

**FEC  
FORM 3**

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

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines. 12FE4M5  
**JEROME QUINN FOR CONGRESS**

ADDRESS (number and street) 60393 MOUNT VERNON RD  
Check if different than previously reported. (ACC) ROCHESTER MI 48306

2. **FEC IDENTIFICATION NUMBER** ▼ C C00516849 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)  
CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT  
MI 10

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 08 / 07 / 2012 in the State of MI

(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on   /   /   in the State of  

5. Covering Period 07 / 01 / 2012 through 07 / 18 / 2012

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 Mr. Jerome George Quinn

Signature of Treasurer Mr. Jerome George Quinn [Electronically Filed] Date 07 / 18 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only									
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**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**JEROME QUINN FOR CONGRESS**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	4975.00	13600.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	250.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	4975.00	13350.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	4988.53	8278.74
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	4988.53	8278.74
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	9036.41	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	3965.15	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**JEROME QUINN FOR CONGRESS**

Report Covering the Period: From:  /  /  To:  /  /

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).....	3750.00	6250.00
(ii) Unitemized.....	1225.00	2350.00
(iii) TOTAL of contributions from individuals ▶	4975.00	8600.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	4975.00	13600.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	3965.15
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	3965.15
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....		
	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	4975.00	17565.15

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	4988.53	8278.74
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	250.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	250.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	4988.53	8528.74

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	9049.94
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	4975.00
25. SUBTOTAL (add Line 23 and Line 24).....	14024.94
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	4988.53
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	9036.41

**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 5 OF 10
	<input checked="" 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)  
**JEROME QUINN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**David Coles**

Mailing Address 5414 C River Run Trail

City Fort Wayne State IN Zip Code 46825

FEC ID number of contributing federal political committee. **C**

Name of Employer Concordia Theological Seminary Occupation Professor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 18 / 2012

**Transaction ID : SA11AI.4233**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Andrew W Crowley**

Mailing Address 140 Magnolia Ave

City Glendale State OH Zip Code 45246

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Landlord

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 01 / 2012

**Transaction ID : SA11AI.4178**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Richard R Howe**

Mailing Address 86 Woodfield Dr.

City Short Hills State NJ Zip Code 07078

FEC ID number of contributing federal political committee. **C**

Name of Employer Sullivan and Cromwell Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 01 / 2012

**Transaction ID : SA11AI.4176**

Amount of Each Receipt this Period  
 250.00

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

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

1250.00

**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 6 OF 10
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**JEROME QUINN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Larry G Mason</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 12 / 2012	
Mailing Address 1530 Rochester Road		<b>Transaction ID : SA11AI.4192</b>	
City Royal Oak	State MI	Zip Code 48067	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer LarryPC	Occupation Attorney		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>B. Michael Mckenna</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 07 / 2012	
Mailing Address 2080 Rhine Rd		<b>Transaction ID : SA11AI.4184</b>	
City West Bloomfield	State MI	Zip Code 48323	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Self	Occupation Real Estate Developer		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Randolph E Richardson</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 13 / 2012	
Mailing Address 248B Heritage Vlg		<b>Transaction ID : SA11AI.4194</b>	
City Southbury	State CT	Zip Code 06488	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer None	Occupation Retired		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2500.00
<b>TOTAL</b> This Period (last page this line number only).....	3750.00

**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 7 OF 10			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**JEROME QUINN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Kristopher Banks</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2012
Mailing Address 10718 Curtis St		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.4201</b>
City Detroit	State MI	
Zip Code 48221		Category/ Type 001
Purpose of Disbursement For Website Design		
Candidate Name <b>JEROME QUINN FOR CONGRESS</b>		Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MI District: 10	

Full Name (Last, First, Middle Initial) <b>B. Robert Goldstein</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2012
Mailing Address 301 Massachusetts Ave NW		Amount of Each Disbursement this Period 322.50 <b>Transaction ID : SB17.4208</b>
City Washington DC	State DC	
Zip Code 20001		Category/ Type 001
Purpose of Disbursement Consulting Fee		
Candidate Name <b>JEROME QUINN FOR CONGRESS</b>		Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MI District: 10	

Full Name (Last, First, Middle Initial) <b>c. Keystone Printing Group</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2012
Mailing Address 15400 South US Highway 27		Amount of Each Disbursement this Period 153.70 <b>Transaction ID : SB17.4235</b>
City Lansing	State MI	
Zip Code 48906		Category/ Type 001
Purpose of Disbursement Printing		
Candidate Name <b>JEROME QUINN FOR CONGRESS</b>		Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MI District: 10	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	976.20
<b>TOTAL</b> This Period (last page this line number only).....	

**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 8 OF 10			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**JEROME QUINN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Kramer &amp; Kramer Development</b>		Date of Disbursement MM / DD / YYYY 07 / 02 / 2012
Mailing Address 30400 23 Mile Rd		Amount of Each Disbursement this Period 700.00 <b>Transaction ID : SB17.4198</b>
City Chesterfield	State MI	
Zip Code 48047	Purpose of Disbursement Rent for Office	Category/ Type 001
Candidate Name <b>JEROME QUINN FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MI District: 10	

Full Name (Last, First, Middle Initial) <b>B. Kramer &amp; Kramer Development</b>		Date of Disbursement MM / DD / YYYY 07 / 13 / 2012
Mailing Address 30400 23 Mile Rd		Amount of Each Disbursement this Period 167.40 <b>Transaction ID : SB17.4210</b>
City Chesterfield	State MI	
Zip Code 48047	Purpose of Disbursement Electric Bill	Category/ Type 001
Candidate Name <b>JEROME QUINN FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MI District: 10	

Full Name (Last, First, Middle Initial) <b>c. Lawson Printers Inc.</b>		Date of Disbursement MM / DD / YYYY 07 / 05 / 2012
Mailing Address 685 West Columbia		Amount of Each Disbursement this Period 457.92 <b>Transaction ID : SB17.4206</b>
City Battle Creek	State MI	
Zip Code 49015	Purpose of Disbursement Campagin Lit	Category/ Type 001
Candidate Name <b>JEROME QUINN FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MI District: 10	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1325.32
<b>TOTAL</b> This Period (last page this line number only).....	



**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 9 OF 10
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**JEROME QUINN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Stanley Sawicki &amp; Son, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2012
Mailing Address 1521 W. Lafayette		Amount of Each Disbursement this Period 492.25 <b>Transaction ID : SB17.4203</b>
City State Zip Code Detroit MI 48216	Purpose of Disbursement Final Shirt Payment	
Candidate Name <b>JEROME QUINN FOR CONGRESS</b>		Category/ Type 001
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MI District: 10		

Full Name (Last, First, Middle Initial) <b>B. William Wilson</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address 50033 Foxcrest		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB17.4200</b>
City State Zip Code Chesterfield MI 48047	Purpose of Disbursement Pay	
Candidate Name <b>JEROME QUINN FOR CONGRESS</b>		Category/ Type 001
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MI District: 10		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2492.25
<b>TOTAL</b> This Period (last page this line number only).....	4793.77

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **JEROME QUINN FOR CONGRESS** Transaction ID : **SC/10.4100**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2012  
**Mr. Jerome George Quinn**  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
60393 Mount Vernon Rd

City State ZIP Code  
Rochester MI 48306

Original Amount of Loan 3965.15	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 3965.15
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**TERMS**

Date Incurred M 05 / D 01 / Y 2012	Date Due M M / D D / Y 11/07/2012	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	[ ] 3965.15
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ] 3965.15

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