X	ecause Yes	sactions, or liabilities of a spouse or dependent child because vith the Committee on Standards of Official Conduct.	l" income, trans	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities o they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on
¥ ⊠	need not Yes	of Official Conduct and certain other "excepted trusts" rouse, or dependent child?	on standards	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
IS	IESE QUESTIONS	MATION — ANSWER EACH OF THESE	T INFORM	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
the onse.	be answered and reach "Yes" resp	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	No U	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.
₹	ment with Yes	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	₹	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.
<u>\$</u>	e the date		<u>8</u>	III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.
₹	e any porting Yes	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	× N	II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.
ĕ ∑	e any g more Yes	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	No	I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes If yes, complete and attach Schedule I.
		E QUESTIONS	OF THESE	PRELIMINARY INFORMATION — ANSWER EACH
assessed more than	A \$200 penalty shall bassessed against anyone who files more than 30 days late.	Employing Office: Termination Date:	Officer or Employee	Status House of Representatives District: Report Annual (May 15) Annual (May 15)
MC	2009 MAY AM : 56	EGISI ATI Daytime Telephone: 202 - 225-326) S. ±6.751 S. ±6.751	Daytime T	Name: Michael Danis Rogers
	JAND DELIVERED	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. 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.

Examples: Keene State State of Maryland Civil War Roundhable (Oct. 2nd) Ontario County Board of Education Auth Solar, The. Standard of Maryland Civil War Roundhable (Oct. 2nd) Ontario County Board of Education Auth Solar, The. Standard of Maryland Civil War Roundhable (Oct. 2nd) Oxford Auth Finance The Standard of Maryland Solar, The Opployed	Type Approved Teaching Fee Legislative Pension Spouse Speech Spouse Salary And Consolidation Spouse Sal	Amount \$6,000 \$9,000 \$1,000 NA
and Auto Finance, The.	56/	*/80a

Avery Andy Sales, Fur.	(3) 133 E. 13#54. Ample	@ 1310 Quintad Amiston	1304 Quietal Minte	& ownership of the	Verture Roperties UC		Examples:	SP, Mega Corp. Stock	of its activities, and its geographic location in Block A. For additional information, see the instruction booklet. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by you or your spouse's child, parent, or sibling; any deposits totalling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	provide the value and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business the nature	BLOCK A Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other asset or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments). BLOCK B Value of Asset Value of Asset at clos reporting year. If you use a value method other than fair market value please specify the method used. If an asset was sold during the reporting year and is included only becauting the year. If you use a value of asset and clos reporting year. If you use a value of asset and clos reporting year. If you use a value of asset and clos reporting year. If you use a value of asset and clos reporting year. If you use a value of asset and clos reporting year. If you use a value of asset and clos reporting year. If you use a value of asset was sold during the reporting year. If you use a value of asset was sold during the reporting year. If you use a value of asset was sold during the reporting year. If you use a value of asset was sold during the reporting year. If you use a value of asset was sold during the reporting year. If you use a value of asset was sold during the reporting year. If you
×	×	×	><			×	Indefinite	×	None \$1 - \$1,000 \$1,001 - \$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	A B C D E F G H	BLOCK B Value of Asset Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."
X				Distribution		×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership Income of	r Farm Income)	BLOCK C Type of Income Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA." For all other assets including all IHAs, indicate the type of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during calendar year.
X	<			×		×	×	×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000		Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, including all IRAs, indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was earned or generated.
								S (partial)	as follows: (S) (partial) See below for example. P, S, E	If only a portion of an asset is sold, please indicate	BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1000 in reporting year.

