2

FORM D-2

REPORT OF CAMPAIGN CONTRIBUTIONS AND EXPENDITURES
CHECK APPROPRIATE BOXES—PLEASE TYPE OR PRINT IN BLACK INK

- [x] Quarterly Report: (Check one:) [ ] 1st [ ] 2nd [ ] 3rd [x] 4th
- [ ] Final Report (Fund balance on Line E must be $0)
- [ ] Amendment of the Report Indicated Above

RECEIVED
FOR OFFICE USE ONLY
JAN 11 2024
State Board of Elections
Springfield Office

Full name and complete mailing address of Political Committee: [ ] CHECK FOR ADDRESS CHANGE

Mike Quinlan For Iroquois County State's Attorney
PO Box 1
Watseka, IL 60914

COMMITTEE ID # 39683-11

E-mail address: quinlan79@hotmail.com [ ] CHECK FOR E-MAIL ADDRESS CHANGE

REPORTING PERIOD	CASH AVAILABLE AT BEGINNING OF REPORTING PERIOD:
12-21-23 (FROM) 12-31-23 (THRU)	$0
	Repeat this amount in SECTION D, Line (A)

ALL POLITICAL COMMITTEES RETURN TO:
STATE BOARD OF ELECTIONS, 2329 S MacARTHUR BLVD, SPRINGFIELD, IL 62704-4503
OR
STATE BOARD OF ELECTIONS, 69 W WASHINGTON ST, STE LL-08, CHICAGO, IL 60602-3026
E-MAIL: D2@ELECTIONS.IL.GOV

SECTION A — RECEIPTS

1. **Individual Contributions**
   a. Itemized (from Schedule A): $_____ (1a)
   b. Not-Itemized: $_____ (1b)
2. **Transfers In**
   a. Itemized (from Schedule A): $_____ (2a)
   b. Not-Itemized: $_____ (2b)
3. **Loans Received**
   a. Itemized (from Schedule A): $_____ (3a)
   b. Not-Itemized $_____ (3b)
4. **Other Receipts**
   a. Itemized (from Schedule A): $_____ (4a)
   b. Not-Itemized $_____ (4b)

TOTAL RECEIPTS (1a thru 4b) $_____ (TR)

****

5. **In-Kind Contributions**
   a. Itemized (from Schedule I): $1848 (5a)
   b. Not-Itemized $0 (5b)

TOTAL IN-KIND (5a + 5b) $1848 (TI)

****

Name and address of person submitting this report if other than the committee's Chair or Treasurer:

SECTION B — EXPENDITURES

6. **Transfers Out**
   a. Itemized (from Schedule B): $_____ (6a)
   b. Not-Itemized: $_____ (6b)
7. **Loans Made**
   a. Itemized (from Schedule B): $_____ (7a)
   b. Not-Itemized: $_____ (7b)
8. **Expenditures**
   a. Itemized (from Schedule B): $_____ (8a)
   b. Not-Itemized $_____ (8b)
9. **Independent Expenditures**
   a. Itemized (from Schedule B-9): $_____ (9a)
   b. Not-Itemized $_____ (9b)

TOTAL EXPENDITURES (6a thru 9b) $_____ (TE)

****

SECTION C — DEBTS AND OBLIGATIONS

(Include previously reported unpaid debts)

10. a. Itemized (from Schedule C): $_____ (10a)
    b. Not-Itemized $_____ (10b)

TOTAL DEBTS & OBLIGATIONS $_____

****

SECTION D — CASH BALANCE

Cash available at beginning of reporting period: $0 (A)
Total Receipts from Section A (TR): $0 (B)
Total cash (A) plus (B): $0 (C)
Total Expenditures from Section B (TE): $0 (D)
Funds available at close of reporting period (C minus D): $0 **(E)**
Investments total (if applicable): $0 (F)

VERIFICATION: I DECLARE THAT THIS QUARTERLY REPORT OF CAMPAIGN CONTRIBUTIONS AND EXPENDITURES (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) HAS BEEN EXAMINED BY ME AND TO THE BEST THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE REPORT AS REQUIRED BY ARTICLE 9 OF THE ELECTION CODE. I UNDERSTAND THAT WILLFULLY FILING A FALSE OR INCOMPLETE STATEMENT IS SUBJECT TO A CIVIL PENALTY OF AT LEAST $1001 AND UP TO $5000.

