

FORM D-2	Quarterly Report: (Check one:) Final Report (Fund b	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 			
Full name and complete maili	ing address of Political Committe	ee: CHECK FOR ADDRESS CHANGE	COMMITTEE ID #		
Mike Quinlan For Iroqu PO Box 1 Watseka, IL 60914	uois County State's Attor	rney	39683-11		
E-mail address: quinlan79	9@hotmail.com	CHECK FOR E-MAIL ADDRESS CHANGE			
REPORTING PERIOD CA	ASH AVAILABLE AT BEGINNIN	G ALL POLITICAL COMMITTE	•		
1 <u>2-21-23</u> 1 <u>2-31-23</u> OF	F REPORTING PERIOD: \$0	STATE BOARD OF ELECTIONS 2329 S MacARTHUR BLVD OR SPRINGFIELD, IL 62704-4503	STATE BOARD OF ELECTIONS 69 W WASHINGTON ST, STE LL-08 CHICAGO, IL 60602-3026		
	epeat this amount in SECTION D, Line (A				
	N A — RECEIPTS	SECTION B — EX	VLEIADI I OKEZ		
1. Individual Contributions a. Itemized (from Sched			: \$(6a)		
b. Not-Itemized:		(1b) b. Not-Itemized:	\$(6b)		
2. Transfers In		7. Loans Made			
a. Itemized (from Sched		(2a) a. Itemized (from Schedule B):			
b. Not-Itemized:	\$	(2b) b. Not-Itemized:	\$(7b)		
3. Loans Received a. Itemized (from Sched	dule A): \$	8. Expenditures (3a) a. Itemized (from Schedule B):	: \$(8a)		
b. Not-Itemized		(3b) b. Not-Itemized	\$(8b)		
4. Other Receipts		9. Independent Expenditures			
a. Itemized (from Sched		(4a) a. Itemized (from Schedule B-			
b. Not-Itemized	\$	(4b) b. Not-Itemized	\$(9b)		
TOTAL RECEIPTS (1a thr	ru 4b) \$	(TR) TOTAL EXPENDITURES (6a thru	u 9b)\$(TE)		
**************************************	4.040	**** SECTION C — DEBTS (Include previously repo	**************************************		
a. Itemized (from Sched		(5a) 10. a. Itemized (from Schedule C):			
b. Not-Itemized		(5b) b. Not-Itemized	\$(10b)		
TOTAL IN-KIND (5a + 5b)	\$ 1848	(TI) TOTAL DEBTS & OBLIGATIONS	\$		
*******		**** SECTION D — C			
Name and address of per than the committee's Chi	rson submitting this report <u>if ot</u> air or Treasurer:	Cash available at beginning reporting perior			
	-	reporting perior Total Receipts from Section A (
		Total cash (A) plus	.0		
		Total Expenditures from Section B ((-/·		
			_		
		reporting period (C minus	D): \$ <u></u> (E)		
		Investments total (if applicat			
VERIFICATION: I DECLARE THAT TH STATEMENTS! HAS BEEN EXAMINED ARTICLE 9 OF THE ELECTION CODE.	IIS QUARTERLY REPORT OF CAMPAIGN D BY ME AND TO THE BEST THE BEST OF I UNDERSTAND THAT WILLFULLY FILING	CONTRIBUTIONS AND EXPENDITURES (INCLUDING ACC F MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND G A FALSE OR INCOMPLETE STATEMENT IS SUBJECT TO A	OMPANYING SCHEDULES AND COMPLETE REPORT AS REQUIRED BY CIVIL PENALTY OF AT LEAST \$1001 AND		
UP 10 \$5000.	2		1-10-24		
SIGNATURE OF COMMITTE	E TREASURER OR CANDIDATE		DATE		

