

**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

CHRISTINE QUINN FOR CONGRESS

ADDRESS (number and street)

4532 W. Kennedy Blvd #210

Check if different
than previously
reported. (ACC)

Tampa

FL

33609

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00744698

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

FL

14

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 M /

D D /

Y Y Y Y

2025

through

M M /

D D /

Y Y Y Y

2025

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

Curtis, Elizabeth, , ,

Signature of Treasurer

Curtis, Elizabeth, , ,

Date

M M /

D D /

Y Y Y Y

10

03

2025

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)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

CHRISTINE QUINN FOR CONGRESS

Report Covering the Period:

From:

M M / D D / Y Y Y Y
07 01 2025

To:

M M / D D / Y Y Y Y
09 30 2025

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	122044.39
(b) Total Contribution Refunds (from Line 20(d))	0.00	25.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	122019.39
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	0.00	233259.15
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	80.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	0.00	233179.15
8. Cash on Hand at Close of Reporting Period (from Line 27).....	837.13	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	157780.90	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

CHRISTINE QUINN FOR CONGRESS

Report Covering the Period:

From:

MM / DD / YYYY
07 / 01 / 2025

To:

MM / DD / YYYY
09 / 30 / 2025**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).....

0.00

56722.88

(ii) Unitemized

0.00

19171.00

(iii) TOTAL of contributions
from individuals ▶

0.00

75893.88

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

0.00

5000.00

(d) The Candidate

0.00

41150.51

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

0.00

122044.39

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

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

0.00

120000.00

(b) All Other Loans.....

0.00

0.00

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

0.00

120000.00

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

0.00

80.00

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)..... ▶

0.00

242124.39

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS**COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....

0.00

233259.15

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

25.00

(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

25.00

21. OTHER DISBURSEMENTS

0.00

0.00

22. **TOTAL DISBURSEMENTS**

(add Lines 17, 18, 19(c), 20(d), and 21) ►

0.00

233284.15

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

837.13

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....

0.00

25. SUBTOTAL (add Line 23 and Line 24).....

837.13

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

0.00

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD

(subtract Line 26 from Line 25).....

837.13

SCHEDULE C (FEC Form 3)
LOANS

PAGE 5 OF 17

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5447

CHRISTINE QUINN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2020

☒ Primary☐ General☐ Other (specify) ▼

QUINN, CHRISTINE, , ,

Mailing Address

4532 W. Kennedy Blvd #210

City

Tampa

State

FL

ZIP Code

33609

☒ Personal Funds of the Candidate

Original Amount of Loan

15000.00

Cumulative Payment To Date

957.52

Balance Outstanding at Close of This Period

14042.48

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
04 22 / 2020M M / D D / Y Y Y Y
12/31/2020

0.00

% (apr)

☐ Yes ☒ 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).....▶

14042.48

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 6 OF 17

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4289

CHRISTINE QUINN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2020

☒ Primary☐ General☐ Other (specify) ▼

QUINN, CHRISTINE, , ,

Mailing Address

4532 W. Kennedy Blvd #210

City

Tampa

State

FL

ZIP Code

33609

☒ Personal Funds of the Candidate

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
07

25

2020

M M / D D / Y Y Y Y

12/31/20

0.00

% (apr)

☐ Yes☒ 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).....▶

25000.00

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 7 OF 17

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5071

CHRISTINE QUINN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2020

☐ Primary☒ General☐ Other (specify) ▼

QUINN, CHRISTINE, , ,

Mailing Address

4532 W. Kennedy Blvd #210

City

Tampa

State

FL

ZIP Code

33609

☒ Personal Funds of the Candidate

Original Amount of Loan

80000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

80000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
10 19 / 2020M M / D D / Y Y Y Y
12/31/20

0.00

% (apr)

☐ Yes☒ 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).....▶

80000.00

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 8 OF 17

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5768

CHRISTINE QUINN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

QUINN, CHRISTINE, , ,

Mailing Address

4532 W. Kennedy Blvd #210

City

Tampa

State

FL

ZIP Code

33609

☒ Personal Funds of the Candidate

Original Amount of Loan

1500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1500.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
07 20 / 2021M M / D D / Y Y Y Y
On DemandM M / D D / Y Y Y Y
On DemandY Y Y Y / Y Y Y Y
On Demand

