

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED FEC MAILCENTER

2024 JUL 22 AM 11:39

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

TOMMY HANSON FOR CONGRESS

ADDRESS (number and street)

2 ERIE

SUITE 3009

Check if different than previously reported. (ACC)

CHICAGO

IL

60611

CITY

STATE

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C00819870

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

STATE DISTRICT

IL

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)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

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



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M 04 / D 01 / Y 2024

through

M 06 / D 30 / Y 2024

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 TOMMY HANSON

Signature of Treasurer

[Handwritten Signature]

Date

M 07 / D 13 / Y 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 3 (Revised 05/2016)

20240722 11:39 AM

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Page 3

Write or Type Committee Name

TOMMY HANSON FOR CONGRESS

Report Covering the Period: From:

MM / DD / YYYY
04 / 01 / 2024

To:

MM / DD / YYYY
06 / 30 / 2024

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

0

0

(ii) Unitemized.....

0 0 0 0 0 2 0 0 0 0 0

0 0 0 0 0 2 5 0 0 0 0

(iii) TOTAL of contributions from individuals ▶

0 0 0 0 0 2 0 0 0 0 0

0 0 0 0 0 2 5 0 0 0 0

(b) Political Party Committees.....

(c) Other Political Committees (such as PACs).....

(d) The Candidate.....

0 0 0 0 0 0 4 0 0 0 0

0 0 0 0 0 0 4 0 0 0 0

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

0 0 0 0 0 2 4 0 0 0 0

0 0 0 0 0 2 9 0 0 0 0

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0

0

(b) All Other Loans.....

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

0 0 0 0 0 2 4 0 0 0 0

0 0 0 0 0 2 9 0 0 0 0

PHOTOGRAPH BY NINA WOOD

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	0 0 0 0 0 0 4 0 0 0 0	0 0 0 0 0 0 4 7 1 2 4
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0 0 0 0 0 2 0 0 0 0 0	0 0 0 0 0 4 0 0 0 0 0
(b) Of All Other Loans		
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0 0 0 0 0 2 0 0 0 0 0	0 0 0 0 0 4 0 0 0 0 0
20. 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 20(a), (b), and (c)).....		
21. OTHER DISBURSEMENTS		
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	0 0 0 0 0 2 4 0 0 0 0	0 0 0 0 0 4 4 0 0 0 0

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0 0 0 0 0 0 4 7 4 6 4
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0 0 0 0 0 2 4 0 0 0 0
25. SUBTOTAL (add Line 23 and Line 24).....	0 0 0 0 0 2 8 7 4 6 4
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	0 0 0 0 0 2 4 0 0 0 0
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0 0 0 0 0 0 4 7 4 6 4

NON-FEDERAL CAMPAIGN FINANCING

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

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

FOR LINE NUMBER: (check only one)		PAGE	OF
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14 <input type="checkbox"/> 15

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)

Full Name (Last, First, Middle Initial)

A. Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

0 0 0 0 0 0 0 0 0 0

Memo Item

Full Name (Last, First, Middle Initial)

B. Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

0 0 0 0 0 0 0 0 0 0

Memo Item

Full Name (Last, First, Middle Initial)

C. Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

0 0 0 0 0 0 0 0 0 0

Memo Item

SUBTOTAL of Receipts This Page (optional) ▶

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

2024-07-22-303077400-19

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)		PAGE		OF
<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21	

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)

A.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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

2024-07-22-004477914

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full)
TOMMY HANSON FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) TOM HANSON		01	2023	<input type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2 E. ERIE					
City CHICAGO	State IL	ZIP Code 60611		<input checked="" type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan 000018000000	Cumulative Payment To Date 000004000000	Balance Outstanding at Close of This Period 000014000000
---	--	---

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	MM / DD / YYYY	MM / DD / YYYY	_____% (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: _____
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.

2024072210W00477915

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

Supplementary for
 Information found on
 Page ____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

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	01 2023 Amount of Loan <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	Interest Rate (APR) <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> %
Mailing Address		
City	State	Zip Code
Date Incurred or Established		<div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>
Date Due		<div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>

A. Has loan been restructured? No Yes If yes, date originally incurred

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

B. If line of credit,
 Amount of this Draw: Total Outstanding Balance:

C. Are other parties secondarily liable for the debt incurred?
 No 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?
 No Yes If yes, specify: _____

What is the value of this collateral?

Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: _____

What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).