ASSET S AND UNREARRED NOME					4	5	<u>z.</u>	\$	~									-	6	ğuli	s F	8	spa	<u>.</u>	ă	a d	jdo	y be		ра ф е	his	_						
Cock None	'.P.			~	2	50	7	ğ	6			2	7	7	ì	۶	*		32		۳.	J	77	7	5	1	1		¥	7	_`	2	24	يغ		뉘	\sim	
None	<u> </u>				Ĺ.,		Щ			,							\vdash	Н							H		H		-								1	1
ASSETS AND UNKEARNED None	,			L											-											$\overline{}$			_		Ì			- \$	~~~	$\overline{}$	1	- 1
ASSETS AND UNDEAR None N					<u></u>		<u> </u>		X	 					7	X					Y						٤	ماه	2	<u>.</u>	ķ	?	Κ.	Ė	J)	_		
## ASSETS AND UNEARNED Name			-	-	 		<u> </u>						 		-	-	┼─	-	<u> </u>	 				 	T	\dagger	/		#	>	Į.	Ş			`	•	İ	1
## ASSETS AND UNEARNED Name					 	_					<u> </u>		+		-		-	-		<u> </u>	_	<u> </u>				+	_	Dr.	*	Ę	P	5	1	•			-	-0
ASSETS AND ONE None			 	-	-	<u> </u>	<u> </u>		8				-	 	 	×		-	- 	<u> </u>	ļ	×			\dagger	+	+-	ž,	F .	}		<u></u>	10	2	Ř,	0	•	•
None					ļ	_				<	 		 	\vdash		+-	\vdash	-	-	_	<u> </u>	X			Ţ	†	_	De la		Đ.	F	<u>=</u>	7		2	6	ì	1
None St.					 	<u> </u>	<u> </u>	<u> </u>			<u> </u>		\vdash	-	├-	+	┼	+	-	↓ _	<u> </u>	ろ			o	\vdash	-		B	*	3	ž	5.	<u>~</u>	2	Æ		1
None Source None None Source None Source None Source None Source None None Source None None Source None				-	<u> </u>	<u> </u>	_			more			 -					-	-		ļ	<u> </u>			7	-] /		€.	2	0	7	è	9)	Ì	ı
None Sti-\$1,000 D Sti-\$1,000 Sti-\$1,0			-		 	<u> </u>	<u> </u>	<u> </u>		STATE OF	1			 	-	_	+	 - -		ļ- <u>-</u>							9		11/2	٨.	E _,		Δ,		-	1) '	1
None St. = \$1,000 St.				-	ļ		_	4	X						4		\vdash		_	<u> </u>	X.	_				•	-2	15	-	•			>			\mathcal{U})	1
ASSETS AND ONE ASSE				-	 	1	<u> </u>	<u> </u>							 		-	 	-	 		<u> </u>				1	7		₹.	7	760	C	Į	3	750	/	ì	1
ASSETS AND CONTRAINED COCK					_	<u> </u>	<u> </u>						T	 	1	<u></u>		├—		ļ	ļ	<u> </u>			T		7	Alles	Ž	>	40	ζP.	-	6	<u>c</u>	Γ.	1	i .
None				-	-		<u> </u>		8				 	\vdash	1	-	 	 	_	<u> </u>	ļ.,	<u> </u>		×	1		-	Ž	٤		7		~	5	+		ì	I
None St. 001 - \$1,000 St.			_	-	<u> </u>		<u> </u>		2				-	 	-	X	-				<u> </u>			y	X		_	ナシ				い	•	_		_	7	i 👡 '
### Source					ļ		<u> </u>		X						0	$\overline{}$	<u> </u>	-	<u> </u>	<u> </u>		<u> </u>			X			X	5	ı	• ,	^	3 1	\$				/ _)
### None None None Silent Silen					_	<u> </u>	ļ	ļ	×						3	V	-	 	ļ			×			<u> </u>				S.	5	1		70	He	50		6	_
### ASSETS AND "UNEARNED" INCOME of (if needed) of income Source of (if needed) of income Source Value of Asset Value of Asset				-	 		_		×							$\overline{}$		-	<u> </u>	_	ļ		X		\$ -	+	-4	スト	3	3	上		£.	70	B	6	\$	\sim
ASSETS AND "UNEARNED" COKA				-	<u> </u>	<u> </u>			7				\vdash	 -	1	F	 	-	<u> </u>	_	_	_	X		1	 		2	9	ç	5	7	•	Ĕ.			1	1
None Source Value of Asset				X								Ľ	X			-		-	<u> </u>	_			X				-	35	-	=	ź	5	>	Sa	\$		1	1
None				~			igsquare						X	-	-	H		$\vdash \dashv$				X			\vdash	\vdash	7	AUT.	0	6	* * * * * * * * * * * * * * * * * * *			5.	4			ıl
TINCOME Source AB C D E F G H I J K L I I II III IV V VI VII VIII IX X XI	ர வூ π	\$1,000,001 - \$5,000,000	\$50,001 - \$100,000						None		EXCEPTED/BLIND TRUST	CAPITAL GAINS									\$250,001 – \$500,000	\$100,001 - \$250,000	\$50,001 - \$100,000				None					>					7 %	
TINCOME Source Value of Asset Page Of Income Name // CMA. BLOCK C BLOCK D BLOCK D Transacti Transacti Of Income	j .	×	II VIII C					$\overline{}$	_	Ī				_		$\dot{-}$							Е	D	C		ъ										ΰ	'n
et (if needed)	BLOCK E		Com	약 유	L t c	<u> </u>	着			(D)	CKC		<u>o</u> _ i		<u>'</u>				7	sse d	T T T	e o	ᇫ	<u> </u>			 	urce	လွှ	oma A	inc inc	ਾਂ ਇ	nd/	¥ a	SSC	D	'	
	\	-	PE .	ΠŚŹ		>	_اا	2	%		_							THE THE	S	ר לַ		Ü	Z	₽	Ţ	5	ן פ	و ع	ede	ne ne	G A	ו האו	Sh		uati	ltin F	2 C	_ _ / U/

റ
I
m
Ö
7
F
m
<
Ţ
J
⋝
W
=
<u>_</u>
\exists
而
Ś

S

Name Michael D. Kogsts Page Y

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

		JT		J D S)]	
		F+ W Back Amis Br. At	Example: First Bank of Wilmington, Delaware	Creditor		
W	br. Amistan	Line of Godit on 5 Payor	Mortgage on 123 Main St., Dover, Del.	Type of Liability		
		8		\$10,001- \$15,000	8	
				\$15,001- \$50,000	ဂ	
				\$50,001- \$100,000	0	
			×	\$100,001- \$250,000	ш	Amo
		X		\$250,001- \$500,000	п	unt of
				\$500,001- \$1,000,000	G	Amount of Liability
				\$1,000,001- \$5,000,000	I	Į i ty
				\$5,000,001- \$25,000,000	_	
				\$25,000,001 \$50,000,000 Over	٠.	
				\$50,000,000		

SCHEDULE VI— GIFTS

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345
NoNe		

_	_
C	n
7	٦
<u>`</u>	_
_	E
Ē	П
(J
•	-
-	-
Г	-
r	П
-	
•	ς
=	▆
=	≡
-	п
	۲
(J
· C	Ō
-	~
_	4
-	ď
(ገ
-	=
4	<
C	n

Name Michael D. Rogass Page

organization, or any educational or other institution other than the United States. proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any non profit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

zations); and positions solely of an honorary nature. Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organi-

Position	Name of Organization
Mariager - Member	Venture to porties LC
Marson - Member	Toiting Tullestness LC
Michael	Copital Bereloyment, LLC

SCHEDULE IX—AGREEMENTS

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

Date		:		
	3 NON			
Parties To				
Terms of Agreement				
\greement				