0.00 % (apr)

☐ Yes ☒ 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).....▶

1500.00

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 9 OF 17

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5701

CHRISTINE QUINN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

QUINN, CHRISTINE, , ,

Mailing Address

4532 W. Kennedy Blvd #210

City

Tampa

State

FL

ZIP Code

33609

☒ Personal Funds of the Candidate

Original Amount of Loan

1300.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1300.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
07 / 22 / 2021M M / D D / Y Y Y Y
On DemandM M / D D / Y Y Y Y
On DemandY Y Y Y / Y Y Y Y
On Demand

0.00 % (apr)

☐ Yes ☒ 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).....▶

1300.00

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.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 10 OF 17

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.6027

CHRISTINE QUINN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

QUINN, CHRISTINE, , ,

Mailing Address

4532 W. Kennedy Blvd #210

City

Tampa

State

FL

ZIP Code

33609

☒ Personal Funds of the Candidate

Original Amount of Loan

2000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
02 04 / 2022

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

On Demand

0.00 % (apr)

☐ Yes ☒ 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).....▶

2000.00

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 11 OF 17

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5951

CHRISTINE QUINN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

4532 W. Kennedy Blvd #210

City

Tampa

State

FL

ZIP Code

33609

☒ Personal Funds of the Candidate

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
02 22 / 2022M M / D D / Y Y Y Y
On DemandY Y Y Y / Y Y Y Y
0.00

% (apr)

☐ Yes☒ 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).....▶

5000.00

TOTALS This Period (last page in this line only).....▶

128842.48

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

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 12 OF 17

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

CHRISTINE QUINN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

AMERICANA ADVISORS, LLC

Nature of Debt (Purpose):

MEDIA
ADVERTISING/MAILERS/CONSULTING

Mailing Address P.O. BOX 9630

City
FLEMING ISLANDState
FLZip Code
32006

Outstanding Balance Beginning This Period

15727.62

Transaction ID : SD10.5371

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

15727.62

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

QUINN, CHRISTINE, , ,

Nature of Debt (Purpose):

Truck Wrap

Mailing Address 4532 W. Kennedy Blvd #210

City
TampaState
FLZip Code
33609

Outstanding Balance Beginning This Period

2782.00

Transaction ID : SD10.5665

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2782.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

QUINN, CHRISTINE, , ,

Nature of Debt (Purpose):

Printing

Mailing Address 4532 W. Kennedy Blvd #210

City
TampaState
FLZip Code
33609

Outstanding Balance Beginning This Period

843.56

Transaction ID : SD10.5666

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

843.56

1) **SUBTOTALS** This Period This Page (optional)

19353.18

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)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 13 OF 17

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

CHRISTINE QUINN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

QUINN, CHRISTINE, , ,

Nature of Debt (Purpose):

Banners

Mailing Address 4532 W. Kennedy Blvd #210

City

Tampa

State

FL

Zip Code

33609

Outstanding Balance Beginning This Period

416.03

Transaction ID : SD10.5667

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

416.03

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

QUINN, CHRISTINE, , ,

Nature of Debt (Purpose):

Lodging

Mailing Address 4532 W. Kennedy Blvd #210

City

Tampa

State

FL

Zip Code

33609

Outstanding Balance Beginning This Period

1274.04

Transaction ID : SD10.5668

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1274.04

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

QUINN, CHRISTINE, , ,

Nature of Debt (Purpose):

Meals

Mailing Address 4532 W. Kennedy Blvd #210

City

Tampa

State

FL

Zip Code

33609

Outstanding Balance Beginning This Period

210.00

Transaction ID : SD10.5669

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

210.00

1) **SUBTOTALS** This Period This Page (optional)

1900.07

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)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 14 OF 17

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

CHRISTINE QUINN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

QUINN, CHRISTINE, , ,

Nature of Debt (Purpose):

