at Close of This Period

[Empty numeric field]

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

[Empty numeric field] 0.0

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

[Empty numeric field] 0.0

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶

[Empty numeric field] 0.0

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

[Empty numeric field] 0.0

**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)..... ▶

\_\_\_\_\_ 0.0

2) **TOTALS** This Period (last page this line number only)..... ▶

\_\_\_\_\_ 0.0

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ▶

\_\_\_\_\_ 0.0

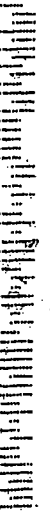
4) **ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶**

\_\_\_\_\_ 0.0

NOV 01 09:01 AM '09

**STANSON**

1525 S. Sixth St. | Springfield, IL 62703

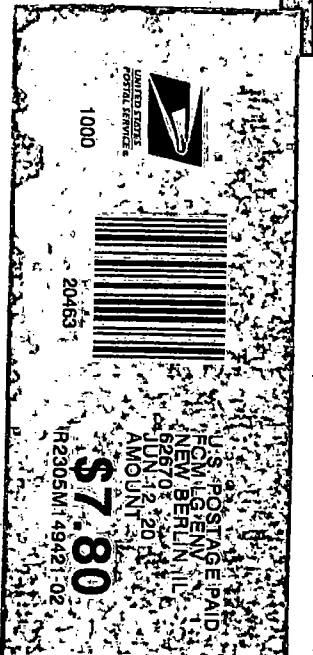


**VERIFIED MAIL**



7019 1640 0000 3378 1279

Federal Election Commission  
1050 First Street NE  
Washington DC 20463



**REQUESTED**

**RETURN RECEIPT  
REQUESTED**

RECEIVED  
FOR MAIL DEPOSIT  
JUN 12 2011 10:19 AM

NONO: 001: NO: 0M: 00MNI-10097

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

USPS First Class Mail Postmarked Date of Receipt

USPS Registered/Certified Postmarked (R/C)  
6/12/20

USPS Priority Mail Postmarked

USPS Priority Mail Express Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date  
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

*SRM* 6/26/20  
 PREPARER DATE PREPARED

UNCLASSIFIED//NOFORN