FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

2020 AUG 20 AM 8: 16

Office Use Only

1.	NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If ty over the lines		2FE4M5	
LH	IANSON PROFE	SŞIONAL SERVIÇ	CES INC PA	Ç	<u> </u>	
يــا						
	DRESS (number and street)	[1,525, SOUTH \$	XXTH STRE	<u>ET, , , , , , , , , , , , , , , , , , , </u>		
Ľ	Check if different than previously reported. (ACC)	SPRINGFIELD			IL 6270	13,  - ,
2.	FEC IDENTIFICATION N	IUMBER ▼C	CITY A	STA	TE <b>A</b>	ZIP CODE A
	C 0,0,4,0,61	2_4	IS THIS REPORT	NEW (N) OR	AMENDED (A)	
4.	TYPE OF REPORT (Choose One)  (a) Quarterly Reports:	Report Due On:	eb 20 (M2) ar 20 (M3)	May 20 (M5) Jun 20 (M6)	Aug 20 (M8) Sep 20 (M9)	Nov 20 (M11) (Non-Election Year Only)  Dec 20 (M12) (Non-Election Year Only)
	April 15 Quarterly Report ( July 15 Quarterly Report ( October 15 Quarterly Report (	(Q1) (c) 12-Day PRE-Election Report for the:	Primary (		Oct 20 (M10)  General (12G)  Special (12S)	Jan 31 (YE)  Runoff (12R)
	January 31 Year-End Report July 31 Mid-Year Report (Non-elect Year Only) (MY)	(YE) Elec	tion on . General (	30G)	Runoff (30R)	in the State of Special (30S)
	Termination Report (TER)	rt   ·	tion on	/ D 0 / V	ŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢŢ	in the State of
5.	Covering Period 0	7 01 202		••••••••••••••••••••••••••••••••••••••	31 / 20	20
	ertify that I have examined be or Print Name of Treasur	this Report and to the best of RONDA K FOLK	-	nd belief it is true,	correct and complet	e.
	nature of Treasurer	20ncla h	Joerns		08 / 0	5 2020
NO.	T	neous, or incomplete informat	ion may subject the	person signing this	Report to the penalti	es of 52 U.S.C. § 30109.
ı	Office Use					FORM 3X ev. 05/2016

# VIDAD - Edg - CHO - CHA - COMPTONIES

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: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 2020 3765 January 1, (b) Cash on Hand at 23515 Beginning of Reporting Period..... 0.0 5000 Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) ..... 5250 0\_0 Total Disbursements (from Line 31)...... Cash on Hand at Close of Reporting Period 23515 00 23,515 (subtract Line 7 from Line 6(d))..... 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 0\_0 Schedule C and/or Schedule D) ..... 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

# SOMOD - DO - NO - DO - DOMAD SOM

# **DETAILED SUMMARY PAGE** of Receipts

Page 3

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Re	eport Covering the Period: From:	0.7	0.1	2 0 2 0	To:	0,7 3,1 2,020
	I. Receipts		, To	COLUMN A otal This Period		COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees					450000
	(i) Itemized (use Schedule A)			475-4-4-4 	<u>,0,0</u>	1,500,0,00
	(ii) Unitemized (iii) TOTAL (add Lines 11(a)(i) and (ii)			13-4-3	0.0	15000 00
	(b) Political Party Committees		1 77 · · ·		<u></u> ] [	0. 0.
	(c) Other Political Committees (such as PACs)		72			
	(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	. [			0.0	15,000,00
12.	Transfers From Affiliated/Other Party Committees		- 73			473 473 473
13.	All Loans Received	<u> </u>	667			
	Loan Repayments Received Offsets To Operating Expenditures (Refunds, Rebates, etc.)	ار	-232	27		
16.	(Carry Totals to Line 37, page 5)	····	<b>1</b> - 3?	4)3		433 433
17.	Political Committees  Other Federal Receipts (Dividends, Interest, etc.)	<u> </u>	<b>3—1</b> —79—			
18.	Transfers from Non-Federal and Levin f (a) Non-Federal Account (from Schedule H3)	unds -		1	· [	
	(b) Levin Funds (from Schedule H5)	[		-77		
	(c) Total Transfers (add 18(a) and 18(b)	))		-77.		
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	· [	75		,00	15,000,00
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	· [	471	4 4 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	0.0	15,000,00

