

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER

2022 FEB 28 AM 8:49

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

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) 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 MM / DD / YYYY in the State of

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

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

Election on MM / DD / YYYY in the State of

5. Covering Period 01 / 01 / 2022 through 01 / 31 / 2022

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 / 17 / 2022

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:

MM / DD / YYYY
01 / 01 / 2022

To:

MM / DD / YYYY
01 / 31 / 2022

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2 0 2 2		2 1 7 1 5 . 0 0
(b) Cash on Hand at Beginning of Reporting Period.....	2 1 7 1 5 . 0 0	
(c) Total Receipts (from Line 19)	8 9 0 0 . 0 0	8 9 0 0 . 0 0
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	3 0 6 1 5 . 0 0	3 0 6 1 5 . 0 0
7. Total Disbursements (from Line 31).....	5 0 0 0 . 0 0	5 0 0 0 . 0 0
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	2 5 6 1 5 . 0 0	2 5 6 1 5 . 0 0
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	 	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	 	

Qualified as multicandidate on 03.14.16

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

DISBURSEMENTS FROM INNOVATION

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)	8,900.00	8,900.00
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8,900.00	8,900.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))		
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)		

W P 6 6 6 W D D I W D I S N I N E I N N E N

**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 2 OF 6	
	<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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name David McDonald			Date of Receipt MM / DD / YYYY 01 / 06 / 2022	
Mailing Address 4700 Roslyn Road				
City Downers Grove	State IL	Zip Code 60515		
FEC ID number of contributing federal political committee. C []			Amount of Each Receipt this Period [] 3 0 0 . 0 0	
Name of Employer (for Individual) HANSON PROFESSIONAL SERVICES INC PAC		Occupation (for Individual) VP	<input type="checkbox"/> Memo Item	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ [] 3 0 0 . 0 0		

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Dan Whalen			Date of Receipt MM / DD / YYYY 01 / 06 / 2022	
Mailing Address 206 Mays Drive				
City Bloomington	State IL	Zip Code 62701		
FEC ID number of contributing federal political committee. C []			Amount of Each Receipt this Period [] 3 0 0 . 0 0	
Name of Employer (for Individual) HANSON PROFESSIONAL SERVICES INC PAC		Occupation (for Individual) VP	<input type="checkbox"/> Memo Item	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ [] 3 0 0 . 0 0		

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Tom Lamont			Date of Receipt MM / DD / YYYY 01 / 06 / 2022	
Mailing Address 1633 Bates Ave.				
City Springfield	State IL	Zip Code 62704		
FEC ID number of contributing federal political committee. C []			Amount of Each Receipt this Period [] 5 0 0 . 0 0	
Name of Employer (for Individual) HANSON PROFESSIONAL SERVICES INC PAC		Occupation (for Individual) Board member	<input type="checkbox"/> Memo Item	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ [] 5 0 0 . 0 0		

SUBTOTAL of Receipts This Page (optional).....	[] 1 4 0 0 . 0 0
TOTAL This Period (last page this line number only).....	[]

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)

<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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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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. Dennis Hollahan

Mailing Address
728 W Vine St.

City Springfield State IL Zip Code 62704

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

Name of Employer (for Individual) HANSON PROFESSIONAL SERVICES INC PAC Occupation (for Individual) VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt

MM / DD / YYYY
01 / 07 / 2022

Amount of Each Receipt this Period

600.00

Memo Item

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

B. Andrew Canopy

Mailing Address
79 Waldhim

City Morton State IL Zip Code 61550

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

Name of Employer (for Individual) HANSON PROFESSIONAL SERVICES INC PAC Occupation (for Individual) VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt

MM / DD / YYYY
01 / 08 / 2022

Amount of Each Receipt this Period

300.00

Memo Item

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

C. Michael Flatt

Mailing Address
67 Axline Drive

City Chatham State IL Zip Code 62629

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

Name of Employer (for Individual) Occupation (for Individual) VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt

MM / DD / YYYY
01 / 07 / 2022

Amount of Each Receipt this Period

300.00

Memo Item

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

1200.00

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE 5 OF 6	
(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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 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. John Heyen			Date of Receipt MM / DD / YYYY 01 / 18 / 2022		
Mailing Address 3548 Glengate Drive			Amount of Each Receipt this Period 300.00		
City Springfield	State IL	Zip Code 62711	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date 300.00		
Name of Employer (for Individual) HANSON PROFESSIONAL SERVICES INC PAC		Occupation (for Individual) VP	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kevin Fuhr			Date of Receipt MM / DD / YYYY 01 / 18 / 2022		
Mailing Address 1032 N. Euclid Avenue			Amount of Each Receipt this Period 300.00		
City Oak Park	State IL	Zip Code 60302	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date 300.00		
Name of Employer (for Individual) HANSON PROFESSIONAL SERVICES INC PAC		Occupation (for Individual) VP	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Mina Biggs			Date of Receipt MM / DD / YYYY 01 / 24 / 2022		
Mailing Address 12307 Newcastle Place			Amount of Each Receipt this Period 600.00		
City Lakewood Ranch	State FL	Zip Code 34202	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date 600.00		
Name of Employer (for Individual) HANSON PROFESSIONAL SERVICES INC PAC		Occupation (for Individual) VP	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	

