

### OFFICE OF THE SECRETARY OF STATE

JESSE WHITE • Secretary of State

September 2, 2014

Kirk Allen P.O. Box 593 Kansas, IL 61933

Re: FOIA Request

Dear Kirk Allen:

We are in receipt of your request dated September 2, 2014 for information pursuant to the Freedom of Information Act. You specifically requested "Copy of the Economic Disclosure Statement filed by Governor Pat Quinn for the last 5 years. This would include both the annually filed EDS and any filed for compliance with election requirements". The information you requested is enclosed with this letter.

Sincerely,

Illinois Secretary of State Index Department 111 E. Monroe St. Springfield, IL 62756 vb

Cc: DL DW

enc

# STATEMENT OF ECONOMIC INTERESTS TO BE FILED WITH THE SECRETARY OF STATE



(Type or Hand Print Name and Address in the blank space)

PATRICK QUINN  IN THE OFFICE OF SECRETARY OF STATE  GOVERNOR  (List each Office or Position of Employment for which this Statement is Filed)  GENERAL DIRECTIONS	
(List each Office or Position of Employment for which this Statement is Filed)	
-(List each Office or Position of Employment for which this Statement is Filed)	
GENERAL DIRECTIONS	
The interest (if constructively controlled by the person making the statement) of a spouse or any other party, she considered to be the same as the interest of the person making the statement. Campaign receipts shall receipts shall receipts shall receipts and the constructive of the person making the statement.	all be not be
included in this statement.  If additional space is needed, please attach supplemental listing.	
1. List the name and instrument of ownership in any entity doing business in the State of Illinois, in which the ow interest held by the person at the date of filing is in excess of \$5,000 fair market value or from which divide excess of \$1,200 were derived during the preceding calendar year. (In the case of real estate, location thereof s listed by street address, or if none, then by legal description.) No time or demand deposit in a financial institution any debt instrument need be listed.	shall be
Business Entity Instrument of Ownership	
2.—List-the-name, address-and-type of practice of any professional organization in which the person mak statement was an officer, director, associate, partner or proprietor or served in any advisory capacity, from income in excess of \$1,200 was derived during the preceding calendar year.	ing the which
Name Address Type of Practice	
3. List the nature of professional services rendered (other than to the State of Illinois) to each entity from which exceeding \$5,000 was received for professional services rendered during the preceding calendar year by the making the statement.	income person

(pone)	
List the identity of any compensated lobbyist with whom the person making ssociation, including the name of the lobbyist and specifying the legislative rebbying activity, and describing the general type of economic activity of the specific lobbying.	he client or principal on whose behalf tha
Erson is lobbying.  Lobbyist  Legislative Matter.	Client or Principal
(your)	
· · · · · · · · · · · · · · · · · · ·	
uring the preceding calendar year other than for professional services and that entity. (In the case of real estate, location thereof shall be listed by tescription.) No time or demand deposit in a financial institution nor any debt Entity	t instrument need be listed.  Position Held
(None)	
List the name of any unit of government which employed the person realendar year other than the unit or units of government in relation to which the	ne person is required to file.
(vone)	
<ol> <li>List the name of any entity from which a gift or gifts, or honorarium or hoexcess of \$500, was received during the preceding calendar year.</li> </ol>	onoraria, valued singly or in the aggregate
MRS, PATRICK QUINN SR; Thomas Quinni; John Quinn; L	). S. Army Medical Center at LANDSTUM GER
U, S, Defarment of Defense	

(Signature of Person Waxing the Statement) / (Date)

interests as required by the Illinois Governmental Ethics Act. I understand that the penalty for willfully filing a false or incomplete statement shall be a fine not to exceed \$1,000 or imprisonment in a penal institution other than the

penitentiary not to exceed one year, or both fine and imprisonment."

