

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER

2021 MAR 18 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** **C 00406124**

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)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

Election on / / in the State of

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

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

Election on / / in the State of

5. Covering Period 02 / 01 / 2021 through 02 / 28 / 2021

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 03 / 05 / 2021

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

NON-CONFIDENTIAL

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 02 / 01 / 2021 To: MM / DD / YYYY 02 / 28 / 2021

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).....

10,500.00

10,500.00

(ii) Unitemized

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

10,500.00

10,500.00

(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).....▶

10,500.00

10,500.00

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)).....▶

10,500.00

10,500.00

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

10,500.00

10,500.00

NON-FEDERAL CONTRIBUTIONS

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	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	00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	00	00

NON-FEDERAL DISBURSEMENTS

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)	1,0500.00	1,0500.00
34. Total Contribution Refunds (from Line 28(d))	00.00	00.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1,0500.00	1,0500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	00.00	00.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	00.00	00.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	00.00	00.00

NONDISCLOSURE

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

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

FOR LINE NUMBER: PAGE 2 OF 8

(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. FOLKERTS, RONDA, K

Mailing Address

6409 RAINTREE PLACE

City

SPRINGFIELD

State

IL

Zip Code

62712

FEC ID number of contributing federal political committee.

C

Name of Employer (for Individual)

HANSON PROFESSIONAL SERVICES INC.

Occupation (for Individual)

CFO

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

02 / 12 / 2021

Amount of Each Receipt this Period

600.00

Memo Item

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

B. MESSMORE, JAMES P

Mailing Address

750 WARRENVILLE ROAD SUITE 200

City

LISLE

State

IL

Zip Code

60532

FEC ID number of contributing federal political committee.

C

Name of Employer (for Individual)

HANSON PROFESSIONAL SERVICES INC.

Occupation (for Individual)

SVP

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

02 / 12 / 2021

Amount of Each Receipt this Period

600.00

Memo Item

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

C. CLACK, GARY, L

Mailing Address

12 CABIN SMOKE TRL

City

SPRINGFIELD

State

IL

Zip Code

62707

FEC ID number of contributing federal political committee.

C

Name of Employer (for Individual)

HANSON PROFESSIONAL SERVICES INC.

Occupation (for Individual)

AVP

Receipt For:

Primary General
 Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 12 / 2021

Amount of Each Receipt this Period

300.00

Memo Item

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

1500.00

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

1500.00

NON-CONFIDENTIAL

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

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

FOR LINE NUMBER: PAGE 3 OF 8

(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. HOLLAHAN, DENNIS, J

Mailing Address

728 WEST 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.

Occupation (for Individual)

VP

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

6,000.00

Date of Receipt

02 / 16 / 2021

Amount of Each Receipt this Period

600.00

Memo Item

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

B. NELSON, JOHN, W.

Mailing Address

3712 PARADOR DR

City

NAPERVILLE

State

IL

Zip Code

60564

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 ▼

3,000.00

Date of Receipt

02 / 16 / 2021

Amount of Each Receipt this Period

300.00

Memo Item

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

C. FLATT, MICHAEL, W

Mailing Address

67 AXLINE DR

City

CHATHAM

State

IL

Zip Code

62629

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

02 / 16 / 2021

Amount of Each Receipt this Period

300.00

Memo Item

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

1,200.00

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

NONI : ONI : NSI : ONI : OGNM : MOOO

**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 8

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	16	

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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. BARTOLOMUCCI, THOMAS, JR

Mailing Address

9390 OLD INDIAN TRAIL

City

CHATHAM

State

IL

Zip Code

62629

FEC ID number of contributing federal political committee.

C

Name of Employer (for Individual)

HANSON PROFESSIONAL SERVICES INC.

Occupation (for Individual)

SVP

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

02 / 19 / 2021

Amount of Each Receipt this Period

600.00

Memo Item

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

B. CANOPY, ANDREW, D

Mailing Address

79 WALDHEIM

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.

Occupation (for Individual)

AVP

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 19 / 2021

Amount of Each Receipt this Period

300.00

Memo Item

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

C. WHALEN, DANIEL, J

Mailing Address

206 MAYS DR

City

BLOOMINGTON

State

IL

Zip Code

61701

FEC ID number of contributing federal political committee.

C

Name of Employer (for Individual)

HANSON PROFESSIONAL SERVICES INC.

Occupation (for Individual)

SVP

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

02 / 19 / 2021

Amount of Each Receipt this Period

600.00

Memo Item

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

1,500.00

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

1,500.00

2025 RELEASE UNDER E.O. 14176

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

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

FOR LINE NUMBER: PAGE 7 OF 8

(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. ALM, STEPHEN, L

Mailing Address

29021 MACHMEIER COURT

City

LINDSTROM

State

MN

Zip Code

55045

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

02 / 23 / 2021

Amount of Each Receipt this Period

300.00

Memo Item

Mr. Alm's check was inadvertently deposited in Hanson Professional Services Inc's corporate bank account. To correct the mistake, on 2/23/2021 Hanson deposited \$300, the amount of the original check, in the PAC bank account.

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

B. BIGGS, MINA

Mailing Address

3221 FALCON PT

City

SPRINGFIELD

State

IL

Zip Code

62711

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

02 / 25 / 2021

Amount of Each Receipt this Period

300.00

Memo Item

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

C. KEMP, STUART, M

Mailing Address

2469 MALMAISON

City

BELVIDERE

State

IL

Zip Code

61008

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

02 / 25 / 2021

Amount of Each Receipt this Period

300.00

Memo Item

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

900.00

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

900.00

NON-FEDERAL CAMPAIGN FINANCING

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

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

FOR LINE NUMBER: PAGE 8 OF 8

(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. WORLEY, JOSEPH, D

Mailing Address

10266 STILLWELL DRIVE

City

AVON

State

IN

Zip Code

46123

FEC ID number of contributing federal political committee.

C

Name of Employer (for Individual)

HANSON PROFESSIONAL SERVICES INC.

Occupation (for Individual)

AVP

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

3,000.00

Date of Receipt

02 / 26 / 2021

Amount of Each Receipt this Period

300.00

Memo Item

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

B. RAYHILL, DANIEL, J

Mailing Address

7524 WENTWORTH DRIVE

City

SPRINGFIELD

State

IL

Zip Code

62711

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 ▼

3,000.00

Date of Receipt

02 / 18 / 2021

Amount of Each Receipt this Period

300.00

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

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)..... ▶

10,500.00

NON-CONFIDENTIAL

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"/> 00
TOTALS This Period (last page in this line only).....	<input type="text"/> 00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

NON-FUNCTIONAL COMPONENT

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

NON-FUNCTIONING COMPONENT

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) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 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

NON-FEDERAL CAMPAIGN FINANCING

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) 3/11/21
<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

SPM
 PREPARER

3/19/21
 DATE PREPARED

20210319 10:00:00 AM