fficers and Employees	Name: Michael Banks Open TREFRESHER TO BETTER STATUS  FILER	me Telephone: 202-22.  Officers.  Insertions, or liabilities of a spouse of the current spouse of the current spouse.  Insertions, or liabilities of a spouse of the current spouse of the current spouse.	Officer or Employing Office: Employee Temploying Office: Employee Date of Termination Date of Termination: Date of Termination: Share during the reporting period or in the current calendar gh the date of filling?  Dur spouse, or your dependent children receive girt(s) totaling more than \$480 in value from a during the reporting period?  Our spouse, or your dependent children receive girt(s) totaling more than \$480 in value from a during the reporting period?  THE CORRESPONDING SCHEDULE IF for a speech, appearance, or article during the od?  THE CORRESPONDING SCHEDULE IF spouse or your dependent child receive almy be of or ganization donate to charify in lieu of for a speech, appearance, or article during the od?  The corresponding to this question, please  Trusts" need not be disclosed. Have you
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Daytime Telephone: 243: 225-2361  A \$200 p Individue  Amendment  F. Did you have any reportable agreement or arrangeme outside entity during the reporting period or in the current year up through the date of filing?  Yess  No  B. Did you, your spouse, or your dependent children receive shall be source during the reporting period?  H. Did you, your spouse, or your dependent children receive shall be source during the reporting period?  H. Did you, your spouse, or your dependent children receive shall be source during the reporting period?  H. Did you, your spouse, or your dependent children receive shall be source during the reporting period?  H. Did you, your spouse, or your dependent children receive shall be source during the reporting period?  H. Did you, your spouse, or your dependent children receive shall be reporting period?  H. Did you, your spouse, or your dependent children receive shall be reporting period?  H. Did you, your spouse, or your dependent children receive shall be reporting period?  H. Did you, your spouse, or your dependent children receive shall be reporting period?  H. Did you, your spouse, or your dependent children receive shall be reporting period?  H. Did you, your spouse, or your dependent child receive shall be reporting period?  H. Did you, your spouse, or your dependent children receive shall be reporting period?  H. Did you, your spouse, or your dependent child receive shall be reporting period?  H. Did you, your spouse, or your dependent children receive shall be reporting period?  H. Did you, your spouse, or your dependent children receive shall be reporting period?  H. Did you, your spouse, or your dependent children receive shall be reported to charity in the reporting period?  H. Did you, your spouse, or your dependent children receive shall be reported to charity in the reporting period?	<b>EXEMPTION</b> — Have you excluded from this report any other assets, "uneamed" inconal three tests for exemption? Do not answer "yes" unless you have first consulted with	e, transactions, or liabilities of a spouse of the Committee on Ethics.	or your dependent child because they meet
Daytime Telephone: 282-2361  Amendment  Amendment  Date of Temployee  Employee  Employee  Employee  Templing Officer or Employing Officer or Employing Officer or Employing Officer or Employing Officer or Employee  Temployee  P. Did you have any reportable agreement or a coutside entity during the reporting period or in year up through the date of filing?  Yeas  No  Officer or Employing Officer  Temployee  Temploying Officer or Employing Officer  Temployee  T			

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Use additional sheets if more space is required.		H	120	1500			**	Example		Forbank and other cash accounts, total the amount in atl inherest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.  For rental and other real properly held for inversiment, provide a complete address or description, e.g., "rental properly," and a city and state.  For an ownership interest in a privately-held business that not publicly traded, state the name of the triat is not publicly traded, state the name of the triat is not publicly traded, exten the name of the triat is not publicly traded, and the geographic business, the nature of its activities, and its geographic business, the nature of its activities, and the geographic business, the nature of account relation in Block.  Exclude: Your personal residence, including second homes and vacation homes (unies and any financial income during the reporting period); and any financial income during the First Savings Plan.  For a detailed of your spouse (SP) or dependent children if you choose, you may indicate that an exect or income if you choose, you may indicate that an exect or income if you choose, you may indicate that an exect or income if you choose, you may indicate that an exect or income if you choose, you may indicate that an exect or income if you choose, you may indicate that a requirements, please orbit to the instruction booklet.	For all ISAs and other retirement plans (such as 401(t) plans) provide the value for each asset held in the secount that exceeds the reporting thresholds.	more than acturing unestrage income ourning the year. Provide complete names of stocks and mutual funds (do not use only ticker symbols).	useruny(a) elem asset ned not investment of production of income and with a felt market value acceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income that generated	Assets and/or income Sources
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Name: Michael Demis Rogars