SIGNATURE OF COMMITTEE TREASURER OR CANDIDATE

1-10-24
DATE

NAME OF POLITICAL COMMITTEE:
Mike Quinlan for Iroquois County State's Attorney

REPORTING PERIOD
12-21-23 FROM | 12-31-23 THRU

FOR OFFICE USE ONLY

POLITICAL COMMITTEE IDENTIFICATION No.
39683

SCHEDULE I

IN-KIND CONTRIBUTIONS

SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.

FULL NAME, MAILING ADDRESS, AND ZIP CODE	DATE RECEIVED	AMOUNT OF EACH RECEIPT	AGGREGATE AMOUNT FOR THIS REPORTING PERIOD
CONTRIBUTOR Mike Quinlan Po Box 1 Watseka, IL	12-21-=23	Iroquois County State's Attorneys Office $1848.00 **EMPLOYER:**	Assistant State's Attorney 1848.00 **OCCUPATION**
VENDOR PAID (if applicable) USPS 850 Main St. NW Bourbonnais, IL 60914		**DESCRIPTION** Stamps	
CONTRIBUTOR		**EMPLOYER:**	**OCCUPATION**
VENDOR PAID (if applicable)		**DESCRIPTION**	
CONTRIBUTOR		**EMPLOYER:**	**OCCUPATION**
VENDOR PAID (if applicable)		**DESCRIPTION**	
CONTRIBUTOR		**EMPLOYER:**	**OCCUPATION**
VENDOR PAID (if applicable)		**DESCRIPTION**	

TOTAL THIS PERIOD $ 1848.00

2

FORM D-2

REPORT OF CAMPAIGN CONTRIBUTIONS AND EXPENDITURES
CHECK APPROPRIATE BOXES—PLEASE TYPE OR PRINT IN BLACK INK

- ☐ Quarterly Report: (Check one:) ☑ 1st ☐ 2nd ☐ 3rd ☐ 4th
- ☐ Final Report (Fund balance on Line E must be $0)
- ☐ Amendment of the Report Indicated Above

RECEIVED
APR 10 2024
State Board of Elections
Springfield Office
FOR OFFICE USE ONLY

Full name and complete mailing address of Political Committee: ☐ CHECK FOR ADDRESS CHANGE

Mike Quinlan For Iroquois County State's Attorney
PO Box 1
Watseka, IL 60970

COMMITTEE ID # 39683-11

E-mail address: quinlan79@hotmail.com ☐ CHECK FOR E-MAIL ADDRESS CHANGE

REPORTING PERIOD	CASH AVAILABLE AT BEGINNING OF REPORTING PERIOD:
1-1-24 (FROM) 3-31-24 (THRU)	$0
	Repeat this amount in SECTION D, Line (A)

ALL POLITICAL COMMITTEES RETURN TO:
STATE BOARD OF ELECTIONS, 2329 S MacARTHUR BLVD, SPRINGFIELD, IL 62704-4503 OR STATE BOARD OF ELECTIONS, 69 W WASHINGTON ST, STE LL-08, CHICAGO, IL 60602-3026
E-MAIL: D2@ELECTIONS.IL.GOV

SECTION A — RECEIPTS

1. **Individual Contributions**
   a. Itemized (from Schedule A): $_____(1a)
   b. Not-Itemized: $_____(1b)
2. **Transfers In**
   a. Itemized (from Schedule A): $_____(2a)
   b. Not-Itemized: $_____(2b)
3. **Loans Received**
   a. Itemized (from Schedule A): $_____(3a)
   b. Not-Itemized $_____(3b)
4. **Other Receipts**
   a. Itemized (from Schedule A): $_____(4a)
   b. Not-Itemized $_____(4b)

TOTAL RECEIPTS (1a thru 4b) $_____**(TR)**

****

5. **In-Kind Contributions** 3
   a. Itemized (from Schedule I): $482.50 (5a)
   b. Not-Itemized $0 (5b)
   TOTAL IN-KIND (5a + 5b) 3 $482.50 **(TI)**

****

Name and address of person submitting this report if other than the committee's Chair or Treasurer:

