

**HAND  
DELIVERED**

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2016 MAY 11 AM 10:26

(Office Use Only)

STAGE 2 OF THE CLOCK  
U.S. HOUSE OF REPRESENTATIVES  
A \$200 penalty shall be assessed against any individual who files more than 30 days late.

**UNITED STATES HOUSE OF REPRESENTATIVES  
2015 FINANCIAL DISCLOSURE STATEMENT**

**Form A**  
For Use by Members, Officers, and Employees

Name: Mike Quigley Daytime Telephone: 202-225-4061

<b>FILER STATUS</b>	<input checked="" type="checkbox"/> Member of or Candidate for U.S. House of Representatives	State: <u>IL</u> District: <u>05</u>	<input type="checkbox"/> Officer or Employee	Employing Office: _____
	<b>REPORT TYPE</b>	<input checked="" type="checkbox"/> 2015 Annual (Due: May 16, 2016)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination Date of Termination: _____

**PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS**

<b>A. Did you, your spouse, or your dependent child:</b> a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <u>or</u> b. Make more than \$200 in unearned income from any reportable asset during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		<b>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?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		<b>G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single source during the reporting period?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>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> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		<b>H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		<b>I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		<b>ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"</b>	

**IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS**

<b>IPO</b> - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>TRUSTS</b> - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>EXEMPTION</b> - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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Use additional sheets if more space is required.

## SCHEDULE C – EARNED INCOME

Name: **Mike Quigley**

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List the source, type, and amount of earned income from any source (other than 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.

**EXCLUDE:** Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

**INCOME LIMITS and PROHIBITED INCOME:** The 2014 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited.

[illegible]

Use additional sheets if more space is required.

# SCHEDULE D – LIABILITIES

Name: Mike Quigley

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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 child. 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 are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. \*Column K is for liabilities held solely by your spouse or dependent child.

SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
				\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Liability)
	Example First Bank of Wilmington, DE	5/88	Mortgage on Rental Property, Dover, DE				X							
JT	Congressional Federal Credit Union	12/11	Revolving Charge Account		X									
JT	Chase	6/14	Mortgage on residence					X						
JT	TCF National Bank	6/14	Mortgage on residence			X								
JT	Cenlar Mortgage	6/14	Mortgage on second residence					X						
JT	Old Plank Trail National Bank	6/14	Mortgage on second residence			X								

## SCHEDULE E – POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or 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

Use additional sheets if more space is required.