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#### SCHEDULE B - TRANSACTIONS

	Type of Transaction	otion	eede	Date				Am	ount o	Trans	Amount of Transaction				
dependent children for investment or the production of income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction.			nin Exc		>	8	n	0	m	יוד	၈	I	<u>-</u>	_	*
purchase or sale of your personal residence, unless it generated remail income, if only a portion of an asset is sold, please choose "partial sale" as the type of transaction.			apital Ga	(MO/DA/YR)										00	
sulted in a capital gain in excess of \$200, check naset in a tax-deferred account, and disclose		l Sale	Box if C	(y, Monthly, or						001- 0,000	),001- ),000	,001- 10,000	0,001- 0,000	50,000,0	,000* e/DC
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### SCHEDULE C - EARNED INCOME

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Abuer Retirement Plan 5
State of Mahana Judiyal System S
Ontario County Board of Education
Civil War Roundtable (Oct. 2)
Examples: State of Maryland
Kenne Stato
Source (include date of receipt for honoraria)
List the source, type, and amount of earned income from any source (other than the flier'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 PROMIBITED INCOME: The 2024 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$31,815. The 2025 limit is \$33,285. In addit certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.
otaling \$200 or mu urity Act. we the "senior staf tally prohibited. Typ Approved Te Laphathe Spouse 5 Spouse 5 Spouse 5

Name: Michael Danis
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Page 5 of 9

or the children, 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 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 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 children. Mark the highest amount owed during the reporting period. Members: Members are required to report all liabilities secured by reat property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or \$10,000, \*Column K is for tlabilities held solely by your spouse or dependent children.

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	Arta Loun	11th on Dr. 2 see Royalow	His on AL Princery Roselles	Mortgage on Rental Property, Dover, DE	Type of Liability		
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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 Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, pertner, proprietor, representative, employee, or teld 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 C	Name of Organization
Mamber News	lasture Hosperties LLC	In Canada sa Bad
Manba- Marayar	Initial Invaltants 46	Orcoundnested
Manba	Capital Development, LLC	Machanistad

#### SCHEDULE F - AGREEMENTS

Name	
Michael Demis Rosers	
Page 7 of 9	

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to future employment; a leave of ebsence during the period of Government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee wettere or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement
	1) 21/5	
	N 070	

#### SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$480 received by you, your spouse, or your dependent children from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual (which may not include a registered lobbyist or foreign agent), local meals, and gifts to a spouse or dependent children that are totally independent of his or her relationship to you. Gifts with a value of \$192 or less need not be added towards the \$480 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.

	Source	Description	Value
Example:	Mr. Joseph Smith, Arlington, VA	Silver Platter (prior determination of personal friendship received from the Committee on Ethics)	\$500
	1/1/2		
	0,		

# **SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS**

	Name: Michael Danis	
/	der	
	Page O	
	7	

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 children 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 children that is totally independent of his or her relationship to the

	Source	Date(s)	City of Departure-Destination-City of Ratum	Redum	Lodging? (Y/N)	Foed? (Y/N)	Family Mamber Included? (Y/N)
•	Government of Chine (MECEA)	Aug. 6-11	DC-Be∰ng, Chins-DC		٧	·	z
Examples:	Habitat for Humanity (Cherity Fundralear)	Mar. 3-4	DC-noton-DC		∢	≺	۷ .
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	20						
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## SCHEDULE I -- PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

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Source Activity Date An Activity Association of American Associations, Washington, DC Speech Feb. 2, 2024 \$  XYZ Megazine Aug. 13, 2024	Amount \$2,000 \$500
Association of American Associations, Washington, DC Speech Feb. 2, 2024  XYZ Magazine Anticle Aug. 13, 2024	\$2,000 \$500
Article Aug. 13, 2024  Article Aug. 13, 2024	\$500
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