SECTION B — EXPENDITURES

6. **Transfers Out**
   a. Itemized (from Schedule B): $_____(6a)
   b. Not-Itemized: $_____(6b)
7. **Loans Made**
   a. Itemized (from Schedule B): $_____(7a)
   b. Not-Itemized: $_____(7b)
8. **Expenditures**
   a. Itemized (from Schedule B): $_____(8a)
   b. Not-Itemized $_____(8b)
9. **Independent Expenditures**
   a. Itemized (from Schedule B-9): $_____(9a)
   b. Not-Itemized $_____(9b)

TOTAL EXPENDITURES (6a thru 9b) $_____**(TE)**

****

SECTION C — DEBTS AND OBLIGATIONS

(Include previously reported unpaid debts)

10. a. Itemized (from Schedule C): $_____(10a)
    b. Not-Itemized $_____(10b)

TOTAL DEBTS & OBLIGATIONS $_____

****

SECTION D — CASH BALANCE

Cash available at beginning of reporting period: $0 (A)
Total Receipts from Section A (TR): $0 (B)
Total cash (A) plus (B): $0 (C)
Total Expenditures from Section B (TE): $0 (D)
Funds available at close of reporting period (C minus D): $0 **(E)**
Investments total (if applicable): $0 (F)

VERIFICATION: I DECLARE THAT THIS QUARTERLY REPORT OF CAMPAIGN CONTRIBUTIONS AND EXPENDITURES (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) HAS BEEN EXAMINED BY ME AND TO THE BEST THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE REPORT AS REQUIRED BY ARTICLE 9 OF THE ELECTION CODE. I UNDERSTAND THAT WILLFULLY FILING A FALSE OR INCOMPLETE STATEMENT IS SUBJECT TO A CIVIL PENALTY OF AT LEAST $1001 AND UP TO $5000.

SIGNATURE OF COMMITTEE TREASURER OR CANDIDATE — **DATE** 4-6-24

NAME OF POLITICAL COMMITTEE:

Mike Quinlan for Iroquois Co. State's Atty
PO Box 1, Watseka, IL 60970

REPORTING PERIOD

1-1-24 FROM | 3-31-24 THRU

FOR OFFICE USE ONLY

POLITICAL COMMITTEE IDENTIFICATION No.

39683 39683

SCHEDULE I

IN-KIND CONTRIBUTIONS

SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.

FULL NAME, MAILING ADDRESS, AND ZIP CODE	DATE RECEIVED	AMOUNT OF EACH RECEIPT	AGGREGATE AMOUNT FOR THIS REPORTING PERIOD
CONTRIBUTOR Mike Quinlan PO Box 1 Watseka, IL 60970	2-1-24	100.00 **EMPLOYER:** Iroquois Co. State's Attorneys Office	100.00 **OCCUPATION** Assistant State's Attorney
VENDOR PAID (if applicable) Iroquois County Republican Women's Club iroquoisgopwomen@gmail.com		**DESCRIPTION** Placemat ad for Lincoln Day Dinner	
CONTRIBUTOR Mike Quinlan PO Box 1 Watseka, IL 60970	2-7-24	116.00 **EMPLOYER:** Same as listed above	116.00 **OCCUPATION** Same as listed above
VENDOR PAID (if applicable) R.P. Lumber 181 N. Veterans Parkway Watseka, IL 60970		**DESCRIPTION** Sign posts	
CONTRIBUTOR Mike Quinlan PO Box 1 Watseka, IL 60970	3-11-24	82.50 **EMPLOYER:** Same as above	82.50 **OCCUPATION** Same as above
VENDOR PAID (if applicable) Cissna Park News 119 W Garfield Ave, Cissna Park, IL 60924		**DESCRIPTION** Newspaper ad	
CONTRIBUTOR Mike Quinlan PO Box 1 Watseka, IL 60970	3-12-24	84.00 **EMPLOYER:** Same as above	84.00 **OCCUPATION** Same as above
VENDOR PAID (if applicable) Gilman Star 203 N Central St, Gilman, IL 60938		**DESCRIPTION** Newspaper ad	

TOTAL THIS PERIOD $ 382.50

2

FORM D-2

REPORT OF CAMPAIGN CONTRIBUTIONS AND EXPENDITURES
CHECK APPROPRIATE BOXES—PLEASE TYPE OR PRINT IN BLACK INK

- [x] Quarterly Report: (Check one:) [ ] 1st [x] 2nd [ ] 3rd [ ] 4th
- [ ] Final Report (Fund balance on Line E must be $0)
- [ ] Amendment of the Report Indicated Above