**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		

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

A. RODNEY FOR CONGRESS			Date of Disbursement		
Mailing Address PO BOX 344			MM / DD / YYYY 01 / 03 / 2022		
City TAYLORVILLE		State IL	Zip Code 62568		
Purpose of Disbursement CONTRIBUTION TO FEDERAL CANDIDATE			FEC Identification Number C 0 0 5 2 1 9 4 8		
Candidate Name RODNEY DAVIS			Amount of Each Disbursement this Period 2500.00		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: IL District: 13		Category/Type 0 1 1			
Full Name (Last, First, Middle Initial)			<input type="checkbox"/> Memo Item		

B. GRAVES FOR CONGRESS			Date of Disbursement		
Mailing Address 4701 NW 82ND STREET			MM / DD / YYYY 01 / 03 / 2022		
City KANSAS CITY		State MO	Zip Code 64151		
Purpose of Disbursement CONTRIBUTION TO FEDERAL CANDIDATE			FEC Identification Number C 0 0 3 5 9 0 3 4		
Candidate Name SAM GRAVES			Amount of Each Disbursement this Period 2500.00		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: MO District: 6		Category/Type 0 1 1			
Full Name (Last, First, Middle Initial)			<input type="checkbox"/> Memo Item		

C.			Date of Disbursement		
Mailing Address			MM / DD / YYYY		
City		State	Zip Code		
Purpose of Disbursement			FEC Identification Number		
Candidate Name			Amount of Each Disbursement this Period		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:		Category/Type			
Full Name (Last, First, Middle Initial)			<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional).....▶	5,000.00
TOTAL This Period (last page this line number only).....▶	5,000.00

DISBURSED IN FEBRUARY

SCHEDULE C (FEC Form 3X)
LOANS

NAME OF COMMITTEE (In Full)

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"/> % (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.

1-11-2016 10:00:00 AM

SCHEDULE C-1 (FEC Form 3X)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for
 Information found on
 Page ____ of Schedule C

NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;">C</div>		
LENDING INSTITUTION (LENDER) Full Name		Amount of Loan <div style="border: 1px solid black; width: 100%; height: 15px;"></div>		Interest Rate (APR) <div style="border: 1px solid black; width: 100%; height: 15px;"></div> %	
Mailing Address			Date Incurred or Established <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
City	State	Zip Code	Date Due <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes			If yes, date originally incurred <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
B. If line of credit, Amount of this Draw:		<div style="border: 1px solid black; width: 100%; height: 15px;"></div>		Total Outstanding Balance: <div style="border: 1px solid black; width: 100%; height: 15px;"></div>	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)					
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____				What is the value of this collateral? <div style="border: 1px solid black; width: 100%; height: 15px;"></div>	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____				Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes What is the estimated value? <div style="border: 1px solid black; width: 100%; height: 15px;"></div>	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>			Location of account: Address: City, State, Zip: _____		
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.					
G. COMMITTEE TREASURER Typed Name Signature			DATE <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
H. Attach a signed copy of the loan agreement.					
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.					
AUTHORIZED REPRESENTATIVE Typed Name Signature			DATE <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Title					

2016 RELEASE UNDER E.O. 13526

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

(Use separate schedule(s) for each numbered line)

NAME OF COMMITTEE (In Full)

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

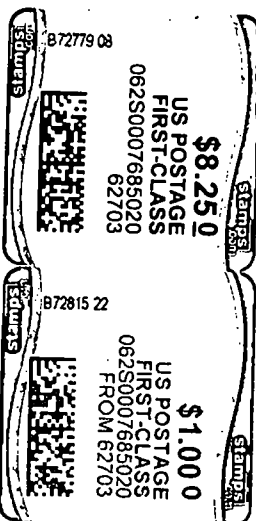
LAWRENCE WOODS & ASSOCIATES, P.C.



7036 2140 0000 5349 4192

Federal Election Commission
1050 First Street NE
Washington, DC 20463

1019 RECEIVED
FEDERAL ELECTION COMMISSION
WASHINGTON, DC 20463



NON AFFRANCARE

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 Date of Receipt
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) <i>2/19/22</i>
<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
<i>WSDO</i> PREPARER (3/2015)	<i>2/28/22</i> DATE PREPARED

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