**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)		Odlendar Tear-to-Date
	(i) Federal Share	433 433 433	
	(ii) Non-Federal Share		
	(b) Other Federal Operating Expenditures	<u> </u>	
	(c) Total Operating Expenditures	7)5	
	(add 21(a)(i), (a)(ii), and (b))▶	0.0	0.0
22	Transfers to Affiliated/Other Party	77. 179. 179.	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	Committees		
23.	Contributions to Federal Candidates/Committees		(3)
	and Other Political Committees	0.0	5250 00
24.	Independent Expenditures		
25	(use Schedule E) Coordinated Party Expenditures		
25.	(52 U.S.C. § 30116(d)) (use Schedule F)		
	(use Schedule F)		
00	Lasa Danaymenta Mada		
20.	Loan Repayments Made		
27.	Loans Made		
28.	Refunds of Contributions To:	49 49 49	49 49
	(a) Individuals/Persons Other Than Political Committees		
	+	42)	
	(b) Political Party Committees		
	(c) Other Political Committees		
	(such as PACs)		1
	(d) Total Contribution Refunds	2	
	(add Lines 28(a), (b), and (c))▶		
			0) 1 0) 1 0)
29.	Other Disbursements (Including		<del></del>
	Non-Federal Donations)		
30	Federal Election Activity (52 U.S.C. § 30101(	2011	
30.	(a) Allocated Federal Election Activity		· •
	(from Schedule H6)		·
	(i) Federal Share		
	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		4)
	(ii) "Levin" Share		
	(b) Federal Election Activity Paid		
	Entirely With Federal Funds	1	1
	(c) Total Federal Election Activity (add		
	Lines 30(a)(i), 30(a)(ii) and 30(b))		
			77
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	0.0	5,250,00
	Table Federal Disk and 15	473	12-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3
32.	Total Federal Disbursements		•
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		<del>                                      </del>
	from Line 31)	0.0	5,250_00

**DETAILED SUMMARY PAGE** 

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 5 III. Net Contributions/ **COLUMN A** COLUMN B **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 5000 (from Line 11(d), page 3) ..... 34. Total Contribution Refunds (from Line 28(d)) ..... 35. Net Contributions (other than loans) 15000 (subtract Line 34 from Line 33) ..... 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) ......

SCHEDULE A (FEC Form 3X)	
ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page

	FOR LINE	NUMBER	: PAGI	E 1 C	)F_1
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y of the ry Page	X 11a	11b	11c	12	•
,	13	14	15	16	17
			. 1: :::		

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 PROFESSION	AL SER	VICES INC PAC	<b>).</b>
Α.	Full Name of Individual (Last, First, Middle Initi	ial) or Full Or	ganization Name	Date of Receipt
	Mailing Address	M = M / D = D / Y = Y = Y = Y		
	City	State	Zip Code	Amount of Each Reseirs this Paried
	FEC ID number of contributing federal political committee.	C .		Amount of Each Receipt this Period
	Name of Employer (for Individual)	Occu	pation (for Individual)	. Memo Item
	Receipt For:  Primary General  Other (specify) ▼	Aggregate \	Year-to-Date ▼	
В.	Full Name of Individual (Last, First, Middle Init	ial) or Full Or	ganization Name	Date of Receipt
	Mailing Address			M - M / D - D / V - Y - Y - Y
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		- 575
,	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item
	Receipt For:  Primary General  Other (specify) ▼	Aggregate \	Year-to-Date ▼	
<u> </u>	Full Name of Individual (Last, First, Middle Init	ial) or Full Or	ganization Name	Date of Receipt
•	Mailing Address	To:		Mam / Deg / Andrew
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate `	Year-to-Date ▼	
s	SUBTOTAL of Receipts This Page (optional)			, , , , , 0 0
T	OTAL This Period (last page this line number of	only)	<b>&gt;</b>	,, ,, ,, ,, ,, 0 0

SCHEDULE B (FEC Form 3X)	FOR			OP I	INE NUMBER: PAGE 1 OF 1							
TEMIZED DISBURSEMENTS	Lies congrete cabadula(s)			(check only one)					ER: TAGE 1 OF 1			
		Category of the Summary Page			21b	22	X	23	26		27	
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NAME OF COMMITTEE (In Full)								•				
angle HANSON PROFESSIONA	L SER\	/ICES INC	: PA	4C								
Full Name (Last, First, Middle Initial)						Date of	i Dis	hurea	ment			
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Mailing Address											1	
City	State	Zip Code				FEC ld	entif	ication	n Numbe	ır		
Purpose of Disbursement		<u>'</u>	n	1.1	7	С						
Candidate Name			Cat	egory	<b>-1</b>	Amoun	t of	Each	Disburse	ement	t this Pe	eriod
Office Sought: House Disbursel	ment For:		700					92				
President  State: District:	Primary General Other (specify) ▼					Memo Item						
Full Name (Last, First, Middle Initial)	-				$\dashv$							
3.							f Dis	sburse	ment			
Mailing Address				7								
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City	State	Zip Code				FEC Id	entif	fication	n Numbe	r		
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Candidate Name		0 1 1 Category			<b></b>	Amoun	t of	Each	Disburse	emen	t this Pe	eriod
Office Sought: House Disburse	ment For:		<u>_</u>	уре				S			<del></del>	
Senate	Primary	General					<u> </u>	7 <b>7</b>				
State: District:	Other (spe	сіту) 				Me	mo	Item				
Full Name (Last, First, Middle Initial)						Date o	f Di-	chura	mest			
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City	State	Zip Code				FEC Io	lentii	ficatio	n Numbe	er		
Purpose of Disbursement			Ĺ	1	7	С						
Candidate Name O 1 1 Category/					<b>y</b> /	Amoun	t of	Each	Disburs	emen	t this Pe	eriod
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Senate	Primary	General				I	A		- 593			لسب
President State: District:	Other (spe	cify) ▼				Me	emo	Item				
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SUBTOTAL of Disbursements This Page (optional).					<u> </u>			53 <u>.</u>				J, U
TOTAL This Period (last page this line number only)												

