| avelpage ii oiii ti | TRUSTS - Deta | IPO - Did you po contact the Com | IPO AND EX | E. Did you hold in the current ca | D. Did you, you liability (more the | C. Did you or you honoraria, or per reporting period? | B. Did you, you sell, or exchang transaction exce | A. Did you, your a. Own any re end of the b. Receive me | PRELIMINARY | REPOŖT TYPE | FILER | Name: | UNITED ST |
|---|---|---|-----------------------------------|--|---|--|--|--|---|-----------------------------------|--|--|--|
| EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of | TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "Excepted excluded from this report details of such a trust that benefits you, your spouse, or dependent child? | IPO - Did you purchase any shares that were allocated as a part of an initial Public Offering during the reporting period contact the Committee on Ethics for further guidance. | EXCLUSION OF SPOUSE, DEPENDENT, O | E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? | D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? | C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period? | B. Did you, your spouse, or your dependent children purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period? | A. Did you, your spouse, or your dependent children: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in uneamed income from any reportable asset during the reporting period? | PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE | X 2024 Annual (Due: May 15, 2025) | X Member of the U.S. State: | Mike Quigley | UNITED STATES HOUSE OF REPRESENTATIVES 2024 FINANCIAL DISCLOSURE REPORT |
| earned" income, transactions, or | mmittee on Ethics and certain oth | itial Public Offering during the rep | OR TRUST INFORMATION - | Yes No | Yes X No | Yes X No | Yes No X | Yes X No | E QUESTIONS | Amendment | IL 05 | Daytime Telephone: | VES For Use by Members, |
| liabilities of a spouse or your dependent child because they meet | er "Excepted Trusts" need not be disclosed. Have you | orting pariod? If you answered "Yes" to this question, please | ON - ANSWER EACH OF THESE | ATTACH THE CORRESPONDING | I. Did any individual or organization donate to charity in lieu of paying you for a speech, appearance, or article during the reporting period? | | G. Did you, your spouse, or your dependent children receive any reportable gift(s) totaling more than \$480 in value from a single source during the reporting period? | F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? | | Termination Date of Termination: | Officer or Employing Office: Employee | ne: 202-225-4061 | Form A Members, Officers, and Employees |
|] [| Have you Yes No X | question, please Yes No | E QUESTIONS | THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" | to charity in lieu of Yes No X | child receive any totaling more than Yes X No Reporting period? | nildren receive Yes No X | r arrangement with an the current calendar Yes No X | | mination: | staff Filer Type: (If Applicable) Shared Principal Assistant | A \$200 pendly Shall be then 30 days late. | HAND DELIVERED LEGISLATIVE RESOURCE CENTER |

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| | Name: | |
| | Mike Quigley | |
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| | of .5 | |

