



# SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Kevin Quinn

14. Reporting Period: Start Date: 10/1/2024 End Date: 10/26/2024

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) ..... \$ \$125.00  
(Note: Effective January 16, 2023, Unitemized Contributions are capped at \$2,000. See *Instructions* for more information.)
- b. Itemized Contributions (over \$100 from each source this period) ..... \$ \$850.00
- c. Loans Received This Reporting Period..... \$ \_\_\_\_\_
- d. Interest Received This Reporting Period ..... \$ \_\_\_\_\_
- e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) ..... \$ \$975.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$798.61  
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- b. Loan Repayments Made This Period ..... \$ \_\_\_\_\_
- c. Total Obligation Payments Made This Period..... \$ \_\_\_\_\_
- d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)..... \$ \$798.61

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period ..... \$ \_\_\_\_\_
- b. Itemized In-Kind Contributions Received This Period ..... \$ \$7,735.80
- c. Total In-Kind Contributions Received This Period ..... \$ \$7,735.80

18. Obligations:

- a. Total Obligations Outstanding (must be shown in item 12.f.) ..... \$ \_\_\_\_\_

# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Kevin Quinn
2. Reporting Period: Start Date: 10/1/2024 End Date: 10/26/2024
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$0.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: PAC of the West TN Home Builders Association **OR**  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 505 Halle Park Dr City: Collierville State: TN Zip Code: 38017  
Occupation: Association Employer: WTHBA  
Contribution Received For: Primary Election  General Election  Runoff (Local Elections Only)   
Amount of Contribution: \$ \$500.00 Date of Contribution: 10/24/2024 Aggregate This Election: \$ \$500.00

Business or Organization Name: Black Market Strategies **OR**  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 3625 Covington Pike City: Memphis State: TN Zip Code: 38128  
Occupation: Marketing Employer: Black Market Strategies  
Contribution Received For: Primary Election  General Election  Runoff (Local Elections Only)   
Amount of Contribution: \$ \$150.00 Date of Contribution: 10/7/2024 Aggregate This Election: \$ \$150.00

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Charles Middle Name: \_\_\_\_\_ Last Name: Martin  
Address: 3335 Venson Dr City: Bartlett State: TN Zip Code: 38134  
Occupation: Retired Employer: n/a  
Contribution Received For: Primary Election  General Election  Runoff (Local Elections Only)   
Amount of Contribution: \$ \$200.00 Date of Contribution: 10/25/2024 Aggregate This Election: \$ \$200.00

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Contribution Received For: Primary Election  General Election  Runoff (Local Elections Only)   
Amount of Contribution: \$ \_\_\_\_\_ Date of Contribution: \_\_\_\_\_ Aggregate This Election: \$ \_\_\_\_\_

Total Contributions: \$ \$850.00

(Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)

# ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Kevin Quinn
2. Reporting Period: Start Date: 10/1/2024 End Date: 10/26/2024
3. Total in-kind contributions from preceding page (enter \$0 if first page) \$ \$0.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH IN-KIND CONTRIBUTION. In-kind contributions totaling more than one hundred dollars (\$100) from any contributor during the period must be reported.

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Kevin Middle Name: \_\_\_\_\_ Last Name: Quinn  
Address: 2943 Sycamore View Rd City: Bartlett State: TN Zip Code: 38134  
Occupation: Social Media Specialist Employer: Self Employed  
In-Kind Contribution Received For: Primary Election  General Election  Runoff (Local Elections Only)   
In-Kind Contribution Value: \$ \$6,935 In-Kind Contribution Date: 10/2/2024 Aggregate This Election: \$ \$9,721.80  
Description of In-Kind Contribution: Postcard Mailers

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: Steve Middle Name: Stewart Last Name: RMG Resource Medica  
Address: 1916 Vanderhorn Dr City: Memphis State: TN Zip Code: 38134  
Occupation: owner Employer: RMG  
In-Kind Contribution Received For: Primary Election  General Election  Runoff (Local Elections Only)   
In-Kind Contribution Value: \$ \$800.00 In-Kind Contribution Date: 10/2/2024 Aggregate This Election: \$ \$800.00  
Description of In-Kind Contribution: Signs

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
In-Kind Contribution Received For: Primary Election  General Election  Runoff (Local Elections Only)   
In-Kind Contribution Value: \$ \_\_\_\_\_ In-Kind Contribution Date: \_\_\_\_\_ Aggregate This Election: \$ \_\_\_\_\_  
Description of In-Kind Contribution: \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
In-Kind Contribution Received For: Primary Election  General Election  Runoff (Local Elections Only)   
In-Kind Contribution Value: \$ \_\_\_\_\_ In-Kind Contribution Date: \_\_\_\_\_ Aggregate This Election: \$ \_\_\_\_\_  
Description of In-Kind Contribution: \_\_\_\_\_

Total In-Kind Contributions: \$ \$7,735.80

(Carry forward to the next page if additional pages of this form are used. If this is the last page of in-kind contributions, this amount must be shown in the summary on first page.)

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Kevin Quinn
2. Reporting Period: Start Date: 10/1/2024 End Date: 10/26/2024
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$0.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. **All expenditures must be itemized.** If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: Meta Facebook **OR**  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 1 Meta Wy City: Menlo Park State: CA Zip Code: 94025  
Purpose of Expenditure: Advertising  
Amount of Expenditure: \$ \$98.61 Date of Expenditure: \$ 10/18/2024

Business or Organization Name: Magic Valley Publishing **OR**  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 2850 Stage Village Cv Ste 5 City: Bartlett State: TN Zip Code: 38134  
Purpose of Expenditure: Advertising  
Amount of Expenditure: \$ \$350.00 Date of Expenditure: \$ 10/10/2024

Business or Organization Name: Magic Valley Publishing **OR**  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: 2850 Stage Village Cv Ste 5 City: Bartlett State: TN Zip Code: 38134  
Purpose of Expenditure: Advertising  
Amount of Expenditure: \$ \$350.00 Date of Expenditure: \$ 10/21/2024

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Purpose of Expenditure: \_\_\_\_\_  
Amount of Expenditure: \$ \_\_\_\_\_ Date of Expenditure: \$ \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_ **OR**  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Purpose of Expenditure: \_\_\_\_\_  
Amount of Expenditure: \$ \_\_\_\_\_ Date of Expenditure: \$ \_\_\_\_\_

Total Expenditures: \$ \$798.61

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)