RECEIVED
JUL 15 2024
State Board of Elections
Springfield Office

FOR OFFICE USE ONLY

Full name and complete mailing address of Political Committee: [ ] CHECK FOR ADDRESS CHANGE

Mike Quinlan For Iroquois County State's Attorney
PO Box 1
Watseka, IL 60970

E-mail address: quinlan79@hotmail.com [ ] CHECK FOR E-MAIL ADDRESS CHANGE

COMMITTEE ID # 39683 – 11

REPORTING PERIOD	CASH AVAILABLE AT BEGINNING OF REPORTING PERIOD:
4-1-24 (FROM) 6-30-24 (THRU)	$0
	Repeat this amount in SECTION D, Line (A)

ALL POLITICAL COMMITTEES RETURN TO:
STATE BOARD OF ELECTIONS, 2329 S MacARTHUR BLVD, SPRINGFIELD, IL 62704-4503
OR
STATE BOARD OF ELECTIONS, 69 W WASHINGTON ST, STE LL-08, CHICAGO, IL 60602-3026
E-MAIL: D2@ELECTIONS.IL.GOV

SECTION A — RECEIPTS

1. **Individual Contributions**
   a. Itemized (from Schedule A): $0 (1a)
   b. Not-Itemized: $0 (1b)
2. **Transfers In**
   a. Itemized (from Schedule A): $0 (2a)
   b. Not-Itemized: $0 (2b)
3. **Loans Received**
   a. Itemized (from Schedule A): $0 (3a)
   b. Not-Itemized $0 (3b)
4. **Other Receipts**
   a. Itemized (from Schedule A): $0 (4a)
   b. Not-Itemized $0 (4b)

TOTAL RECEIPTS (1a thru 4b) $0 (TR)

****

5. **In-Kind Contributions**
   a. Itemized (from Schedule I): $42.00 (5a)
   b. Not-Itemized $0 (5b)

TOTAL IN-KIND (5a + 5b) $42.00 (TI)

****

Name and address of person submitting this report if other than the committee's Chair or Treasurer:

SECTION B — EXPENDITURES

6. **Transfers Out**
   a. Itemized (from Schedule B): $0 (6a)
   b. Not-Itemized: $0 (6b)
7. **Loans Made**
   a. Itemized (from Schedule B): $0 (7a)
   b. Not-Itemized: $0 (7b)
8. **Expenditures**
   a. Itemized (from Schedule B): $42.00 (8a)
   b. Not-Itemized $0 (8b)
9. **Independent Expenditures**
   a. Itemized (from Schedule B-9): $00 (9a)
   b. Not-Itemized $ (9b)

TOTAL EXPENDITURES (6a thru 9b) $42.00 (TE)

****

SECTION C — DEBTS AND OBLIGATIONS

(Include previously reported unpaid debts)

10. a. Itemized (from Schedule C): $0 (10a)
    b. Not-Itemized $0 (10b)

TOTAL DEBTS & OBLIGATIONS $0

****

SECTION D — CASH BALANCE

Cash available at beginning of reporting period: $0 (A)
Total Receipts from Section A (TR): $0 (B)
Total cash (A) plus (B): $0 (C)
Total Expenditures from Section B (TE): $42.00 (D)
Funds available at close of reporting period (C minus D): $0 **(E)**
Investments total (if applicable): $0 (F)

VERIFICATION: I DECLARE THAT THIS QUARTERLY REPORT OF CAMPAIGN CONTRIBUTIONS AND EXPENDITURES (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) HAS BEEN EXAMINED BY ME AND TO THE BEST THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE REPORT AS REQUIRED BY ARTICLE 9 OF THE ELECTION CODE. I UNDERSTAND THAT WILLFULLY FILING A FALSE OR INCOMPLETE STATEMENT IS SUBJECT TO A CIVIL PENALTY OF AT LEAST $1001 AND UP TO $5000.

SIGNATURE OF COMMITTEE TREASURER OR CANDIDATE — DATE: 7-13-24

NAME OF POLITICAL COMMITTEE:

REPORTING PERIOD

4-1-24	6-30-24
FROM	THRU

FOR OFFICE USE ONLY

POLITICAL COMMITTEE IDENTIFICATION No.