NAME OF POLITICAL COMMITTEE:	REPORT	ING PERIOD	FOR	OFFICE USE ONLY
Mille QuiNUN POR III (confy State & Affor	2095015	I		
(curty StAffe & Alfo,	12-21-23	12-31-23		
	FROM	THRU		
SCHEDU	ILE I			
IN-KIND CONTR				ICAL COMMITTEE IDENTIFICATION No
SEE PAMPHLET "A GUID	DE TO CAMPAIGN	DISCLOSURE" FOR	GUIDA	NCE.
FULL NAME, MAILING ADDRESS, AND ZIP CODE	DATE RECEIVED	AMOUNT OF EA RECEIPT		AGGREGATE AMOUNT FOR THIS REPORTING PERIOD
CONTRIBUTOR Mike Quinlan Po Box 1 Watseka, IL	12-21-=23	Iroquois County State's Atto Office \$/848.0 EMPLOYER:		Assistant State's Attorney / 8 48.00 OCCUPATION
VENDOR PAID (if applicable) USPS 850 Main St. NW Bourbonnais, IL 60914	Stamps	DESCR	IPTION	
CONTRIBUTOR				
		EMPLOYER:		OCCUPATION
VENDOR PAID (if applicable)		DESCR	IPTION	
CONTRIBUTOR				
		EMPLOYER:		OCCUPATION
VENDOR PAID (if applicable)		DES	CRIPTION	
CONTRIBUTOR				
		EMPLOYER:		OCCUPATION
VENDOR PAID (if applicable)		DESC	RIPTION	1
		TOTA	L THIS P	ERIOD \$ 1848.00
THIS FORM MAY BE REPRODUCED	PAGE _	1		REVISED 1/1/11

THIS FORM MAY BE REPRODUCED

FORM D-2 Full name and complete mailing ad	Quarterly Report: (Check one:) Final Report (Fund balance) Amendment of the Repo	ort Indicated Above	APR 1 0 2024 State Board of Elections Springfield Office
Mike Quinlan For Iroquois PO Box 1 Watseka, IL 60970	County State's Attorney		COMMITTEE ID #
E-mail address: quinlan79@h	notmail.comc	HECK FOR E-MAIL ADDRESS CHANGE	
1-1-24 3-31-24 OF REPO	VAILABLE AT BEGINNING ORTING PERIOD:	2329 S MacARTHUR BLVD OR	STATE BOARD OF ELECTIONS 69 W WASHINGTON ST, STE LL-08 CHICAGO, IL 60602-3026
SECTION A —	- RECEIPTS	SECTION B — EXI	PENDITURES
1. Individual Contributions		6. Transfers Out	
a. Itemized (from Schedule A)): \$(1a)	a. Itemized (from Schedule B):	\$(6a)
b. Not-Itemized:	\$(1b)	b. Not-Itemized:	\$(6b)
2. Transfers In		7. Loans Made	
a. Itemized (from Schedule A)): \$(2a)	a. Itemized (from Schedule B):	\$(7a)
b. Not-Itemized:	\$(2b)	b. Not-ltemized:	\$(7b)
3. Loans Received		8. Expenditures	,
a. Itemized (from Schedule A)): \$(3a)	a. Itemized (from Schedule B):	\$(8a)
b. Not-Itemized	\$(3b)	b. Not-Itemized	\$(8b)
4. Other Receipts		9. Independent Expenditures	
a. Itemized (from Schedule A)): \$(4a)	a. Itemized (from Schedule B-9)	: \$(9a)
b. Not-Itemized	\$(4b)	b. Not-Itemized	\$(9b)
TOTAL RECEIPTS (1a thru 4b)	\$(TR)	TOTAL EXPENDITURES (6a thru 9	9b)\$(TE)
*******	********	**********	*******
5. In-Kind Contributions	3	SECTION C — DEBTS A (Include previously report	ND OBLIGATIONS
a. Itemized (from Schedule I):	#00 E0	10. a. Itemized (from Schedule C):	\$(10a)
b. Not-Itemized	\$0 (5b)	b. Not-Itemized	\$(10b)
TOTAL IN-KIND (5a + 5b)	3 \$482.50 (TI)	TOTAL DEBTS & OBLIGATIONS	\$(100)

TOTAL DEBTS & OBLIGATIONS

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 THIS 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

