

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER

2009 Office Use Only 10:50

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 ▼** C00406124 **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 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 MM / DD / YYYY 04 / 01 / 2020 through MM / DD / YYYY 04 / 30 / 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 05 / 06 / 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.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

HANSON PROFESSIONAL SERVICES INC PAC

Report Covering the Period: From:

M M M	/	D D D	/	Y Y Y Y Y Y Y Y
04		01		2020

 To:

M M M	/	D D D	/	Y Y Y Y Y Y Y Y
04		30		2020

	COLUMN A This Period	COLUMN B Calendar Year-to-Date				
6. (a) Cash on Hand January 1, <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px;">Y Y Y Y Y Y Y Y</td></tr><tr><td style="text-align: center;">2020</td></tr></table>	Y Y Y Y Y Y Y Y	2020		<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px;">C C C C C C C C</td></tr><tr><td style="text-align: center;">13765 00</td></tr></table>	C C C C C C C C	13765 00
Y Y Y Y Y Y Y Y						
2020						
C C C C C C C C						
13765 00						
(b) Cash on Hand at Beginning of Reporting Period.....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px;">C C C C C C C C</td></tr><tr><td style="text-align: center;">22915 00</td></tr></table>	C C C C C C C C	22915 00			
C C C C C C C C						
22915 00						
(c) Total Receipts (from Line 19).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px;">C C C C C C C C</td></tr><tr><td style="text-align: center;">600 00</td></tr></table>	C C C C C C C C	600 00	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px;">C C C C C C C C</td></tr><tr><td style="text-align: center;">15000 00</td></tr></table>	C C C C C C C C	15000 00
C C C C C C C C						
600 00						
C C C C C C C C						
15000 00						
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px;">C C C C C C C C</td></tr><tr><td style="text-align: center;">23515 00</td></tr></table>	C C C C C C C C	23515 00	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px;">C C C C C C C C</td></tr><tr><td style="text-align: center;">28765 00</td></tr></table>	C C C C C C C C	28765 00
C C C C C C C C						
23515 00						
C C C C C C C C						
28765 00						
7. Total Disbursements (from Line 31).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px;">C C C C C C C C</td></tr><tr><td style="text-align: center;">00</td></tr></table>	C C C C C C C C	00	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px;">C C C C C C C C</td></tr><tr><td style="text-align: center;">5250 00</td></tr></table>	C C C C C C C C	5250 00
C C C C C C C C						
00						
C C C C C C C C						
5250 00						
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px;">C C C C C C C C</td></tr><tr><td style="text-align: center;">23515 00</td></tr></table>	C C C C C C C C	23515 00	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px;">C C C C C C C C</td></tr><tr><td style="text-align: center;">23515 00</td></tr></table>	C C C C C C C C	23515 00
C C C C C C C C						
23515 00						
C C C C C C C C						
23515 00						
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px;">C C C C C C C C</td></tr><tr><td style="text-align: center;">00</td></tr></table>	C C C C C C C C	00			
C C C C C C C C						
00						
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px;">C C C C C C C C</td></tr><tr><td style="text-align: center;">00</td></tr></table>	C C C C C C C C	00			
C C C C C C C C						
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

NONPROFIT ORGANIZATION

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
04 / 01 / 2020

To:

MM / DD / YYYY
04 / 30 / 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).....

600 00

15000 00

(ii) Unitemized.....

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

600 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).....▶

600 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)).....▶

600 00

15000 00

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

600 00

15000 00

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))	00	00
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	00	5,250.00
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	5,250.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	00	5,250.00

NON-FEDERAL SHARE: 0.00

DETAILED SUMMARY PAGE
of Disbursements

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)	600 00	15000 00
34. Total Contribution Refunds (from Line 28(d))	00	00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	600 00	15000 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)	00	00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	00	00

NON-FEDERAL CAMPAIGN FINANCING ACT OF 1976

**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	<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. COOMBE, JOHN P
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address
7030 GRASSLAND CT

City **SARASOTA** State **FL** Zip Code **34241**

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 ▼
300 00

Date of Receipt
04 / 10 / 2020

Amount of Each Receipt this Period
300 00

Memo Item

B. ALDRIDGE, ANNA, M
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address
1821 PALM BLVD

City **BROWNSVILLE** State **TX** Zip Code **78520**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300 00

Date of Receipt
04 / 16 / 2020

Amount of Each Receipt this Period
300 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).....▶	600 00
TOTAL This Period (last page this line number only).....▶	600 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)

<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	<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

<p>A.</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Date of Disbursement</p> <p>M M / D D / Y Y Y Y Y Y</p> <p>FEC Identification Number</p> <p>C</p> <p>Amount of Each Disbursement this Period</p> <p>Memo Item <input type="checkbox"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Date of Disbursement</p> <p>M M / D D / Y Y Y Y Y Y</p> <p>FEC Identification Number</p> <p>C</p> <p>Amount of Each Disbursement this Period</p> <p>Memo Item <input type="checkbox"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Date of Disbursement</p> <p>M M / D D / Y Y Y Y Y Y</p> <p>FEC Identification Number</p> <p>C</p> <p>Amount of Each Disbursement this Period</p> <p>Memo Item <input type="checkbox"/></p>
<p>SUBTOTAL of Disbursements This Page (optional).....▶</p>		<p>00</p>
<p>TOTAL This Period (last page this line number only).....▶</p>		<p>00</p>

SCHEDULE C (FEC Form 3X)

LOANS

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

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

LOAN SOURCE Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Election: Primary General Other (specify)

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
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)
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.

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

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

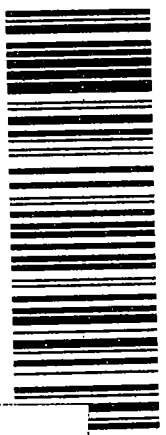
Payment This Period

Outstanding Balance at Close of This Period

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

2000-2000 1000 1000 1000 1000

CERTIFIED MAIL®



7019 1640 0000 3376 1293



25 S. Sixth St. | Springfield, IL 62703

S

**RETURN RECEIPT
REQUESTED**

RECEIVED
MAIL CENTER
NOV 23 10:10

Federal Election Commission
1050 First Street NE
Washington DC 20463

**RETURN RECEIPT
REQUIRED**