Remittance Envelopes

Mailing Address 4532 W. Kennedy Blvd #210

City

Tampa

State

FL

Zip Code

33609

Outstanding Balance Beginning This Period

343.90

Transaction ID : SD10.5670

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

343.90

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

QUINN, CHRISTINE, , ,

Nature of Debt (Purpose):

Office Supplies

Mailing Address 4532 W. Kennedy Blvd #210

City

Tampa

State

FL

Zip Code

33609

Outstanding Balance Beginning This Period

142.00

Transaction ID : SD10.5671

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

142.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

QUINN, CHRISTINE, , ,

Nature of Debt (Purpose):

Meals

Mailing Address 4532 W. Kennedy Blvd #210

City

Tampa

State

FL

Zip Code

33609

Outstanding Balance Beginning This Period

124.39

Transaction ID : SD10.5672

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

124.39

1) **SUBTOTALS** This Period This Page (optional)

610.29

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)

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE 15 OF 17

FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

CHRISTINE QUINN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

QUINN, CHRISTINE, , ,

Nature of Debt (Purpose):

Meals

Mailing Address 4532 W. Kennedy Blvd #210

City

Tampa

State

FL

Zip Code

33609

Outstanding Balance Beginning This Period

77.57

Transaction ID : SD10.5673

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

77.57

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

QUINN, CHRISTINE, , ,

Nature of Debt (Purpose):

Flag

Mailing Address 4532 W. Kennedy Blvd #210

City

Tampa

State

FL

Zip Code

33609

Outstanding Balance Beginning This Period

112.00

Transaction ID : SD10.5674

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

112.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

QUINN, CHRISTINE, , ,

Nature of Debt (Purpose):

Vehicle Wrap

Mailing Address 4532 W. Kennedy Blvd #210

City

Tampa

State

FL

Zip Code

33609

Outstanding Balance Beginning This Period

3632.63

Transaction ID : SD10.6123

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3632.63

1) **SUBTOTALS** This Period This Page (optional)

3822.20

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)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 16 OF 17

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

CHRISTINE QUINN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

QUINN, CHRISTINE, , ,

Nature of Debt (Purpose):

Meals

Mailing Address 4532 W. Kennedy Blvd #210

City

Tampa

State

FL

Zip Code

33609

Outstanding Balance Beginning This Period

1220.26

Transaction ID : SD10.6124

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1220.26

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

QUINN, CHRISTINE, , ,

Nature of Debt (Purpose):

Gas

Mailing Address 4532 W. Kennedy Blvd #210

City

Tampa

State

FL

Zip Code

33609

Outstanding Balance Beginning This Period

302.76

Transaction ID : SD10.6125

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

302.76

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

QUINN, CHRISTINE, , ,

Nature of Debt (Purpose):

Bumper Stickers

Mailing Address 4532 W. Kennedy Blvd #210

City

Tampa

State

FL

Zip Code

33609

Outstanding Balance Beginning This Period

505.25

Transaction ID : SD10.6126

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

505.25

1) **SUBTOTALS** This Period This Page (optional)

2028.27

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)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 17 OF 17

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

CHRISTINE QUINN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

QUINN, CHRISTINE, , ,

Nature of Debt (Purpose):

Business Cards

Mailing Address 4532 W. Kennedy Blvd #210

City

Tampa

State

FL

Zip Code

33609

Outstanding Balance Beginning This Period

338.81

Transaction ID : SD10.6127

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

338.81

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

QUINN, CHRISTINE, , ,

Nature of Debt (Purpose):

Website Design

Mailing Address 4532 W. Kennedy Blvd #210

City

Tampa

State

FL

Zip Code

33609

Outstanding Balance Beginning This Period

350.00

Transaction ID : SD10.6128

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

350.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

QUINN, CHRISTINE, , ,

Nature of Debt (Purpose):

Office Supplies

Mailing Address 4532 W. Kennedy Blvd #210

City

Tampa

State

FL

Zip Code

33609

Outstanding Balance Beginning This Period

535.60

Transaction ID : SD10.6129

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

535.60

1) **SUBTOTALS** This Period This Page (optional)

1224.41

2) **TOTALS** This Period (last page this line number only)

28938.42

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

128842.48

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

157780.90