Location of account:
 Address: _____
 City, State, Zip: _____

Date account established:

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

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="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</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="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>
Title	

611191613000442270420

SCHEDULE D (FEC Form 3)
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) ▶	

2024-07-22 PM 00477917

FEC FORM 3Z (File with Form 3)

Part 1: CONSOLIDATION REPORT

NAME OF PRINCIPAL CAMPAIGN COMMITTEE

Report Covering Period from:

/ /

to:

/ /

NAME OF COMMITTEE AUTHORIZED BY CANDIDATE

(Use Separate Page for Each Committee)

LINE DESCRIPTION

6(c) Net Contributions	<input type="text"/>
7(c) Net Operating Expenditures	<input type="text"/>
9 Debts and Obligations Owed TO the Committee	<input type="text"/>
10 Debts and Obligations Owed BY the Committee	<input type="text"/>
11(a) Contributions from Individuals/Persons Other Than Political Committees	<input type="text"/>
11(b) Contributions from Political Party Committees	<input type="text"/>
11(c) Contributions from Other Political Committees	<input type="text"/>
11(d) Contributions from the Candidate	<input type="text"/>
11(e) Total Contributions	<input type="text"/>
12 Transfers from Other Authorized Committees	<input type="text"/>
13(a) Loans Made or Guaranteed by the Candidate	<input type="text"/>
13(b) All Other Loans	<input type="text"/>
13(c) Total Loans	<input type="text"/>
14 Offsets to Operating Expenditures	<input type="text"/>

LINE DESCRIPTION

15 Other Receipts	<input type="text"/>
16 Total Receipts	<input type="text"/>
17 Operating Expenditures	<input type="text"/>
18 Transfers to Other Authorized Committees	<input type="text"/>
19(a) Repayments of Loans Made or Guaranteed by Candidate	<input type="text"/>
19(b) Other Loan Repayments	<input type="text"/>
19(c) Total Loan Repayments	<input type="text"/>
20(a) Refunds of Contributions to Individuals/Persons	<input type="text"/>
20(b) Refunds of Contributions to Political Party Committees	<input type="text"/>
20(c) Refunds of Contributions to Other Political Committees	<input type="text"/>
20(d) Total Contributions Refunds	<input type="text"/>
21 Other Disbursements	<input type="text"/>
22 Total Disbursements	<input type="text"/>
23 Cash on Hand at Beginning of Reporting Period	<input type="text"/>
27 Cash on Hand at Close of Reporting Period	<input type="text"/>

NON-PROFIT ORGANIZATION

FEC FORM 3Z (File with Form 3)
Part 2: CONSOLIDATED TOTALS
FOR ALL AUTHORIZED COMMITTEES

Report Covering Period from:

M	M

 /

D	D

 /

Y	Y	Y	Y

to:

M	M

 /

D	D

 /

Y	Y	Y	Y

NAME OF PRINCIPAL CAMPAIGN COMMITTEE

For each line, add the amounts for all authorized committees and disclose the total on the appropriate line below.

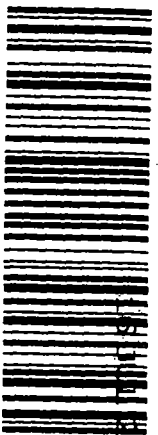
LINE DESCRIPTION	LINE DESCRIPTION
6(c) Net Contributions	15 Other Receipts
7(c) Net Operating Expenditures	16 Total Receipts
9 Debts and Obligations Owed TO the Committee	17 Operating Expenditures
10 Debts and Obligations Owed BY the Committee	18 Transfers to Other Authorized Committees
11(a) Contributions from Individuals/Persons Other Than Political Committees	19(a) Repayments of Loans Made or Guaranteed by Candidate
11(b) Contributions from Political Party Committees	19(b) Other Loan Repayments
11(c) Contributions from Other Political Committees	19(c) Total Loan Repayments
11(d) Contributions from the Candidate	20(a) Refunds of Contributions to Individuals/Persons
11(e) Total Contributions	20(b) Refunds of Contributions to Political Party Committees
12 Transfers from Other Authorized Committees	20(c) Refunds of Contributions to Other Political Committees
13(a) Loans Made or Guaranteed by the Candidate	20(d) Total Contributions Refunds
13(b) All Other Loans	21 Other Disbursements
13(c) Total Loans	22 Total Disbursements
14 Offsets to Operating Expenditures	23 Cash on Hand at Beginning of Reporting Period
	27 Cash on Hand at Close of Reporting Period

NONDISCLOSURE

MICHAEL WALSH AND ASSOCIATES
3254 HANNAH ST
SKOKIE IL, 60076

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL® STREAM IL 601

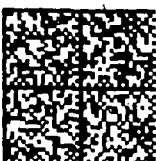


7021 0950 0001 4113 1906

024 PM 2 L

Federal Election Commission, 1050
First Street, N.E., Washington, D.C.
20463.

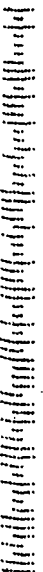
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NON AFFRANCARE

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
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<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 7/16/24
<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

RZ 7/22/24
 PREPARER DATE PREPARED

NON-FEDERAL ELECTION DOCUMENT