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

4-6-2

\$

SECTION D — CASH BALANCE

Cash available at beginning of reporting period: $\$\frac{0}{0}$

Funds available at close of reporting period (C minus D): \$0

Investments total (if applicable): 50

Total cash (A) plus (B): $\$ \overline{0}$

Total Receipts from Section A (TR): $5\overline{0}$

Total Expenditures from Section B (TE): \$0

> > (A)

(B)

(C)

(D)

(E)

(F)

NAME OF POLITICAL COMMITTEE:	REPORT	ΓING PERIOD	FOR OFFICE USE ONLY
Make Committee: Mille Common For Inch CO. Style 'S AH'Y 1	VOIS		
CO. Style SAHY	-1-24	3-31-24	
DO DOX 1, WATSCICA, IL GOGTO	FROM	THRU	
SCHEDULE	1	<u> </u>	
IN-KIND CONTRIBU	ITIONS		POLITICAL COMMITTEE IDENTIFICATION No. 39683 3 9 683
SEE PAMPHLET "A GUIDE TO	CAMPAIGN	DISCLOSURE" FOR	GUIDANCE.
FULL NAME, MAILING ADDRESS, AND ZIP CODE	DATE RECEIVED	AMOUNT OF EAC RECEIPT	H AGGREGATE AMOUNT FOR THIS REPORTING PERIOD
CONTRIBUTOR Mike Quinlan PO Box 1	2-1-24	100.00	100.00
Watseka, IL 60970		Iroquois Co. State's Attorneys	Office OCCUPATION Assistant State's Attorney
VENDOR PAID (if applicable) Iroquois County Republican Women's Club iroquoisgopwomen@gmail.com	Placemat ad for L	DESCRIP incoln Day Dinner	TION
CONTRIBUTOR Mike Quinlan PO Box 1 Watseka, IL 60970	2-7-24	EMPLOYER: Same as listed above	OCCUPATION Same as listed above
VENDOR PAID (if applicable) R.P. Lumber 181 N. Veterans Parkway Watseka, IL 60970	Sign posts	DESCRIP	TION
CONTRIBUTOR Mike Quinlan PO Box 1 Waterka, II, 60070	3-11-24	82.50	82.50
Watseka, IL 60970		Same as above	Same as above PATION
VENDOR PAID (if applicable) Cissna Park News 119 W Garfield Ave, Cissna Park, IL 60924	Newspaper ad	DESCI	RIPTION
CONTRIBUTOR Mike Quinlan PO Box 1	3-12-24	84.00	84.00
Watseka, IL 60970		Same as above	OCCUPATION Same as above
VENDOR PAID (if applicable) Gilman Star 203 N Central St, Gilman, IL 60938	Newspaper ad	DESCRIP	TION
		TOTAL	THIS PERIOD \$ 3 82.10
THIS FORM MAY BE REPRODUCED	PAGE_	<u> </u>	REVISED 1/1/11



4-1-24

Watseka, IL 60970

	REPORT OF CAMPAIGN CONTRIBUTIONS AND EXPENDITURES
EODNA	CHECK APPROPRIATE BOXES—PLEASE TYPE OR PRINT IN BLACK
FORM	Quarterly Report:

	CHECK APPROPRIATE BO	OXES-	-PLE	4SE TY	PE OR	PRIN	IN BL	ACK II	ΝK
1	Quarterly Report:								
_	(Check one:)		1 st	/	2 nd		3 rd] 4
_	***************************************		_				_		1

Final Report (Fund balance on Line E must be \$0)

Amendment of the Report Indicated Above

RAPO FIGEUS LORY

JUL 1 5 2024

State Board of Elections Springfield Office

39683 - []

Full name and complete mailing address of Political Committee:	CHECK FOR ADDRESS CHANGE	COMMITTEE ID #
Mike Quinlan For Iroquois County State's		
Attorney		
PO Box 1		1

E-mail address: quinlan79@hotmail.com

CHECK FOR E-MAIL ADDRESS CHANGE

CASH AVAILABLE AT BEGINNING OF REPORTING PERIOD: REPORTING PERIOD ALL POLITICAL COMMITTEES RETURN TO: STATE BOARD OF ELECTIONS STATE BOARD OF ELECTIONS 69 W WASHINGTON ST, STE LL-08 2329 S MacARTHUR BLVD 6-30-24 \$0 SPRINGFIELD, IL 62704-4503 CHICAGO, IL 60602-3026