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

PAGE 1 Use separate schedule(s) for each category of the

			Detailed Summary Page FOR LINE 13 OF FORM 3X				
AME OF COMMITTEE (In Full)							
HANSON PROFESS	SIONAL	SERVICE	ES INC PAC				
LOAN SOURCE Full Name (La	st, First, Mid	ddle Initial)	☐ Memo Item				
Mailing Address	Other (specify) ▼						
City		State	ZIP Code				
Original Amount of Loan Cumulative Payment To			ayment To Date Balance Outstanding at Close of This Period				
73-172	512	77					
TERMS Date Incurred		1	Date Due Interest Rate Secured:				
M * N , D * D , V * V		M M / D 1	% (apr) Yes No				
List All Endorsers or Guaranto	<del></del>	o 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 Pag	e (optional)						
OTALS This Period (last page in	this line onl	y)	·				
arry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.							

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

**Excluding Loans** 

(Use separate schedule(s) for each

FOR LINE NUMBER: (check only one)

PAGE

X	9
	10

OF

Actuality Louis			numbered line)	10			
NAME OF COMMITTEE (In Full)		<del></del>					
HANSON PROFESSIONAL	SERVIC	ES INC PA	С				
A. Full Name (Last, First, Middle Initial) of Debto			Nature of Debt (Purpo	co).			
A. Tuli Name (Last, First, Middle lintar) of Debte	n or orealtor		Mature of Debt (Purpo	se).			
Mailing Address							
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City .	State	Zip Code	· •				
· · · · · · · · · · · · · · · · · · ·	<u> </u>		, ,				
Outstanding Balance Beginning This Period			• •				
Amount Incurred This Period	Pa	yment This Period	Outstanding Ralance	at Close of This Period			
Amount mounted this t chec	<del>  • • • •</del>	The relies relies	Outstanding Balance	at close of this relica			
B. Full Name (Last, First, Middle Initial) of Debtor	r or Craditor		News of Dale (Dane				
B. Full Name (Last, First, Middle Initial) of Debto	or Creditor		Nature of Debt (Purpo	se):			
Mailing Address	1						
				1			
City	State	Zip Code					
		•					
Outstanding Balance Beginning This Period							
Amount Incurred This Period	Pay	yment This Period	Outstanding Balance	at Close of This Period			
**************************************	——————————————————————————————————————	<u> </u>	<del></del>				
C. Full Name (Last, First, Middle Initial) of Debte	or or Creditor		Nature of Debt (Purpo	se):			
	-						
Mailing Address		•		•			
City	State	Zip Code	· · · · · · · · · · · · · · · · · · ·				
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Outstanding Palance Regioning This Region		<u> </u>					
Outstanding Balance Beginning This Period			•				
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Amount Incurred This Period	Pa	yment This Period	Outstanding Balance	at Close of This Period			
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4) CURTOTALO TI: D : LTI: D				0.0			
1) SUBTOTALS This Period This Page (optional)			Þ				
2) TOTALS This Period (last page this line number	r only)			0.0			
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3) TOTAL OUTSTANDING LOANS from Schedule	C (last page o	nly)		00			
	/:: :: F=33 4						
ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶							

# SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

**Excluding Loans** 

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

FOR LINE NUMBER: (check only one)

PAGE 1

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X	10

OF 1

NAME OF COMMITTEE (In Full)			
LIANCON DDOFFCC	IONAL SERVICES II	NO D	۸

HANSON PROFESSIONAL	SERVIC	ES 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	Pa	ayment 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	Pa	ayment This Period	Outstanding Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of Debto	or Or Creditor		Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	
Outstanding Balance Beginning This Period	<del></del>		
Amount Incurred This Period	Pa	ayment This Period	Outstanding Balance at Close of This Period
22 (2)	4 4 7)	A	4)
SUBTOTALS This Period This Page (optional)			0.0
) TOTALS This Period (last page this line number	only)		· ", ", ", ", ", ", ", ", ", ", ", ", ",
) TOTAL OUTSTANDING LOANS from Schedule	C (last page	only)	·
) ADD 2) and 3) and carry forward to appropriate	line of Sumn	nary Page (last page only	» <u> </u>

RETURN RECEIP

Federal Election Commission 1050 First Street NE Washington DC 20463

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1525 S. Sixth St. | Springfield, IL 62703

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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. Date of Receipt Hand Delivered Date of Receipt Postmarked **USPS First Class Mail** Postmarked (R/C) USPS Registered/Certified Postmarked **USPS** Priority Mail Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery** Date of Receipt 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 or Postmarked Other (Specify): HIL **PREPARER** DATE PREPARED (3/2015)