39683

SCHEDULE I

IN-KIND CONTRIBUTIONS

SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.

FULL NAME, MAILING ADDRESS, AND ZIP CODE	DATE RECEIVED	AMOUNT OF EACH RECEIPT	AGGREGATE AMOUNT FOR THIS REPORTING PERIOD
CONTRIBUTOR Mike Quinlan PO Box 1 Watseka, IL 80970	5-2-24	42.00	42.00
		EMPLOYER: Iroquois Co. State's Attorneys Office	**OCCUPATION** Assistant State's Attorney
VENDOR PAID (if applicable) US Post Office 101 W. Walnut St. Watseka,, IL 60970		**DESCRIPTION** Renewal of PO Box.	
CONTRIBUTOR			
		EMPLOYER:	**OCCUPATION**
VENDOR PAID (if applicable)		**DESCRIPTION**	
CONTRIBUTOR			
		EMPLOYER:	**OCCUPATION**
VENDOR PAID (if applicable)		**DESCRIPTION**	
CONTRIBUTOR			
		EMPLOYER:	**OCCUPATION**
VENDOR PAID (if applicable)		**DESCRIPTION**	

TOTAL THIS PERIOD $ 42.00

2

FORM D-2

REPORT OF CAMPAIGN CONTRIBUTIONS AND EXPENDITURES
CHECK APPROPRIATE BOXES—PLEASE TYPE OR PRINT IN BLACK INK

☐ Quarterly Report: (Check one:) ☐ 1st ☐ 2nd ☑ 3rd ☐ 4th
☐ Final Report (Fund balance on Line E must be $0)
☐ Amendment of the Report Indicated Above

RECEIVED
FOR OFFICE USE ONLY
OCT 04 2024
State Board of Elections
Springfield Office

Full name and complete mailing address of Political Committee: ☐ CHECK FOR ADDRESS CHANGE

Mike Quinlan For Iroquois County State's Attorney
PO Box 1
Watseka, IL 60970

COMMITTEE ID # 39683-11

E-mail address: quinlan79@hotmail.com ☐ CHECK FOR E-MAIL ADDRESS CHANGE

REPORTING PERIOD	CASH AVAILABLE AT BEGINNING OF REPORTING PERIOD:
7-1-24 (FROM) 9-30-24 (THRU)	$0
	Repeat this amount in SECTION D, Line (A)

ALL POLITICAL COMMITTEES RETURN TO:
STATE BOARD OF ELECTIONS, 2329 S MacARTHUR BLVD, SPRINGFIELD, IL 62704-4503 OR STATE BOARD OF ELECTIONS, 69 W WASHINGTON ST, STE LL-08, CHICAGO, IL 60602-3026
E-MAIL: D2@ELECTIONS.IL.GOV

SECTION A — RECEIPTS

1. **Individual Contributions**
   a. Itemized (from Schedule A): $0 (1a)
   b. Not-Itemized: $0 (1b)
2. **Transfers In**
   a. Itemized (from Schedule A): $0 (2a)
   b. Not-Itemized: $0 (2b)
3. **Loans Received**
   a. Itemized (from Schedule A): $0 (3a)
   b. Not-Itemized $0 (3b)
4. **Other Receipts**
   a. Itemized (from Schedule A): $0 (4a)
   b. Not-Itemized $0 (4b)

TOTAL RECEIPTS (1a thru 4b) $0 (TR)

5. **In-Kind Contributions**
   a. Itemized (from Schedule I): $0 (5a)
   b. Not-Itemized $0 (5b)

TOTAL IN-KIND (5a + 5b) $0 (TI)

Name and address of person submitting this report if other than the committee's Chair or Treasurer:

SECTION B — EXPENDITURES

6. **Transfers Out**
   a. Itemized (from Schedule B): $0 (6a)
   b. Not-Itemized: $0 (6b)
7. **Loans Made**
   a. Itemized (from Schedule B): $0 (7a)
   b. Not-Itemized: $0 (7b)
8. **Expenditures**
   a. Itemized (from Schedule B): $0 (8a)
   b. Not-Itemized $0 (8b)
9. **Independent Expenditures**
   a. Itemized (from Schedule B-9): $0 (9a)
   b. Not-Itemized $0 (9b)