SECTION B -	EXPENDITU	RES

E-MAIL: D2@ELECTIONS.IL.GOV

ROM	OM THRU Repeat this amount in SECTION D, Line (A)					
	SECT	ION A — RI	ECEIPTS			
	ividual Contributio Itemized (from Sc		\$ <u>0</u>	(1a)		
b.	Not-Itemized:		\$ <u>0</u>	(1b)		
	i nsfers in Itemized (from Sc	hedule A):	ş <u>0</u>	(2a)		
b.	Not-Itemized:		\$ <u>0</u>	(2b)		
	ans Received Itemized (from Sci	hedule A):	\$ <u>0</u>	(3a)		
b.	Not-Itemized		\$ <u>0</u>	(3b)		
4. Otl	her Receipts		_			
a.	Itemized (from Sc	hedule A):	\$ <u>0</u>	(4a)		
b.	Not-Itemized		\$ <u>0</u>	(4b)		
			^		1	

TOTAL RECEIPTS (1a thru 4b) _(TR)

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

TOTAL IN-KIND (5a + 5b)

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

6. Transfers Out ş0 a. Itemized (from Schedule B): (6a) \$0 b. Not-Itemized: (6b)

7. Loans Made ٥, a. Itemized (from Schedule B): (7a) \$0 b. Not-Itemized: (7b)

8. Expenditures \$42.00 a. Itemized (from Schedule B): (8a)

\$0 b. Not-Itemized (8b) 9. Independent Expenditures _{\$}00 a. Itemized (from Schedule B-9): (9a)

b. Not-Itemized (9b)

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

<u>SECTION C — DEBTS AND OBLIGATIONS</u> (Include previously reported unpaid debts)

ş0 10. a. Itemized (from Schedule C): (10a) b. Not-Itemized \$0 (10b)

\$0 **TOTAL DEBTS & OBLIGATIONS**

SECTION D — CASH BALANCE

Cash available at beginning of reporting period: \$0 (A) Total Receipts from Section A (TR): $\mathfrak{s}^{\overline{\mathbb{Q}}}$ (B)

Total cash (A) plus (B): \$ (C) Total Expenditures from Section B (TE): \$42.00 (D)

> Funds available at close of reporting period (C minus D): (E) Investments total (if applicable): 50

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

7-13-24

DATE

NAME OF POLITICAL COMMITTEE:	REPORT	ING PERIOD	FOR OFFICE USE ONLY		
		1		1	
4-	-1-24	6-30-24			
COUEDINE	FROM	THRU			
SCHEDULE	I		POL IT	TICAL COMMITTEE	
IN-KIND CONTRIBU	TIONS		POLIT	IDENTIFICATION No.	
			39683		
SEE PAMPHLET "A GUIDE TO	CAMPAIGN	DISCLOSURE" FOR	L	ANCE	
FULL NAME, MAILING ADDRESS,	DATE	AMOUNT OF EAC		AGGREGATE AMOUNT	
AND ZIP CODE	RECEIVED	RECEIPT	511	FOR THIS REPORTING PERIOD	
CONTRIBUTOR Mike Quinlan	5-2-24	42.00		42.00	
PO Box 1 Watseka, IL 80970		EMPLOYER: Iroquois Co. State's Attorney		OCCUPATION Assistant State's Attorney	
VENDOR GAID (V IV IV				Assistant State's Attorney	
VENDOR PAID (if applicable) US Post Office 101 W. Walnut St. Watseka,, IL 60970	Renewal of PO B	DESCRI ox.	PHON		
CONTRIBUTOR			· ····		
		EMPLOYER:		OCCUPATION	
VENDOR PAID (if applicable)		DESCR	IPTION		
CONTRIBUTOR					
		EMPLOYER:		OCCUPATION	
VENDOR PAID (if applicable)		DES	CRIPTIO	Ň	
CONTRIBUTOR					
		EMPLOYER:		OCCUPATION	
VENDOR PAID (if applicable)		DESCR	IPTION		
		TOTA	L THIS F	PERIOD \$ 42.00	
THIS FORM MAY BE REPRODUCED	PAGE _	<u>_</u>		REVISED 1/1/11	