### STATEMENT OF ECONOMIC INTERESTS TO BE FILED WITH THE SECRETARY OF STATE



(Type or Hand Print Name and Address in the blank space)

PATRICK	QUINN	

INDEX DEPARTMENT	
" " 2 9 2011	r
IN THE OFFICE OF SECRETARY OF STATE	

**GOVERNOR** 

(List-each Office or Position of Employment for which this Statement is Filed)

#### **GENERAL DIRECTIONS**

The interest (if constructively controlled by the person making the statement) of a spouse or any other party, shall be considered to be the same as the interest of the person making the statement. Campaign receipts shall not be included in this statement.

If additional space is needed, please attach supplemental listing.

1. List the name and instrument of ownership in any entity doing business in the State of Illinois, in which the ownership interest held by the person at the date of filing is in excess of \$5,000 fair market value or from which dividends in excess of \$1,200 were derived during the preceding calendar year. (In the case of real estate, location thereof shall be listed by street address, or if none, then by legal description.) No time or demand deposit in a financial institution, nor any debt instrument need be listed.

Business Entity		Instrument of Ownership
2. List the name, address and type statement was an officer, director, income in excess of \$1,200 was derived.	associate, partner or proprietor or s	ganization in which the person making the erved in any advisory capacity, from which ar.
Name (None)	Address	Type of Practice
List the nature of professional services.	vices rendered (other than to the State	e of Illinois) to each entity from which income
exceeding \$5,000 was received for particle making the statement.	professional services rendered during	the preceding calendar year by the person

sociation, including the name of the obying activity, and describing the green is lobbying.  Lobbyist	Legislative Matter  usiness in the State of Illinois from	which income in excess of \$1,200 was derived
List the name of any entity doing buring the preceding calendar year other than the case of real esta	usiness in the State of Illinois from	which income in excess of \$1,200 was derived
List the name of any entity doing buring the preceding calendar year other	usiness in the State of Illinois from	which income in excess of \$1,200 was derived
List the name of any entity doing buring the preceding calendar year other	usiness in the State of Illinois from	which income in excess of \$1,200 was derived
iring the preceding calendar year oth	usiness in the State of Illinois from	which income in excess of \$1,200 was derived
(None) Entity		Position Held
ilendar year other than the unit or un	its of government in relation to whic	on making the statement during the preceding the person is required to file.
List the name of any entity from w	hich a gift or gifts, or honorarium o	r honoraria, valued singly or in the aggregate i
		Ding; U.S. ARMY Medical Conter at LANDSTL
	,	J GERMI
U.S. Department of Defense	VERIFICATION	
	VEIXII IOATION	

(Signature of Person Making the Statement)

incomplete statement shall be a fine not to exceed \$1,000 or imprisonment in a penal institution other than the

penitentiary not to exceed one year, or both fine and imprisonment."

## STATEMENT OF ECONOMIC INTERESTS TO BE FILED WITH THE SECRETARY OF STATE



(Type or Hand Print Name and Address in the blank space)

		FILE D INDEX DEPARTMENT
PATRICK QUINN		MAY 0 1 2012
		IN THE OFFICE OF SECRETARY OF STATE
		OLOKLIAKI OF SIAIL
GOVERNOR		
(List each Office or Position of Employment for which	this Statement is Filed)	
	GENERAL DIRECTIONS	
The interest (if constructively controlled by the considered to be the same as the interest	he person making the stateme of the person making the st	ent) of a spouse or any other party, shall be atement. Campaign receipts shall not be
	onal space is needed, please attach sup	
interest held by the person at the date of fi	iling is in excess of \$5,000 fa eceding calendar year. (In the	n the State of Illinois, in which the ownership air market value or from which dividends in case of real estate, location thereof shall be demand deposit in a financial institution, nor
Business Entity (None)		Instrument of Ownership
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2. List the name, address and type of prostatement was an officer, director, associatincome in excess of \$1,200 was derived duri	te, partner or proprietor or se	ganization in which the person making the erved in any advisory capacity, from which
Name (Nonl)	Address	Type of Practice
Name (Nonl)	Address	Type of Practice
Name (None)	Address	Type of Practice

making the statement.

