

**FEC  
FORM 3X**

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

RECEIVED  
FEC MAILCENTER  
2022 AUG 22 AM 9:52

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 ▼** C 0 0 4 0 6 1 2 4 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

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)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  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 7 / 0 1 / 2 0 2 2 through 0 7 / 3 1 / 2 0 2 2

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 8 / 0 4 / 2 0 2 2

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

2025 RELEASE UNDER E.O. 14176

**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<br>This Period                | COLUMN B<br>Calendar Year-to-Date      |
|---|--|--|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2022"/>                                       |  | <input type="text" value="21,715.00"/> |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....   | <input type="text" value="22,365.00"/> |  |
| (c) Total Receipts (from Line 19) .....   | <input type="text" value="600.00"/>    | <input type="text" value="16,400.00"/> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....       | <input type="text" value="22,965.00"/> | <input type="text" value="38,115.00"/> |
| 7. Total Disbursements (from Line 31).....  | <input type="text" value="00"/>        | <input type="text" value="15,150.00"/> |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                  | <input type="text" value="22,965.00"/> | <input type="text" value="22,965.00"/> |
| 9. Debts and Obligations Owed TO<br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value="00"/>        |  |
| 10. Debts and Obligations Owed BY<br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | <input type="text" value="00"/>        |  |



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

1000-H-500-1 WE CAN BE HONOR

**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   |
| 07 | 01 | 2022 |

 To: 

|    |    |      |
|----|----|------|
| MM | DD | YY   |
| 07 | 31 | 2022 |

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

|        |
|--------|
| 600.00 |
| 00     |
| 600.00 |

|           |
|-----------|
| 16,400.00 |
| 00        |
| 16,400.00 |

- (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).....▶

|  |
|--|
|  |
|  |
|  |

|  |
|--|
|  |
|  |
|  |

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)).....▶

|        |
|--------|
| 600.00 |
|--------|

|           |
|-----------|
| 16,400.00 |
|-----------|

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

|        |
|--------|
| 600.00 |
|--------|

|           |
|-----------|
| 16,400.00 |
|-----------|

NON-FEDERAL LEVIN FUNDS

**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.....         | .00 | 15,150.00 |
| 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 | 15,150.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | .00 | 15,150.00 |

NON-FEDERAL DONATIONS

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| III. Net Contributions/<br>Operating Expenditures                                    | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 6 0 0 . 0 0                   | 1 6 , 4 0 0 . 0 0                 |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | . 0 0                         | . 0 0                             |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 6 0 0 . 0 0                   | 1 6 , 4 0 0 . 0 0                 |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | . 0 0                         | . 0 0                             |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....                | . 0 0                         | . 0 0                             |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | . 0 0                         | . 0 0                             |

NONDISCLOSURE

**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

A. Mark Thompson

Mailing Address

18520 Ashland Avenue

City

Homewood

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)

Vice President

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY  
07 / 27 / 2022

Amount of Each Receipt this Period

600.00

Memo Item

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

B.

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

MM / DD / YYYY

Amount of Each Receipt this Period

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

MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

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

600.00

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

600.00



**SCHEDULE C (FEC Form 3X)**  
**LOANS**

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

|   |       |   |
|---|-------|---|
| <b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item |       | Election:<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Mailing Address   |       |   |
| City  | State |   |

|                         |                            |   |
|-------------------------|----------------------------|---|
| 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"/> % (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"/> |

|   |                      |
|---|----------------------|
| <b>SUBTOTALS</b> This Period This Page (optional).....▶       | <input type="text"/> |
| <b>TOTALS</b> 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.

20160510 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 |                               |   |
| <input type="text" value=""/>             |                               |   |
| Amount Incurred This Period               | Payment This Period           | Outstanding Balance at Close of This Period |
| <input type="text" value=""/>             | <input type="text" value=""/> | <input type="text" value=""/>               |

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

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

|  |                                  |
|--|----------------------------------|
| 1) SUBTOTALS This Period This Page (optional).....▶                                      | <input type="text" value=""/> 00 |
| 2) TOTALS This Period (last page this line number only).....▶                            | <input type="text" value=""/> 00 |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶                        | <input type="text" value=""/> 00 |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶ | <input type="text" value=""/> 00 |

NON-PROFIT CORPORATION

**SCHEDULE D (FEC Form 3X)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)  
 PAGE 1 OF 1  
 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 |
| Amount Incurred 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 | Payment This Period | Outstanding Balance at Close of This Period |
| Amount Incurred This Period               |                     |   |

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

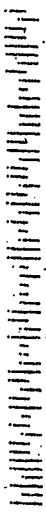
|   |                     |   |
|---|---------------------|---|
| Outstanding Balance Beginning This Period | Payment This Period | Outstanding Balance at Close of This Period |
| Amount Incurred This Period               |                     |   |

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

2025 RELEASE UNDER E.O. 14176

**CERTIFIED MAIL™**

**HAI**



Springfield, IL 62703



70J3 2630 0001 9909 5438

Stamp  
\$8.25 0  
US POSTAGE  
FIRST-CLASS  
062S0007685020  
FROM 62703

B41751 10

Stamp  
\$1.00 0  
US POSTAGE  
FIRST-CLASS  
062S0007685020  
FROM 62703

872895 11

Federal Election Commission  
1050 First Street NE  
Washington DC 20463

**RETURN RECEIPT  
REQUESTED**

**RETURN RECEIPT  
REQUESTED**

2022 AUG 22 AM 9:52

RECEIVED  
FEC MAIL CENTER

NONPROFIT ORGANIZATION

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                             | Postmarked<br>Date of Receipt                       |
| <input checked="" type="checkbox"/> USPS Registered/Certified              | Postmarked (R/C)<br>8/6/22                          |
| <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                       |
| WFO<br>PREPARER  | 8/22/22<br>DATE PREPARED                            |

(3/2015)

THE FEDERAL ELECTION COMMISSION