	FORM	CHECK APPROPRI	IATE BOXES—PLE	IBUTIONS AND EXPENDITURES ASE TYPE OR PRINT IN BLACK INK	RECEP	VMY
	D-2	(Check on	Quarterly Report: (Check one:) 1 st 2 nd 3 rd 4 th Final Report (Fund balance on Line E must be \$0)			2024
INOS Y		Amendment	of the Repo	rt Indicated Above	State Board of Springfield	
Full name and comp	lete mailing a	dress of Political Co	ommittee:	CHECK FOR ADDRESS CHANGE	COMMITTE	F ID #
Mike Quinlan F PO Box 1		County State's	Attorney		0011111111	
Watseka, IL 60	970					
					39683 — \ \	
E-mail address: Qui		hotmail.com	CI	HECK FOR E-MAIL ADDRESS CHANGE		
REPORTING PERIO		AVAILABLE AT BEG PORTING PERIOD:	INNING	ALL POLITICAL COMMITTI STATE BOARD OF ELECTIONS		ONE
7-1-24 9-30-		OKTING PERIOD.		2329 S MacARTHUR BLVD OR	STATE BOARD OF ELECTI 69 W WASHINGTON ST,	
	——	this amount in SECTION I	D line (A)	SPRINGFIELD, IL 62704-4503 E-MAIL: D2@ELECTIO	CHICAGO, IL 60602-302	5
11.0101	SECTION A -		D, Little (A)	SECTION B — E)		
1. Individual Contr		1130211 10		6. Transfers Out	APENDITUKES	
a. Itemized (fr		A): \$ <u>0</u>	(1a)	a. Itemized (from Schedule B):	, _{\$} 0	(6a)
b. Not-Itemize		ş 0	(1b)	b. Not-Itemized:	\$ 0	(6b)
2. Transfers In			, ,	7. Loans Made		(00)
a. Itemized (fr	om Schedule A	A): \$ 0	(2a)	a. Itemized (from Schedule B):	\$ <u>0</u>	(7a)
b. Not-Itemize	d:	\$ <u>0</u>	(2b)	b. Not-Itemized:	\$ <u>0</u>	(7b)
3. Loans Received		0		8. Expenditures	0	
a. Itemized (fr			(3a)	a. Itemized (from Schedule B):		(8a)
b. Not-Itemize	d	\$ <u>0</u>	(3b)	b. Not-Itemized	\$ <u>0</u>	(8b)
4. Other Receipts a. Itemized (from	om Schedule A	_{4):} \$0	(4a)	 Independent Expenditures a. Itemized (from Schedule B- 	_{9): \$} 0	(9a)
b. Not-Itemize		\$ 0	(4b)	b. Not-Itemized	\$0 \$0	(9a) (9b)
TOTAL RECEIPT			(TR)	TOTAL EXPENDITURES (6a thru	_	(36) (TE)
********	*****	*******	++++++	***********		*****
5. In-Kind Contrib	outions			SECTION C — DEBTS (Include previously repo	AND OBLIGATIONS orted uppaid debts))
a. Itemized (fro): \$ <u>0</u>	(5a)	10. a. Itemized (from Schedule C):		(10a)
b. Not-Itemize	d	\$ <u>0</u>	(5b)	b. Not-Itemized	\$ 0	(10b)
TOTAL IN-KIND	(5a + 5b)	\$ <u>0</u>	(TI)	TOTAL DEBTS & OBLIGATIONS	\$ 0	
********	********		******	**************************************	*******	*****
Name and addre	ess of person s	ubmitting this repo	rt <u>if other</u>			
uiaii tile commit	ree a cliqit Ot	rreasurer:		Cash available at beginning reporting perior	s of s 0	(A)