4. List the identity (including the address or legal description of real estate) of any ca of \$5,000 or more was realized during the preceding calendar year.	ipital asset from which a capital gair
(None)	
5. List the identity of any compensated lobbyist with whom the person making the state association, including the name of the lobbyist and specifying the legislative matter of lobbying activity, and describing the general type of economic activity of the client person is lobbying.	or matters which are the object of the
Lobbyist Legislative Matter  Local Control of the C	Client or Principal
(None: In Market 4:11 Miles	
HARZ # 1917 H 9 - 46	
6. List the name of any entity doing business in the State of Illinois from which inco during the preceding calendar year other than for professional services and the title that entity. (In the case of real estate, location thereof shall be listed by street description.) No time or demand deposit in a financial institution nor any debt instrum	address, or if none, then by lega
Entity	Position Held
(None)	
7. List the name of any unit of government which employed the person making calendar year other than the unit or units of government in relation to which the person was a supplied to the person which the person was a supplied to the person which the person was a supplied to the person was a supplied to the person which the person was a supplied to the	on is required to file.
(Nonl)	
8. List the name of any entity from which a gift or gifts, or honorarium or honoraria, excess of \$500, was received during the preceding calendar year.	
MRS Patrick QuimSR; Thomas Quinn; John Quinn; Jewish Fodera	170n of Chicago; East Bank Clu
MPS, Patrick QuimSR; Thomps Quinn; John Quinn; Jewish Fodera Death fenalty Focus; U.S. ARMY Medical Centerat Landstuhl German	y; U.S. Department of Defense
VERIFICATION	
"I declare that this statement of economic interests (including any accompanying sexamined by me and to the best of my knowledge and belief is a true, correct and interests as required by the Illinois Governmental Ethics Act. I understand that the incomplete statement shall be a fine not to exceed \$1,000 or imprisonment in penitentiary not to exceed one year, or both fine and imprisonment."	complete statement of my econom e penalty for willfully filing a false
	4/26/12

### STATEMENT OF ECONOMIC INTERESTS

TO BE FILED WITH THE SECRETARY OF STATE





PATR	ick Q	しいいろ	
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INDEX DEPARTMENT
NOV 2 5 2013

IN THE OFFICE OF SECRETARY OF STATE

GOVERNOR

(List each office or position of employment for which this Statement is filed.)

#### **GENERAL DIRECTIONS**

The interest (if constructively controlled by the person making the statement) of a spouse or any other party shall be considered to be the same as the interest of the person making the statement. Campaign receipts shall not be included in this statement.

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(None)		
2 List the name address and type of n	ractice of any professional organization in	n which the person making the statement
was an officer, director, associate, parti of \$1,200 was derived during the precedent	ner or proprietor, or served in any adviso	pry capacity, from which income in excess
Name (None)	Address	Type of Practice
3. List the nature of professional service exceeding \$5,000 was received for profing the statement.	ces rendered (other than to the State of dessional services rendered during the pr	Illinois) of each entity from which income receding calendar year by the person mak-

4. List the identity (including the address of \$5,000 or more was realized during the		f any capital asset from which a capital gain
(NONE)		
ic association, including the name of the lobbying activity, and describing the genson is lobbying.	e lobbyist and specifying the legislative neral type of economic activity of the	ng the statement maintains a close econom- e matter or matters that are the object of the client or principal on whose behalf that per-
Lobbyist	Legislative Matter	Client of Philopal
during the preceding calendar year, othe	r than for professional services, and to cation thereof shall be listed by street	ich income in excess of \$1,200 was derived the title or description of any position held in address or, if none, by legal description.) No d be listed.
Entity		Position Held
(None)		
7. List the name of any unit of governm year other than the unit or units of gove	ent that employed the person making ernment in relation to which the person	the statement during the preceding calendar is required to file.
Pierfrancesco Federici (fount	ne preceding calendar year.  MAS QUINN; JOHN QUINN; I  LOT of Defense; Chicago-NATO  AIN RENORMATED TO EXECUTIVE MA  VERIFICATION	DCOMMITTER (World Business Chicago);
ined by me and to the best of my knowl	edge and belief is a true, correct and Ethics Act. I understand that the pena 200 or imprisonment in a penal institu	ng schedules and statements) has been exam- complete statement of my economic interests lty for willfully filing a false or incomplete state- tion other than the penitentiary not to exceed
NOV	2 5 2013	11/17/13
IN THE SECRETA	OFFICE OF RY OF STATE	person making statement) / (Date)

NOTE: This statement must be filed in the Office of the Secretary of State, Index Department, Ethics Section, 111 E. Monroe, Springfield, IL 62756.

