2016 FINANCIAL DISCLOSURE STATEMENT UNITED STATES HOUSE OF REPRESENTATIVES Name:\_ FILER STATUS REPORT TYPE Mike Ouigley 2016 Annual (Due: May 15, 2017) House of Representatives Member of the U.S. State: District: ls F Daytime Telephone: 202-225-4061 Amendment For Use by Members, Officers, and Employees Form A Employee Officer or Employing Office: Termination Date of Termination: HAND
DELIVERED
Fig. 1 of 5 A \$200 penalty shall be assessed against any individual who files more than 30 days late. OFFIC**OTISE USE OFFIX** 2017 KAY 11 PM 1:18 Staff Filer Type: (If Applicable)
Shared Principal Assistant [

YOU ANSWER "YES"	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	Yes No X	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?
X on X	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?	Yes X No	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?
Yes No X	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?	Yes X No	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?
Yes No X	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?	Yes No	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?
Yes No X	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?	Yes X No	A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? gr b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?
		THESE QUESTIONS	PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

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

# SCHEDULE A - ASSETS & "UNEARNED INCOME

Name: Mike Quigley	ED INCOME"
Page 2 of 5	

				Coo (No		JT Examples:	8,5,	For a detail please refe	iff you so choose income source dependent child in the optional co	If you have investment	Exclude: homes and income du interest in retrement	For an ownership in that is not publich business, the nature location in Block A.	For rental and other real proper provide a complete address or property," and a city and state.	For bank a all interest list every fi \$1,000 in i	the accoun	For all IR	during the year. Provide complete	exceeding and (b) any	Identify (s	Ass
				Cook County Pension (Not Self-Directed)		<u>}</u>	क्ष	led discuss or to the ins	thoose, you wire is a child (DC)	a privately Fund, ple	Your person to vacation to vacation the report to vacation to vaca	rership into t publicity he nature of Block A.	and other n omplete au and a city o	nd other cu bearing ac beanclai ins menclai ins	it that exce	As and o	year.	of Incom \$1,000 at other rep	each	ets and
	i			ted)	ABC Hadge Fund X	Simon & Schuster	Mega Corp. Stock	For a detailed discussion of Schedule A requirements please refer to the instruction booklet.	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.	If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.	Exclude: Your personal residence, including second homes and vecation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.	For an ownership intensit in a privately-held business that is not publicly tracked, state the name of the business, the nature of its activities, and its geographic location in Block A.	For rental and other real properly held for investment, provide a complete address or description, e.g., "rental property," and a city and state.	For bank and other cash accounts, total the enount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.	the account that excaeds the reporting thresholds.	(do not use only ticker symbols).  For all IPAs and other retirement plane (such assignment plane).	during the year.  Provide complete names of stocks and mutual funds	production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income that respected income that the respected income that respected	identify (a) each asset held for investment or	SLOCK A Assets and/or Income Sources
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Ľ	_					a a		\$1-\$1,000 \$1,001-\$15,0							-8		because it generated income, the value should be "None." "Column M is for assets held by your spouse or dependent child in which you have no interest.	valuation method other than fair market value, please specify the method used.  If an asset was sold during the reporting period and is included only	Indicate value of asset at close of the reporting period. If you use a	
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	 L	_		$\sqcup$		_	Щ	Over \$5,000,							×		accounts. Check "None" if no income was earned or generated.  "Column XII is for assets held by your spouse or dependent child	may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if rehivested.	For assets for which you checked "Tax-Deferred" in Block C, you	
Щ	 L	_	_	$\sqcup$	L	_			Asset with Incom	me over	1,000,000*			Ma = ==	¥				_	
						1	S(part)	, , , , , , , , , , , , , , , , , , ,						Leave this column blank if there are no transactions that exceeded \$1,000.	ofown	Years	exceeding \$1,0 in the reporting period.	asset had purchases (P), sales (S), or	Indicate if the	重量。
								¥part						if then meaction coentral 1.	s: (S (	a por landic	. Bode	(S) and	te ##	BLOCK E
								P, S, S(part), or E						eave this column tank if there are to transactions that exceeded 11,000.	follows: (S (part)).	If only a portion of an asset was sold, please indicate as	exceeding \$1,000 in the reporting period.	و آ	Φ	BLOCK E
لسا	 _	_	<u> </u>		_							-				<u></u>				

## SCHEDULE C - EARNED INCOME

Mika Onioles

Name: Mike Quigley	Page 3 of 5
) 0 10 10 10 10 10 10 10 10 10 10 10 10 1	iling \$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 an In addition, certain to	INCOME LIMITS and PROHIBITED INCOME: The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.	ed at or above the "senior staff" rate was t y relationship) are totally prohibited.	\$27,495. The 2017 limit is \$27,765.
	Source (include date of receipt for honoraria)	Туре	Amount
	Keene State	Approved Teaching Fee	\$6,000
Examples:	Civil War Resultible (Oct. 2)  Ontario County Based of Education	Содиначку гепакут Зрошво Speech	\$1,000
	3		Ì
		of control control )	
Cook County	nty	Pension	\$3,912.42

### SCHEDULE D - LIABILITIES

Name: Mike Quigley

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e reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period by you, your spouse, or your personal residence. Exclude: Any mortgage on your personal residence (unless.)

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 of 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.

							Þ	moun	Amount of Liability	ability				
				>	68	c	0	m	71	ø	Ŧ	-		*
8Р, DC, ЛТ	Creditor	Date Liability Incurred MO/YR	Type of Liability	\$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	5/98	Mortgage on Rental Property, Dover, DE				×							
JT	Congressional Federal Credit Union (1)	8/2016	Mortgage on Residence					X						
Ħ	Congressional Federal Credit Union (2)	8/2016	Mortgage on Residence				×							
Ħ	Congressional Federal Credit Union (3)	8/2016	Mortgage on second residence					×						
Ŧ	Congressional Federal Credit Union (4) 8/2016	8/2016	Mortgage on second residence		×									
JT	Congressional Federal Credit Union 12/11	12/11	Revolving Charge Account	×										
) ) :														

#### 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 e	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

		,			4	IJ	2	1	NOTE NUMBER
					Refinanced from mortgage with Old Plank Trail National Bank	Refinanced from mortgage with Cenlar Mortgage	Refinanced from mortgage with TCF National Bank	Refinanced from mortgage with Chase	NOTES