Total Receipts from Section A (TR): \$\(\frac{U}{2}\) (B) Total cash (A) plus (B): $\$ \overline{0}$ (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): 50 (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

NAME OF POLITICAL COMMITTEE:		NG PERIOD	FOR	OFFICE USE ONLY
MILLE QUINIAN FOR I POQUE		1		
PO BOX 1 LOGIO	1-24	9-30-24		
WATTHIA. DE 60970 -	FROM	THRU		
SCHEDULE				
OONEDOLL			POLIT	ICAL COMMITTEE
IN-KIND CONTRIBU	TIONS			IDENTIFICATION No.
			39683	
SEE PAMPHLET "A GUIDE TO	CAMPAIGN D	DISCLOSURE" FOR	GUIDA	
FULL NAME, MAILING ADDRESS,	DATE	AMOUNT OF EA	СН	AGGREGATE AMOUNT FOR THIS REPORTING
AND ZIP CODE	RECEIVED	RECEIPT		PERIOD
CONTRIBUTOR				
None		EMPLOYER:		OCCUPATION
Neither took in or spent any money on my campaign. I have no opponent in the general election.		LIMI ZOTEK.		OCCUPATION
VENDOR PAID (if applicable)		DESCR	IPTION	<u></u>
None				
CONTRIBUTOR				
		EMPLOYER:		OCCUPATION
VENDOR PAID (if applicable)		DESCR	IPTION	
			-	
CONTRIBUTOR				
		EMPLOYER:		OCCUPATION
		DES	CRIPTION	
VENDOR PAID (if applicable)		DES	ickir ilok	•
				1
CONTRIBUTOR		<u> </u>		
CONTRIBUTOR				
		EMPLOYER:		OCCUPATION
VENDOR PAID (if applicable)	-	DESCF	RIPTION	
	1	TOTA	L THIS P	ERIOD \$0

