UNITED STATES HOUSE OF REPRESENTATIVES
2025 FINANCIAL DISCLOSURE REPORT

Form A
For Use by Members Officers and Employees

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
(Office Use Only)
2026 MAY 14 PM 4 09
ML

A $200 penalty shall be assessed against any individual who files more than 30 days late

Name Mike Quigley **Daytime Telephone** 5-4061

FILER STATUS	[X] Member of the U S House of Representatives — State IL District 05	[ ] Officer or Employee — Employing Office ____ Staff Filer Type (If Applicable) Shared [ ] Principal Assistant [ ]
REPORT TYPE	[X] 2025 Annual (Due May 15 2026) [ ] Amendment	[ ] Termination — Date of Termination ____

	Yes	No		Yes	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? **or** b Receive more than $200 in unearned income from any reportable asset during the reporting period?	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?		X
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?		X	**G** Did you your spouse or your dependent child receive any reportable gift(s) totaling more than $480 in value from a single source during the reporting period?		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?	X		**H** Did you your spouse or your dependent child receive any reportable travel or reimbursements for travel totaling more than $480 in value from a single source during the reporting period?	X	
D Did you your spouse or your dependent child have any reportable liability (more than $10 000) at any point during the reporting period?	X		**I** Did any individual or organization donate to charity in lieu of paying you for a speech appearance or article during the reporting period?		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	**ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER YES**		

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

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

Question	Yes	No
IPO – 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		X
TRUSTS – 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?		X
EXEMPTION – 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		X

SCHEDULE A – ASSETS & "UNEARNED INCOME"

Name Mike Quigley

BLOCK A — Assets and/or Income Sources

Id tufy( ) h th ldf nv tm nt prod tio f m d with f i m k t lu ex d g $1 000 t th nd f the eport gpe od nd(b) any th rep rt ble asset r f m th t g rat d m th n $200 m d i m d l gth ye r

P ovd mpl te m f tocks d mutu l fu d (d t lyt k symbol)

F ll IRAs d th retirem t pla (h 401(k) plan) provid th l f h th ld th nt th t exc ds th p rb g thre h ld

For b k d th h nts tot l th m ti ll t re t b g nt If th t tal l ove $5 000 ll t ev ry fi l l tit tl wh th rel m th $1 000 i t re t b nga nt

F rent l nd other l prop rty h ld f inv tm nt provid mpl te ddre de cripti g t l prop rty nd ity d state

F r n owner h p l tere ti privat ly-h ld b i th t i t p bli ly tr d d tate th m f th b i th ture f ts ctiviti d its g gr phi l ti n in Bl k A.

Ex lud Y p rs l r sid n i l d ng e d h m nd eti h m (unles th w ntal in m d g th p rti g p l d) d ny f nc al int rest i m d riv d from f d ral retirem nt p gram i t d g th Th ft Savi g Pl

If y p rt priv t ly-tr ded fund that Exc pted Inve tm t Fu d pl h k th EIF b x.

If yo ho e y u may d te th t n t in me rc i th t f yo p (SP) r d p d nt hild (DC) o j i tly h ld with ny (JT) i th pti l lumn th f left.

F r d ta led di ss f S h d t A r q rem nts pl s r f t th i tru ti b kl t.

BLOCK B — Value of Asset

Ind t valu f t t l f the p rti g p d If yo l t m th d th th f m rk t valu ple pecify th meth d d

If t w ld d g th p rting p d d In lud d nly beca se t g rat d i m th l h ld b N

C lum M fo s ts held by yo r p d p d t h ld n whi h yo h ve n i t t.

BLOCK C — Type of Income

Ch k ll l m that apply For a o ts that gen r t ta -d f rr d i me (ch 401(k) IRA, 529 c nts) yo m y h k th "T D f rr d lum Divid d i t re t d pit l g l If rel t d m tb di lo d i m f ts h ld l taxable ts Ch k N if th t g n t d i m d g th rep rting pe iod

BLOCK D — Amount of Income

F r a ts f r which y h k d "T D fe r d n Bl k C y may heck th N l mn F r ll oth t ind ate th teg ry f in m by h ki g th ppr pri t b b low Divid d i t re t, d pital g in ev If inv t d m t b di l d I m f t h ld l t ble ts Che k None if i m w m d r g n at d

