

**FEC  
FORM 3X**

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

RECEIVED  
FEC MAIL CENTER  
2019 FEB 19 PM 2:03  
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 ▲

C00406124

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:

<input checked="" type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

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

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on M M M / D D D / Y Y Y Y Y Y in the State of  

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

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
--	---------------------------------------	--

Election on M M M / D D D / Y Y Y Y Y Y in the State of  

5. Covering Period 01 / 01 / 2019 through 01 / 31 / 2019

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 02 / 11 / 2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**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="2019"/>		<input type="text" value="7465 00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="7465 00"/>	
(c) Total Receipts (from Line 19).....	<input type="text" value="1200 00"/>	<input type="text" value="1200 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="8665 00"/>	<input type="text" value="8665 00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="500 00"/>	<input type="text" value="500 00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="8165 00"/>	<input type="text" value="8165 00"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="00"/>	
10. Debts and Obligations Owed BY 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

**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	YY
01	01	2019

 To: 

MM	DD	YY
01	31	2019

**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).....	1200 00	1200 00
(ii) Unitemized.....		
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1200 00	1200 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).....▶	1200 00	1200 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)).....▶	1200 00	1200 00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1200 00	1200 00

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

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**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) .....	1200 00	1200 00
34. Total Contribution Refunds (from Line 28(d)) .....		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1200 00	1200 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) .....		
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	00	00

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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: (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
		<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. FOLKERTS, RONDA, K**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
**6409 RAIN TREE PL**

City **SPRINGFIELD** State **IL** Zip Code **62712**

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**6,000.00**

Date of Receipt  
**01 / 29 / 2019**

Amount of Each Receipt this Period  
**600.00**

Memo Item

**B. BARTOLOMUCCI, THOMAS, E, JR**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
**9390 OLD INDIAN TRAIL**

City **CHATHAM** State **IL** Zip Code **62629**

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 ▼  
**6,000.00**

Date of Receipt  
**01 / 31 / 2019**

Amount of Each Receipt this Period  
**600.00**

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

Amount of Each Receipt this Period

Memo Item

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

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

**1,200.00**

**1,200.00**

20190129 10:51 AM

**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"/> 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

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)  
**DAN LIPINSKI FOR CONGRESS**

Date of Disbursement: **01 / 24 / 2019**

Mailing Address: **PO BOX 520**

City: **WESTERN SPRINGS** State: **IL** Zip Code: **60558**

Purpose of Disbursement: **CONTRIBUTION TO FEDERAL CANDIDATE** Category/Type: **011**

Candidate Name: **DANIEL LIPINSKI**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: **IL** District: **03**

FEC Identification Number: **C00405431**

Amount of Each Disbursement this Period: **250.00**

Memo Item

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

Date of Disbursement: **01 / 24 / 2019**

Mailing Address: **PO BOX 344**

City: **TAYLORVILLE** State: **IL** Zip Code: **62568**

Purpose of Disbursement: **CONTRIBUTION TO FEDERAL CANDIDATE** Category/Type: **011**

Candidate Name: **RODNEY DAVIS**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: **IL** District: **13**

FEC Identification Number: **C00521948**

Amount of Each Disbursement this Period: **250.00**

Memo Item

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

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type: **011**

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ **500.00**

**TOTAL** This Period (last page this line number only).....▶ **500.00**

20190124 10:01:00 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:  
 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: <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) .....   
**TOTALS** This Period (last page in this line only) .....

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

20160501 10:00:00 AM



**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).....▶	0.0
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

20160128 10:10 AM 661616000

**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 style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Amount Incurred This Period		
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" 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 style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Amount Incurred This Period		
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" 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 style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Amount Incurred This Period		
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input style="width:95%;" type="text" value="0.0"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input style="width:95%;" type="text" value="0.0"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only)..... ▶	<input style="width:95%;" type="text" value="0.0"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input style="width:95%;" type="text" value="0.0"/>

2016 RELEASE UNDER E.O. 13526

IL 62703

N

**RETURN RECEIPT  
REQUESTED**

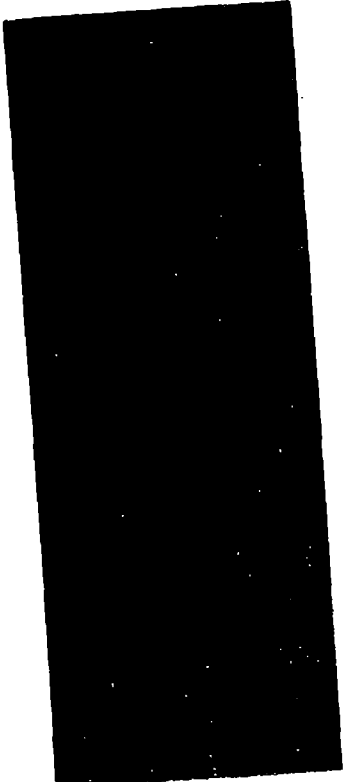
**GENERAL INVESTIGATIVE**



7026 2140 0000 5348 8962

Federal Election Commission  
1050 First Street NE  
Washington DC 20463

NE-101 EN-101 EN-101 EN-101 EN-101



**RETURN RECEIPT  
REQUESTED**

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
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<input type="checkbox"/> USPS First Class Mail	Postmarked	Date of Receipt
--	------------	-----------------

<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)	2-13-19
---	------------------	---------

<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
	Next Business Day Delivery <input type="checkbox"/>

<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
--	-----------------

<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
---	-----------------

<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
---	-----------------

<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
---	-------------------------------

<input type="checkbox"/> <i>nk</i>	2-19-19
PREPARER	DATE PREPARED

20190219 14:01:00