2

	FORM	REPORT OF CAMPAIGN CHECK APPROPRIATE BOX Quarterly Report: (Check one:)	FOR OFFICE USE ONLY RECEIVED				
	D-2 (Check one:) Ist 2 ^{nc} 3 rd 3 rd Amendment of the Report Indicated Above					JAN 06 2025	
ا Full name and co	mplete mailing a	ddress of Political Committe		CHECK FOR ADDRESS CHANGE	State Board	of Elections	
		s County State's Attor		C.T.C.R.T.OR ADDRESS CHANGE	ELUNGVE	TOTELFILD:#	
PO Box 1	iri or iroquois	S County State's Attor	пеу				
Watseka, IL	60970						
				:	39683 🕶	1 (
E-mail address: (quinlan79@	hotmail.com	CHEC	K FOR E-MAIL ADDRESS CHANGE		•	
REPORTING P		AVAILABLE AT BEGINNIN	G	ALL POLITICAL COMMITT		T. FOTIONS	
10-124 1	1-3/-24 50	PORTING PERIOD:	- 1	STATE BOARD OF ELECTIONS 2329 S MacARTHUR BLVD OR	STATE BOARD OF I		
FROM	-	this amount in SECTION D, Line (/		SPRINGFIELD, IL 62704-4503 E-MAIL: D2@ELECTIO	CHICAGO, IL 6060	2-3026	
I IVOIVI		— RECEIPTS		SECTION B — E			
1. Individual C		_		6. Transfers Out	MI LINDITORLS		
	d (from Schedule	A): \$\frac{0}{2}	(1a)	a. Itemized (from Schedule B)	; \$ <u>0</u>	(6a)	
b. Not-Ite	mized:	\$ <u>0 </u>	(1b)	b. Not-Itemized:	\$ <u>0</u>	(6b)	
2. Transfers in	-	0	1	7. Loans Made	n		
	d (from Schedule		(2a)	a. Itemized (from Schedule B)		(7a)	
b. Not-Ite		\$ <u>0</u>	(2b)	b. Not-Itemized:	\$ <u>0</u>	(7b)	
	id (from Schedule	A): \$0	(3a)	8. Expendituresa. Itemized (from Schedule B)	: \$ ⁰	(8a)	
b. Not-Itemized \$0 (3b)				b. Not-Itemized	\$ <u>0</u>	(8b)	
4. Other Receipts				9. Independent Expenditures	^		
a. Itemized (from Schedule A): \$0 (4a)				a. Itemized (from Schedule B	_ · · · · 	(9a)	
	b. Not-Itemized \$\frac{0}{2} (4b)			b. Not-Itemized	\$0	(9b)	
TOTAL REC	CEIPTS (1a thru 4b	o) \$ <u>O</u>	(TR)	TOTAL EXPENDITURES (6a thr	u 9b)\$ <u>U</u>	(TE)	
5. In-Kind Contributions				SECTION C — DEBTS (Include previously red		**************************************	
	d (from Schedule	1): \$0	(5a)	10. a. Itemized (from Schedule C)	<u>`</u>	(10a)	
b. Not-Ite	mized		(5b)	b. Not-Itemized	\$ <u>0</u>	(10b)	
TOTAL IN-	KIND (5a + 5b)	\$ <u>0</u>	(TI)	TOTAL DEBTS & OBLIGATIONS	\$ <u>0</u>		
********	*****	*********	****	**************************************	**************************************	*******	
Name and a	address of person	submitting this report <u>if ot</u> or Treasurer:	ther	Cash available at beginnin reporting per			
<u> </u>				reporting per Total Receipts from Section A		(A)	
				•	, <u>, </u>	(B)	
<u> </u>				Total cash (A) plus		(C)	
			¹	otal Expenditures from Section B	(1E): \$ <u>U</u>	(D)	
				Funds available at clos reporting period (C minus	se of (D): \$0	(E)	
				Investments total (if applica	ble): \$ <u>0</u>	(F)	
VERIFICATION: 1 D	ECLARE THAT THIS QUE	UARTERLY REPORT OF CAMPAIGN ME AND TO THE BEST THE BEST O	CONTRIBUT	IONS AND EXPENDITURES (INCLUDING ACC EDGE AND BELIEF IS A TRUE, CORRECT AND I INCOMPLETE STATEMENT IS SUBJECT TO A	COMPANYING SCHE	OULES AND AS REQUIRED BY	
ARTICLE 9 OF THE UP TO \$5000.	ELECTION CODE. I UN	DERSTAND THAT WILLFULLY FILIN	G A FALSE OF	INCOMPLETE STATEMENT IS SUBJECT TO A	A CIVIL PENALTY OF A	AT LEAST \$1001 AND	
				7		1-1-2	

THIS FORM MAY BE REPRODUCED

SIGNATURE OF COMMITTEE TREASURER OR CANDIDATE

PAGE 1 OF Z

REVISED 12/2021

DATE

NAME OF POLITICAL COMMITTEE:	REPORTI	NG PERIOD	FOR OFFICE USE ONLY		
MILLE QUINIAN FOR INOQUE	055	1			
County States & Mensey	10-1-74 FROM	12-31-29 THRU			
SCHEDULE		· · · · · · · · · · · · · · · · · · ·		1	
OGNEDOLL	• •		POLIT	ICAL COMMITTEE	
IN-KIND CONTRIBU		IDENTIFICATION No.			
			39683		
SEE PAMPHLET "A GUIDE TO	CAMPAIGN	NSCI OSUPE" EOD	<u> </u>	NCE	
				AGGREGATE AMOUNT	
FULL NAME, MAILING ADDRESS, AND ZIP CODE	DATE RECEIVED	AMOUNT OF FACH I		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:		0001101	
		EWPLOTER:		OCCUPATION	
VENDOR PAID (if applicable)		DESCRIPTION			
CONTRIBUTOR				<u> </u>	
		EMPLOYER:		OCCUPATION	
VENDOR PAID (if applicable)		DESCRIPTION			
CONTRIBUTOR		1		1	
		EMPLOYER:		OCCUPATION	
VENDOR PAID (if applicable)		DESCR	RIPTION	<u>.l</u>	
		TOTAL THIS PERIOD \$0			
THIS FORM MAY BE REPRODUCED	PAGE _	/		REVISED 1/1/11	