HAND DELIVERED

UNITED STATES HOUSE OF REPRESENTATIVES 2016 FINANCIAL DISCLOSURE STATEMENT Name: Mike Quigley Day		Form A Members, Officers,		2016 MAY 1 AM 10: 26 (Office Use Only) STEACE AFTILL OF C. K. U.S. HISUSE OF NEW RESENTATIVES A \$200 penalty shall be assessed against any individual who files more than 30 days late.					
FILER X Member of or Candidate for State: II. U.S. House of Representatives District: 05		Officer Emplo		2:					
REPORT TYPE 2015 Annual (Due: May 16, 2016)	Amendment		Termination Date of Ten						
PRELIMINARY INFORMATION - ANSWER EACH OF THESE Q	UESTIONS								
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? or b. Make more than \$200 in unearned income from any reportable asset during the reporting period?	No		eportable agreement or he reporting period or in ate of filing?						
8. 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?	No X		se, or your dependent ng more than \$375 in v orting 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?	No	reportable travel or re-	se, or your dependent imbursements for trave single source during the	totaling more than Yes No A					
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	No .		r organization make a c a speech, appearance,						
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	No X	ATTACH THE C	ORRESPONDING	G SCHEDULE IF YOU ANSWER "YES"					
IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS									
IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offithe Committee on Ethics for further guidance.	ering during the rep	porting period? If you a	nswered "yes" to this q	uestion, please contact Yes No X					
TRUSTS Details regarding "Qualified Blind Trusts" approved by the Committee on Ett this report details of such a trust that benefits you, your spouse, or dependent child?	nics and certain oth	er "excepted trusts" ne	ed not be disclosed. H	ave you excluded from Yes No X					
EXEMPTION – Have you excluded from this report any other assets, "uneamed" 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.									

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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BLOCK A	BLOCK B				BLOCK C				BLOCK D								BLOCKE														
Asset and/or income Source					Va	lue o	f As	set					Type of Income				Amount of Income							Transaction							
identify (a) each asset held for investment or oroduction of intome and with a fair market value incoesing \$1,000 at the end of the reporting period, and (b) any other reportable asset or source or norme that generated more than \$200 in "unearned" norme during the year. Provide complete names of stocks and mutual funds (do not use only ticker symbole). For all (RAs and other retirement plans (such as 01(1)) plans) provide the value for each asset held in	valua used If an beca *Colu	ution r asse use it	method st was genera sign for	sold c sold c sted inc	than fi turing come,	the re	ket vi portin ue sh	ng pen Ipuldibi	od and None	pecify I is in	the me	only	gene 529 colun even for a	rate tan accour on, E of rest assets I asset	e-deferr- rts), yo ividend ivested reld in	edino u man ds, m s, mue taxab	ome (s chec terest, it be o le scc	ck the and disclote	:401(k), IRA, or "Tax-Deferred" capital gains, sed as income	may cate Divi mus acci geni	check gory dendi it be ounts wrated	of Inc of Inc int discl C	None come crest, osed hack	by d and as in "Nor	umn. hecker capi ncom ne' if	For all ng the teal ga e for 'ho	fothe app mns, c asse incom	rasse ropne even its he ne wa	rtsindi te box if rein (d in	cate the below vested taxable	e esset had purchases (P), , sales (S), or exchanges (E) r exceeding \$1,000 in the reporting penod.
the account that exceeds the reporting thresholds. For bank and other cash accounts, total the amount strength and other cash accounts. If the total is over \$5,000, fist every financial institution where there is more than \$1,000 in interest-bearing accounts.	*	В	С	٥	E	F	G	н	I J	K	L	M								1	4		r	٧	V	VIII	VIII	IX	x	XI XI	Leave this column blank if there are no transactions that exceeded \$1,000.
For rental and other real property held for investment, provide a complete address or description, e.g., rental property," and a city and state.																															
For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.														4																	
Evolute: Your passonal residence, including second homes and vestion homes (unless there was read homes during the reporting pencel), and any financial interest in, or income derived from a federal retrainer program, including the Thirth Savings Plan. If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" look.												00,000*							corre of Farm (recore)											With Inzama over \$1,000,000*	:
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 anyons (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booldet.	Norm	\$1-\$1,000	\$1,001-815.000	\$15,001-450,000	\$60,001-\$100,000	\$100,001,5250,000	\$250,001-\$500,000	\$500,0001-\$1,000,000	\$5,000,001-625,000,000	\$25,000,001-450,000,000	Over \$50,000,000	Sportee/DC Asset over \$1,000,000	NOVE	DMDBNDS	MIREST	CAPITAL CAINS	EXCEPTED/BLND TRUST	TAKO STENS ED	Clear Type of broater (Specify, e.g., Partwertip in	Ntre	\$14200	000'14-1025	\$1,001-\$2,500	\$2,501-45,000	\$5,001-\$15,000	\$15,007-\$52,000	\$50,001-\$100,000	\$100,004-\$1,000,000	\$1,000,001485,000,000		P. S, S(part), or £
SP Mege Corp. Stock					x					Т	Τ			х		1							X							T	S(pert)
Foamples: Sirron & Schuster			Indefini	to .															Royellies											\perp	<u> </u>
ABC Hadge Fund X							x												Partnership Income											Щ	
(Not Self Directed)					x								x		Ι	Γ				х										$oxed{oxed}$	
							\Box																								
					_	_	_			_																					

Use additional sheets if more space is required.

SCHEDUL	EC-	FARNED	INCOME

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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.

	Source (include date of receipt for honoraria)	Туре	Amount
Examples:	Keene State State of Maryland Cn/I War Roundtable (Oct. 2) Ontains County Board of Education	Approved Teaching Fee Legislative Pension Spouse Speach Spouse Selecth	\$6,000 \$16,000 \$1,000 N/A
Sonoma	a County Tourism	Spouse Salary	N/A
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SCHEDULE	D-LIA	BILITIES
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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.

								Α	moun	t of Li	ability				
SP, DC, JT		Creditor	Date Liability Incurred MO/YR	Type of Liability	\$10,001.	\$15,001. \$50,000	\$50,001. \$100,000	\$100,001.	#250,001- #500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$55,000,001- \$50,000,000	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Liability)
	Exemple	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				x							
JT	Congres	sional Federal Credit Union	12/11	Revolving Charge Account		х									
JT	Chase		6/14	Mortgage on residence					x						
JΤ	TCF Na	itional Bank	6/14	Mortgage on residence			x								
JТ	Cenlar l	Mortgage	6/14	Mortgage on second residence			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		x						
JΤ	Old Pla	nk 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							
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Use additional sheets if more space is required.