TOTAL EXPENDITURES (6a thru 9b) $0 (TE)

SECTION C — DEBTS AND OBLIGATIONS

(Include previously reported unpaid debts)

10. a. Itemized (from Schedule C): $0 (10a)
    b. Not-Itemized $0 (10b)

TOTAL DEBTS & OBLIGATIONS $0

SECTION D — CASH BALANCE

Cash available at beginning of reporting period: $0 (A)
Total Receipts from Section A (TR): $0 (B)
Total cash (A) plus (B): $0 (C)
Total Expenditures from Section B (TE): $0 (D)
Funds available at close of reporting period (C minus D): $0 **(E)**
Investments total (if applicable): $0 (F)

VERIFICATION: I DECLARE THAT THIS QUARTERLY REPORT OF CAMPAIGN CONTRIBUTIONS AND EXPENDITURES (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) HAS BEEN EXAMINED BY ME AND TO THE BEST THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE REPORT AS REQUIRED BY ARTICLE 9 OF THE ELECTION CODE. I UNDERSTAND THAT WILLFULLY FILING A FALSE OR INCOMPLETE STATEMENT IS SUBJECT TO A CIVIL PENALTY OF AT LEAST $1001 AND UP TO $5000.

SIGNATURE OF COMMITTEE TREASURER OR CANDIDATE **DATE** 10-4-2

NAME OF POLITICAL COMMITTEE:

Mike Quinlan for Iroquois County State's Attorney
PO Box 1
Watseka, IL 60970

REPORTING PERIOD

FROM	THRU
7-1-24	9-30-24

FOR OFFICE USE ONLY

POLITICAL COMMITTEE IDENTIFICATION No.

39683

SCHEDULE I

IN-KIND CONTRIBUTIONS

SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.

FULL NAME, MAILING ADDRESS, AND ZIP CODE	DATE RECEIVED	AMOUNT OF EACH RECEIPT	AGGREGATE AMOUNT FOR THIS REPORTING PERIOD
CONTRIBUTOR None Neither took in or spent any money on my campaign. I have no opponent in the general election.			
		EMPLOYER:	**OCCUPATION**
VENDOR PAID (if applicable)		**DESCRIPTION**	
None			
CONTRIBUTOR			
		EMPLOYER:	**OCCUPATION**
VENDOR PAID (if applicable)		**DESCRIPTION**	
CONTRIBUTOR			
		EMPLOYER:	**OCCUPATION**
VENDOR PAID (if applicable)		**DESCRIPTION**	
CONTRIBUTOR			
		EMPLOYER:	**OCCUPATION**
VENDOR PAID (if applicable)		**DESCRIPTION**	

TOTAL THIS PERIOD $ 0

2

FORM D-2

REPORT OF CAMPAIGN CONTRIBUTIONS AND EXPENDITURES
CHECK APPROPRIATE BOXES—PLEASE TYPE OR PRINT IN BLACK INK

- ☐ Quarterly Report: (Check one:) ☐ 1st ☐ 2nd ☐ 3rd ☒ 4th
- ☐ Final Report (Fund balance on Line E must be $0)
- ☐ Amendment of the Report Indicated Above

FOR OFFICE USE ONLY
RECEIVED
JAN 06 2025
State Board of Elections

Full name and complete mailing address of Political Committee: ☐ CHECK FOR ADDRESS CHANGE

Mike Quinlan For Iroquois County State's Attorney
PO Box 1
Watseka, IL 60970

COMMITTEE ID #
39683 - 11

E-mail address: quinlan79@hotmail.com ☐ CHECK FOR E-MAIL ADDRESS CHANGE

REPORTING PERIOD FROM 10-1-24 THRU 12-31-24

CASH AVAILABLE AT BEGINNING OF REPORTING PERIOD: $0
Repeat this amount in SECTION D, Line (A)

ALL POLITICAL COMMITTEES RETURN TO:
STATE BOARD OF ELECTIONS, 2329 S MacARTHUR BLVD, SPRINGFIELD, IL 62704-4503
OR
STATE BOARD OF ELECTIONS, 69 W WASHINGTON ST, STE LL-08, CHICAGO, IL 60602-3026
E-MAIL: D2@ELECTIONS.IL.GOV

