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UNITED STATES HOUSE OF REPRESENTATIVES 2014 FINANCIAL DISCLOSURE STATEMENT	Form A For Use by Members, Officers	te de la	IVERED ⁷ SOURCE CONTER
Name: Mike Quigley Days	ime Telephone: <u>202-225</u>	2015 MAY 14 0-4061	11
FILER STATUS Member of or Candidate for U.S. House of Representatives State: IL District: 05	Office Empl		
REPORT X 2014 Annual (Due: May 15, 2015)	mendment	Termination Date of Termination:	
PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QU	JESTIONS		
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 Yes b. Make more than \$200 in unearned income from any reportable asset during the reporting period?		tine reporting period or in tine current calendar	Yes No X
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction Yes exceeding \$1,000 during the reporting period?		lling more trian \$375 in value from a single	Yes No X
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	use, or your dependent child receive any eimbursements for travel totaling more than single source 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?		or organization make a donation to charity in a speech, appearance, or article during the	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?	No X ATTACH THE C	CORRESPONDING SCHEDULE IF YO	OU ANSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR T	RUST INFORMATION - A	NSWER <u>EACH</u> OF THESE QUES	STIONS
IPO – Did you purchase any shares that were allocated as a part of an Initial Public Offe the Committee on Ethics for further guidance.	nng during the reporting period? If you a	answered "yes" to this question, please contact	Yes No X
TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Eth this report details of such a trust that benefits you, your spouse, or your dependent child		eed not be disclosed. Have you excluded from	Yes No X

Yes No X

EXEMPTION – Have you excluded from this report any other assets, "unearmed" 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	_						ei r	OCK E											AI C	скс			_		_	-		BLO	ck D						BLOCK E
	Asset	and.	or Income Source						V		of A							ŀ			Tve			ome		ı			А	moı	ınt c		com	ıe.				Transaction
produ excer- and incon- incon- Provi (do n For a 401()	offy (a) e suction of a suding \$1,1 (b) any ne that ge ne during ide compli- ide compli-	income 000 at other merate the year ete na y ticke and o	asset held for investment e and with a fair market in the end of the reporting per reportable asset or source del more than \$200 in "uneai at". Innes of stocks and mutual for symbols), when when retrament plans (such the value for each asset his	radue eriod, ee of med unds unds	valuation valuat	aton i 1. 1 asse suse it umn k	method et was t gener Vis for	sold sted in	t at o than i dunng come,	lose of air ma	of the srket v reports alue si	repo ralue, ng pi hould	rting pleas anod be "N	e sp and lone.	sind	he ny luded	ethod I only	ger 529 coli eve for if th	nerate account. en if r asset	tax-d xints Div einve	umns leferre), you idend: ested, ld in t	that direct may s, int mus axabl	apply me (s checest the e acc	For such as sk the and disclosi	401(k), IRA, or	may cate Divi mus acci gen	check gory dend it be ounts erated	k the of ind s, int discl i. (which 'Noni come erest	youd s*coll by c and as: No:	hecke Jimn hecke capi ncom ne' if	d Tac For a ng th tal g ne for f no	x-Def el oth e ap ains, ass inco	erass propri even ets h	entsir aste b if ri ield i	ox beinver	eite ine elow. sted, cable d or	Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in the reporting period.
For to in all \$5,00	oank and I interest- 10, list ev	other of bewing ery fin	eeds the reporting thresholds cash accounts, total the and g accounts. If the total is sancial institution where the interest-bearing accounts.	ount over	A	8	С	D	E	F	G	н	1	J	к	L	м									<u> </u>	•	18	N	٧	VI	Vill	VIII	tx	x	×	XII	Leave this column blank if there are no transactions that exceeded \$1,000,
For rental and other real property hald for investme provide a complete address or description, e. rental property, and a city and state. For an ownership interest in a privately-held business the name of business the name of business.																																				!		
that busin	is not pu	bidy nati	traded, state the name of are of its activities, and	fthe																																		
home income intere retire If you Excep	es and va- ne during set in, o iment prop ou have	cation the re- r inci ram, i	onal residence, including se homes (unless there was re promise the property of the pro- orms derived from, a fe- including the Thrift Savings I evately-traded fund that is it Fund, please check the	entai no asi derai Pien. : an													,000								ine or Familizone)												with Income over \$1,000,000*	
Excepted Investment Fund, please check the "EIF- box. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent chief (DC), or jointly held with amyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.			\$1-61,000	\$1,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,0014250,000	\$250,0014600,000	\$500,001-\$1,000,000	\$1,000,000-85,000,000	\$5,000,000+\$25,000,000,24	000/000/004-650/000/000	Over \$50,000,000	Spoulan/D.C. Asset toker \$1,000,000*	NOVE	DMOBNOS	RENT	MIRREST	CAPITAL GAINS	EXCEPTEDBLIND TRUST	TAXO STBRE D	Other Type of Income (Specify e.g., Pertrentrity Inco	None	\$1-\$200	\$201-\$1,000	\$1,001-\$2,500	\$2,501-\$5,000	\$5,001-\$15,000	\$15,001-\$50,000	\$50,007-\$100,000	\$100,001-\$1,000,000	\$1,000,001-46,000,000	Over \$5,000,000	Spouse/DC Asset with Income	P,S,S(part),orE			
9 K 5		SP.	Mega Corp. Stock	æ					x									Г	x							Г			х									S(pert)
	Examples		Simon & Schuster				inasin	ito																	Royalties	ľ												
			ABC Hedge Fund	x							х														Partnership Income													
	(Not Se		y Pension ected)						x									x								x												
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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:	Vegne State	Approved Teaching Fee Legalative Pension Spouse Speech Spouse Salary	\$6,000 \$18,000 \$1,000 N/A
examples:	Siste of Maryland (Only Maryland (Oct. 2) (Only Maryland (Oct. 2) (Online County) Board of Education	Spouse Speech Spouse Salary	\$1,000 N/A
Sonoma	a County Tourism	Spouse Salary	N/A
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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, perent, 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.