C l m XII f r ts held by you p d p d t h ld i whi h yo hav int re t

BLOCK E — Transaction

I d c t f th th d p h (P) le (S) excha g (E) exc d g $1 000 i th rep rting p d

If ly p rti f t w ld pl a nd at as f llows (S (p rt))

L av thi l m bl nk f th re n tra cti th t ex d d $1 000

SP DC JT	Block A	EIF	A None	B $1-$1,000	C $1,001-$15,000	D $15,001-$50,000	E $50,001-$100,000	F $100,001-$250,000	G $250,001-$500,000	H $500,001-$1,000,000	I $1,000,001-$5,000,000	J $5,000,001-$25,000,000	K $25,000,001-$50,000,000	L Over $50,000,000	M Spouse/DC Asset over $1,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I None	II $1-$200	III $201-$1,000	IV $1,001-$2,500	V $2,501-$5,000	VI $5,001-$15,000	VII $15,001-$50,000	VIII $50,001-$100,000	IX $100,001-$1,000,000	X $1,000,001-$5,000,000	XI Over $5,000,000	XII Spouse/DC Asset with Income over $1,000,000	Transaction
Example: SP	Mega Corp Stock						X										X										X									S(part)
Example:	Simon & Schuster			Indefinite																			Royalties			X										
Example:	ABC Hedge Fund	X							X														Partnership Income					X								
	Cook County Pension (Not Self-Directed)					X																														

Use additional sheets if more space is required

SCHEDULE C – EARNED INCOME

Name Mike Quigley	Page 3 of 5

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 Be advised that the outside earned income limit and prohibitions on types of income may apply to you after you are on House payroll The 2025 limit on outside earned income for Members and employees compensated at or above the senior staff rate was $33 285 The 2026 limit is $33 855 In addition certain types of income (notably honoraria director s fees and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff

	Source (include date of receipt for honoraria)	**Type**	**Amount**
Examples	K State	Approved T h g F	$6 000
	State f Maryl d	Legi lative P	$18 000
	Civil Wa R ndt ble (Oct 2)	Sp Sp h	$1 000
	Ontari C ty B a d f Ed at	Spo se Salary	N/A
Cook County		Pension	28,437 27
University of Chicago		Approved Teaching Fee	23,425 25
Synergy Connect		Spouse Salary	N/A

Use additional sheets if more space is required

SCHEDULE D – LIABILITIES

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 children

SP DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A $10 001 $15 000	B $15 001 $50 000	C $50 001 $100 000	D $100 001 $250 000	E $250 001 $500 000	F $500 001 $1 000 000	G $1 000 001 $5 000 000	H $5 000 001 $25 000 000	I $25 000 001 $50 000 000	J Over $50 000 000	K Over $1 000 000 (Spouse/DC Liability)
	Example First Bank of Wilmington, DE	5/25	Mortgage o Rental Property Dover DE				X							
JT	Congressional FCU	09/2023	Mortgage on Residence					X						
SP	American Express	12/2016	Credit Card		X									
SP	Bank of America	12/2017	Credit Card		X									
JT	Congressional FCU	12/2016	Reserve Line of Credit		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
Lecturer (part-time)	University of Chicago

Use additional sheets if more space is required.

SCHEDULE H – TRAVEL PAYMENTS and REIMBURSEMENTS

Name Mike Quigley

Identify the source and list travel itinerary dates and nature of expenses provided for travel and travel related expenses totaling more than $480 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

S rc		Dat ( )	City f D p rt e-D sti ti n-City f R t rn	L dgi g? (Y/N)	F d? (Y/N)	F m ly M mb I l d d? (Y/N)
Ex mpl	Gov mm t f Ch (MECEA)	A g. 6-11	DC-B j ng, Chi a-DC	Y	Y	N
	H b t t fo H m ty (Ch ty F d l)	M r 3-4	DC-B t n-DC	Y	Y	Y
Aspen Institute		Apr 21 - 26	Chicago Italy Chicago	Y	Y	Y
Sustainable Energy & Environment Coalition (SEEC) Institute		Aug 16 18	Chicago - TN - NC - Chicago	Y	Y	N

Use additional sheets if more space is required