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| $\vdash \vdash$ | + | | - | + | 0 | ╂ | | ⊣ 6 | , <u>.</u> . | ror sank and other cast accounts, blattheemountin at interest-bearing accounts. If the total is over \$5,000, ter every financial institution where there is more than \$1,000 in interest-bearing accounts. For rental and other real properly held for investment, provides a complete address or description, e.g., "rental properly," and a city and state. For an ownership interest in a privately-field business for exclusive title name of the business, the nebulary traded, state title more of the business, the nebulary traded, and the geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (units there was rental income during the reporting period); and any financial interest in, or income derived from, a faderal retirement program, including the first Savings Plan. If you report a privately-traded from, a faderal retirement from your agouse (EP) or digendent children flan (DC), or jointly held with anyone (FI), in the optional column on the fariest. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet. | scount that exceeds the reporting thresholds. | For all IRAs and other retransht plans (such as 401k) plans) provide the value for each asset held in the | Provide complete names of stocks and mutual funds (do not use only ticker symbols). | remark to what sees the late the sees the production of income and which a fire market value accepting \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income that generated more than \$200 in "unseamed" income during the year. | \ |
| - | | | | | Cook County Pension (Not Self-Directed) | | Exemple | | li | beard in the beard in interest and in interest and in interest and in a second in the beard in t | | PACK A | com; | neanc and o | Assets and/or income Sources |
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| | | | | | × | 4 | * | | | \$15,001-\$60,000 | Ü | | ,, | Att m | |
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| | | | | | T | × | | T | | \$250,001-\$500,000 | ۵ | | 1 | rections years or seem at course or the reporting period, if you use a valuation method other than fair market value, please specify the method used. If an esset was sold during the reporting period and is included only because it generated income, the value should be "None." "Column M is far essets hadd be vocur sociate or dependent shiften in which | Value of Asset |
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| | T | | | | 1. | Γ | 1 | , | × | DIVIDENDS | | ŀ | held in taxeble accounts. Check "Noi generated no income during the reporting | Check all the columns that apply. For generate tax-deferred income (such as 40 ESB accounts), you may check the column. Dividencie, interest, and capital reinvested, must be disclosed as income. | |
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| | | | | | | | 7 | T | | INTEREST | | 1 | 20718 | nds you | 3 |
| | 1 | | | _ | | | 1 | T | 7 | CAPITAL GAINS | - | ľ | | incon may may | 9 |
| | | | | | · | | | | 7 | EXCEPTED/BLIND TRUST | | | F C | 00 00 00 00 00 00 00 00 00 00 00 00 00 | Type of Income |
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| | | | | | | Partnerah Io locome | Royattles | | ı | (Specify: e.g., Pertnership Income or Farm Income) | | | ne" if the (period. | Check all the columns that apply, For accounts to generate bax-deferred income (such as 401(6), IPA, or IPA accounts), you may check the "Tax-Deferre column. Dividencia, interest, and auphtal gains, ever reinvested, must be disclosed as income for asse | |
| | | | | | | , 5 | * | | | | | | bets in taxable accounts. Check "None" if the asset generated no income during the reporting period. | Check all the columns that apply, For accounts that generate tax-deferred income (such as 401(b), IRA, or IRSB accounts), you may check the Tax-Deferred column. Dividencia, interest, and capital gains, even it retinysated, must be disclosed as income for assats | • |
| | † | 寸 | | | | Т | + | † | 1 | None | _ | 15 | | | |
| \top | \dagger | _ | | | T | T | T | \dagger | 1 | \$1-\$200 | = |)thich) | | y chei | |
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| \neg | \dagger | \dashv | \neg | | | × | T | T | 1 | \$2,501-\$5,000 | ٧ | | TODAY. | by come | OE 4 |
| _ - | Ť | \dashv | 7 | | \prod | Г | T | T | 1 | \$5,001-\$15,000 | <u> </u> | Ä | Check "None" if no income was earned or generated. *Column XII is for assets held by your spouse or depen | check slumn check sapita | Amount of Income |
| | T | 7 | 寸 | | | | T | T | t | \$15,001-\$50,000 | ≦ | | | | medin |
| _ | + | \dashv | _ | | П | | 1 | T | 1 | \$50,001-\$100,000 | ≦ | | gorge Gorge | ac or | oon. |
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| | T | \dashv | 7 | | П | | Τ | T | 1 | Over \$5,000,000 | × | | Sheck "None" if no income was earned or generated. Column XIII is for assets held by your spouse or dependent children | For sesets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other sayers indicate the category of income by checking the appropriate box below. Dividends, interset, and capital gates, even if reinvested, must be disclosed as income for essets held in taxable accounts. | |
| | Ţ | | | _ | П | | T | T | 1 | Spouse/DC Asset with Income over \$1,000,000* | × | | | to the | |
| | T | | | | | | | 1 | S(part) | Leave the blank if in the blank if in the blank if in the blank if in the blank if it is a second of the blank if it is a se | Tollo | 2 E | in the n | | ∄' |
| | ľ | | | | | | | | ā | Laws this column blank if there are no trensections that exceeded \$1,000. | pusase indicate as follows: (5 (pert)). | If only a pertion of an asset was sold, | exceeding \$1,000 in the reporting period. | indicate if the speek had purchases (P), sales (S), or exchanges (E) | Transaction |
| 1 | | | | | | | | | | ection of the state of the stat | (part | Na ser | Arite Supre | 3 3 3 | naactio |
| | 1 | | | | | | | | | | * | Ě | 8 | | 3 |