								A	moun	t of Li	ability	•			
SP, DC, JT		Creditor	Date Liability Incurred MO/YR	Type of Liability		\$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)
<u> </u>					25.	55.8	25.5	25.23	25.25	3 5	2,8	8 8	25.2	ð	ଦୁଲୁ
	Example	First Bank of Wilmington, OE	5/98	Mortgage on Rental Property, Dover, DE			<u> </u>	х							
JT	Congres	sional Federal Credit Union	12/11	Revolving Charge Account		x									
JТ	Chase		6/14	Mortgage on residence					х						
ΙΤ	TCF N	ational Bank	6/14	Mortgage on residence			x		<u> </u>				<u> </u>		
JΤ	Cenlar	Mortgage	6/14	Mortgage on second residence					х						
JТ	Old Pla	nk Trail National Bank	6/14	Mortgage on second residence			x								

SCHEDULE E - POSITIONS

consultant of any corporation, firm, partnership, or other busin	uring the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or ness enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions has political parties and campaign organizations); and positions solely of an honorary nature.
Position	Name of Organization

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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.

								F	mour	t of Li	ability				
SP, DC, JT		Creditor	Date Liability Incurred MO/YR	Type of Liability	Type of Liability -100011		\$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	\$25,900,001• \$60,000,000	Over \$50,000,000	Over \$1,000,000* × Spouse/DC Liebility)
					""	\$15,001- \$50,000	U1 U1	J. 0.		0.4		• • • •	***	Ľ	<u> </u>
	Example	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				X							
JT	Well	s Fargo (1)	7/05	Mortgage on residence						х					
JΤ	Ame	rican Charter (2)	8/08	Mortgage on residence					x						
		•			1										

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or pnor 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			

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name: Mike Quigley	age_6of	7_
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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$375 received by you, your spouse, or your dependent child 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 child that is totally independent of his or her relationship to the filer.

	Syurce	Date(s)	City of Departure - Destination City of Return	Ledging? (YM)	Food? (YAN)	Family Member Included? (Y/N)
	Government of China (MECEA)	Aug. 6-11	DC-Builing, China - DC	Y	Υ	N
Exemples	Histiast for Humanity (chanky sundaneer) Max. 3-4 DC-Boaton-DC		00-Bonton-00	Y	Υ	Y
Nationa	l Committee on U.SChina Relations	3/15/2014-3/23/2014	ChicagoBeijing,Xi'an, GuangzhourChicago	Y	Y	N
Cooperat	ive for Assistance and Relief Everywhere (CARE), Inc	11/21/2014-11/26/2014	ChicagoCambodiaChicago	Y	Y	Y
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			1/8/14.			

FILER NOTES (Optional)

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NOTE NUMBER	NOTES
1.	Mortgage on residence satisfied by sale of house - June, 2014
2.	Mortgage on residence satisfied by sale of house - June, 2014
3.	Bank of America and Visa City Bank revolving charge accounts paid in full - June, 2014