### STATEMENT OF ECONOMIC INTERESTS TO BE FILED WITH THE SECRETARY OF STATE



(Type or Hand Print Name and Address in the blank space)

PATRICK	QUINN

FILED INDEX DEPARTMENT

APR 3 0 2013

IN THE OFFICE OF SECRETARY OF STATE

GOVERNOR

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Business Entity		Instrument of Ownership
(None)		
	<u> </u>	
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/	g the proceding calculating year.	
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person is lobbying.  Lobbyist	Legislative Matter	Client or Principal
(None)		
Add to the second	•	
6. List the name of any entity doing during the preceding calendar year that entity. (In the case of real expensions)	business in the State of Illinois from which other than for professional services and the state, location thereof shall be listed by stoposit in a financial institution nor any debt ins	income in excess of \$1,200 was derived title or description of any position held in reet address, or if none, then by legal
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calendar year other than the unit or	vernment which employed the person mak units of government in relation to which the p	person is required to file.
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List the name of any entity from excess of \$500, was received during	which a gift or gifts, or honorarium or honor the preceding calendar year.	raria, valued singly or in the aggregate in
		Apmy Medical Center at
LANDSTURY CERMANY: U.S.D.	hours Orinn; John Quinn; U.S opt of Defend: (hicago-NATO Committee endolated to Executive Marsion Assa) VERIFICATION	(woll Business Chicago);
1 Louis com contract of some	VERIFICATION	
examined by me and to the best of interests as required by the Illinois	onomic interests (including any accompanyi my knowledge and belief is a true, correct Governmental Ethics Act. I understand tha fine not to exceed \$1,000 or imprisonmen	and complete statement of my economic it the penalty for willfully filing a false or
penitentiary not to exceed one year,	or both fine and imprison	

### TO BE FILED WITH THE SECRETARY OF STATE



(Type or Hand Print Name and Address in the blank space)

PATRICK	QUINN	
		Story Section

INDEX DEPARTMENT

APR 2 9 2014

IN THE OFFICE OF SECRETARY OF STATE

#### **GOVERNOR**

(List each Office or Position of Employment for which this Statement is Filed)

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Name of the second	Address Type of Practice
Name	Address
(None)	
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(None)	

of \$5,000 or more was realized during		or any capital asset from which a capital gain
(10000)		
association, including the name of the	ne lobbyist and specifying the legislative	ing the statement maintains a close economic e matter or matters which are the object of the f the client or principal on whose behalf that
Lobbyist None	Legislative Matter	Client or Principal
during the preceding calendar year that entity. (In the case of real e	other than for professional services and	which income in excess of \$1,200 was derived the title or description of any position held in by street address, or if none, then by legal bt instrument need be listed.
(Now) Entity	<u> </u>	Position Held
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(None)		
8. List the name of any entity from	which a gift or gifts, or honorarium or h	nonoraria, valued singly or in the aggregate in
excess of \$500, was received during	the preceding calendar year.	
MRS. PATRICL QUINO	SR; Thomas VUINIU, John	WIND KEURIG Coffeemaker (downton
to breater Chicago Food De	Pository)	
	VERIFICATION	
examined by me and to the best of interests as required by the Illinois	my knowledge and belief is a true, con Governmental Ethics Act. I understand ine not to exceed \$1,000 or imprisor	panying schedules and statements) has been rect and complete statement of my economic d that the penalty for willfully filing a false or nment in a penal institution other than the
	(Signature	e or Person Making the Statement) (Date)