

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

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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:

- Feb 20 (M2)
Mar 20 (M3)
Apr 20 (M4)
May 20 (M5)
Jun 20 (M6)
Jul 20 (M7)
Aug 20 (M8)
Sep 20 (M9)
Oct 20 (M10)
Nov 20 (M11) (Non-Election Year Only)
Dec 20 (M12) (Non-Election Year Only)
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

12/01/2023 through 12/31/2023

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

01/03/2024

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

Office Use Only

FEC FORM 3X Rev. 05/2016

NON-PROFIT ORGANIZATION

**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
12 / 01 / 2023

To:

MM / DD / YYYY
12 / 31 / 2023

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand January 1, <input type="text" value="2023"/>	<input type="text" value="17,697.20"/>	<input type="text" value="17,697.20"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="6,597.20"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="0.00"/>	<input type="text" value="900.00"/>
(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="6,597.20"/>	<input type="text" value="18,597.20"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2,000.00"/>	<input type="text" value="14,000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="4,597.20"/>	<input type="text" value="4,597.20"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	



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

RECORDED IN THE OFFICE OF THE CLERK OF THE U.S. HOUSE OF REPRESENTATIVES

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 / YYYY
12 / 01 / 2023

To:

MM / DD / YYYY
12 / 31 / 2023

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).....

00

900.00

(ii) Unitemized.....

00

00

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

00

900.00

(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).....▶

00

900.00

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)).....▶

00

900.00

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

00

900.00

UNRECORDED - UNFILED - HANSON

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))		
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2,000.00	14,000.00
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))..	2,000.00	14,000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2,000.00	14,000.00

CONTINUED ON REVERSE SIDE

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)	00	900.00
34. Total Contribution Refunds (from Line 28(d))	00	00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	00	900.00
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-RECORDED COPY

**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)
 11a 11b 11c 12
 13 14 15 16 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

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
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

B. 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
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

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

RECORDED AND INDEXED

**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 <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

A. Full Name (Last, First, Middle Initial)
Nikki for Congress

Date of Disbursement
MM / DD / YYYY
12 / 08 / 2023

Mailing Address
PO Box 5171

City
Springfield State
IL Zip Code
62705

Purpose of Disbursement
Contribution to a Federal Candidate **011**
Category/Type

FEC Identification Number
C00787812

Candidate Name
Nikki Budzinski

Amount of Each Disbursement this Period
1,000.00

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

State: **IL** District: **13** Memo Item

B. Full Name (Last, First, Middle Initial)
Mike Bost for Congress

Date of Disbursement
MM / DD / YYYY
12 / 15 / 2023

Mailing Address
PO Box 1212

City
Murphysboro State
IL Zip Code
62966

Purpose of Disbursement
Contribution to a Federal Candidate **011**
Category/Type

FEC Identification Number
C00546499

Candidate Name
Mike Bost

Amount of Each Disbursement this Period
1,000.00

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

State: **IL** District: **12** Memo Item

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

Date of Disbursement
MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement
Category/Type

FEC Identification Number

Candidate Name

Amount of Each Disbursement this Period

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

State District Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ **2,000.00**

TOTAL This Period (last page this line number only) ▶ **2,000.00**

NON-FEDERAL CONTRIBUTION

SCHEDULE C (FEC Form 3X)
LOANS

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

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.

2025 RELEASE UNDER E.O. 14176

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).....▶	00
2) TOTALS This Period (last page this line number only).....▶	00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶	00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	00

UNRECORDED - NO VIN - NO HANSON

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).....▶	00
2) TOTALS This Period (last page this line number only).....▶	00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶	00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	00

20160501 10:00 AM

CERTIFIED MAIL



7013 2630 0001 9909 5827

SON

field, IL 62703

stamps
\$6.10

\$6.10
US POSTAGE
FIRST-CLASS
062S0007685020
FROM 62703

B4177322



stamps
\$6.10

\$6.10
US POSTAGE
FIRST-CLASS
062S0007685020
FROM 62703

B4177322



stamps
\$6.10

\$6.10
US POSTAGE
FIRST-CLASS
062S0007685020
FROM 62703

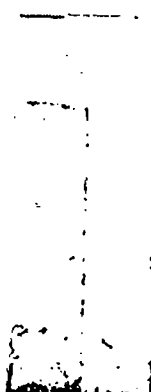
B4177324



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2024 JAN 25 AM 10: 01

RETURN RECEIPT
REQUESTED

RETURN RECEIPT
REQUESTED



NON-RECORDING INFORMATION

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.

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<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) <i>1/6/24</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 Date of Receipt Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received via FAX	Date of Receipt
<input type="checkbox"/> Received via Email	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>WJD</i> PREPARER	<i>1/25/24</i> DATE PREPARED
------------------------	---------------------------------

(4/2023)