SECTION A — RECEIPTS

1. **Individual Contributions**
   - a. Itemized (from Schedule A): $0 (1a)
   - b. Not-Itemized: $0 (1b)
2. **Transfers In**
   - a. Itemized (from Schedule A): $0 (2a)
   - b. Not-Itemized: $0 (2b)
3. **Loans Received**
   - a. Itemized (from Schedule A): $0 (3a)
   - b. Not-Itemized $0 (3b)
4. **Other Receipts**
   - a. Itemized (from Schedule A): $0 (4a)
   - b. Not-Itemized $0 (4b)

TOTAL RECEIPTS (1a thru 4b) $0 (TR)

****

5. **In-Kind Contributions**
   - a. Itemized (from Schedule I): $0 (5a)
   - b. Not-Itemized $0 (5b)

TOTAL IN-KIND (5a + 5b) $0 (TI)

****

Name and address of person submitting this report if other than the committee's Chair or Treasurer:

SECTION B — EXPENDITURES

6. **Transfers Out**
   - a. Itemized (from Schedule B): $0 (6a)
   - b. Not-Itemized: $0 (6b)
7. **Loans Made**
   - a. Itemized (from Schedule B): $0 (7a)
   - b. Not-Itemized: $0 (7b)
8. **Expenditures**
   - a. Itemized (from Schedule B): $0 (8a)
   - b. Not-Itemized $0 (8b)
9. **Independent Expenditures**
   - a. Itemized (from Schedule B-9): $0 (9a)
   - b. Not-Itemized $0 (9b)

TOTAL EXPENDITURES (6a thru 9b) $0 (TE)

****

SECTION C — DEBTS AND OBLIGATIONS

(Include previously reported unpaid debts)

10. a. Itemized (from Schedule C): $0 (10a)
    b. Not-Itemized $0 (10b)

TOTAL DEBTS & OBLIGATIONS $0

****

SECTION D — CASH BALANCE

Cash available at beginning of reporting period: $0 (A)
Total Receipts from Section A (TR): $0 (B)
Total cash (A) plus (B): $0 (C)
Total Expenditures from Section B (TE): $0 (D)
Funds available at close of reporting period (C minus D): $0 **(E)**
Investments total (if applicable): $0 (F)

VERIFICATION: I DECLARE THAT THIS QUARTERLY REPORT OF CAMPAIGN CONTRIBUTIONS AND EXPENDITURES (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) HAS BEEN EXAMINED BY ME AND TO THE BEST THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE REPORT AS REQUIRED BY ARTICLE 9 OF THE ELECTION CODE. I UNDERSTAND THAT WILLFULLY FILING A FALSE OR INCOMPLETE STATEMENT IS SUBJECT TO A CIVIL PENALTY OF AT LEAST $1001 AND UP TO $5000.

SIGNATURE OF COMMITTEE TREASURER OR CANDIDATE — DATE: 1-1-25

NAME OF POLITICAL COMMITTEE:

Mike Quinlan for Iroquois County State's Attorney
PO Box 1
Watseka, IL 60970

REPORTING PERIOD

10-1-24 FROM 12-31-24 THRU

FOR OFFICE USE ONLY

POLITICAL COMMITTEE IDENTIFICATION No.

39683

SCHEDULE I

IN-KIND CONTRIBUTIONS

SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.

FULL NAME, MAILING ADDRESS, AND ZIP CODE	DATE RECEIVED	AMOUNT OF EACH RECEIPT	AGGREGATE AMOUNT FOR THIS REPORTING PERIOD
CONTRIBUTOR None Neither took in or spent any money on my campaign. I have no opponent in the general election.		**EMPLOYER:**	**OCCUPATION**
VENDOR PAID (if applicable) None		**DESCRIPTION**	
CONTRIBUTOR		**EMPLOYER:**	**OCCUPATION**
VENDOR PAID (if applicable)		**DESCRIPTION**	
CONTRIBUTOR		**EMPLOYER:**	**OCCUPATION**
VENDOR PAID (if applicable)		**DESCRIPTION**	
CONTRIBUTOR		**EMPLOYER:**	**OCCUPATION**
VENDOR PAID (if applicable)		**DESCRIPTION**	

TOTAL THIS PERIOD $0