SCHEDULE C - EARNED INCOME

Name: Mike Quigley Page 3 of 5

| List the source, type, | List the source, type, and amount of samed income from any source jother tips the filer's current employment by the U.S. Government) totaling \$200 or more during the reporting period. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below. | nt) totaling \$200 or more during the report | ing period. For a spouse, list the |
|---|--|--|--|
| EXCLUDE: Military p INCOME LIMITS and certain types of inco | EXCLUDE: Military pay (such as Nebonal Guard of Reserve pay), federal retirement programs, and banditis received under the Social Segurity Act. INCOME LIMITS and PROHIBITED INCOME: The 2024 limit on outside samed income for Mambers and employees compensated at or above the "santar stati" rationes \$31,515. The 2028 limit is \$39,285. In addition, certain types of internie (notably honousits, director's fees, and payments for professional services involving a figural service relationship) are totably prohibited. | Security Act. above the "serior staff" returnes \$31,815, 1 re totally prohibited. | The 2028 limit is \$39,285. In addition, |
| ÷ | Source (include date of receipt for honoraria) | Тура | Amount |
| | KeeneSund | Approved teathing Fee | 66,000 |
| Examples: | Space of Planguand | Legislative Panelon | 000°e1# |
| | Clyll War Roundhable (Oct. 2) | Spours Speech | 000,18 |
| | Ontario Sourroy Search of Education | Spouse Salary | NIA |
| Cook County | ₩. | Pension | 609',22\$ |
| University of Chicago | of Chicago | Approved Teaching Fee | \$11,454 |
| Synergy Connect | meet | Spouse Salary | N/A |
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SCHEDULE D - LIABILITIES

| SCHEDULE D – LIABILITIES | Name: Mike Quigley | Page_4_of_5 |
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| Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent children. Mark the highest amount owed during the reporting period. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or | your spouse, or your dependent children. Mark the highest amount owed during the reporting period. Their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or | owed during the reporting period. residence (unless you rent it out or |
| ers a Member): Loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest or the children, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the card only the far included the balance of the card of the form. | is in which you own an interest (unless you are parsonally liable); and liabilities owed to you by a spouse ard) only if the balance at the close of the reporting period exceeded | d liabilities owed to you by a spouse |
| \$19,080. *Column K is for liabilities hald solely by your spouse or sependent children. | | |

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| <u> </u> | | | | | Brample | | | |
| | | - | | Congressional Federal Credit Union | First Bank of Wilmington, DE | Creditor | | |
| | | | | 09/2023 | 5/20 | Date Liability Incurred MO/YR | | |
| | | | | Mortgage on Residence | Mortgaga on Rental Property, Dover, DE | Type of Liability | | |
| | | | | | | \$10,001- \$15,600 | > | |
| | | i _ | , | | | \$15,001- \$50,000 | æ | |
| | , | | | | | \$50,001- \$100,000 | n | |
| | | | | | × | \$100,001- \$250,000 | U | |
| | | | | × | | \$250,001- \$500,000 | ns | Amount of Liability |
| | | , | | | | \$500,001- \$1,000,000 | 71 | nt of LI |
| | | | | | | \$1,000,001- \$5,000,000 | Ф | ability |
| | | | | | | \$5,000,001- \$25,000,000 | , 3E | |
| | | | | | | \$25,000,001- \$50,000,000 | <u>-</u> _ | |
| | _ | | | [| | Over \$50,000,000 | - - | |
| | | | | | | Over \$1,000,000* (Spouse/DC Liebility) | * | |

SCHEDULE E - POSITIONS

| consultant of any corporation, firm, partnership, or other busin held in any religious, social, fraternal, or political entities (such | consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. |
|--|--|
| Position | Name of Organization |
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SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

| Name: | |
|--------------|--|
| Mike Quigley | |
| | |
| Page 5 of 5 | |

Identify the source and list travel filnerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$480 received by you, your spouse, or your dependent children during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent children that is totally independent of his or her relationship to the filer.

| | Воитсе | Date(s) | City of Departure-Deathedon-City of Return | (N/N) | Food? (Y/N) | Family Member Included? (Y/N) |
|-----------|---|-----------|--|----------|----------------|-------------------------------|
| | Government of Chips (MECEA) | Aug. 8-11 | DC-Belling, Chine-DC | ۷ . | * | 2 |
| Examples: | Habitat for Humanity (Charity Fundralear) | Mar. 3-4 | DC-Baston-DC . | ۷. | ٠. | 4 |
| Center f | Center for Strategic and International Studies (CSIS) | Apr 1 - 6 | Chicago - Warsaw - Chicago | ~ | ~ | z · |
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