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Ves No X	child because	sactions, or liabilities of a spouse or dependent child because with the Committee on Ethics.	d" income, trans irst consulted v	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee or
Yes No X	closed. Have you	nid certain other "excepted trusts" need not be disc	e on Ethics and dependent chi	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 benefiting you, your spouse, or dependent child?
JESTIONS	F THESE QU	MATION — ANSWER EACH OF THESE QUESTIONS	TINFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
vered and the Yes" response.	must be answed for each "	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	™	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. Yes
Yes No	arrangement with	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.
Yes No	or before the date	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	S N	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.
Yes No	d receive any n the reporting	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$350 from one source)? If yes, complete and attach Schedule VII.	No ⊠	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.
Yes No X	receive any regating more	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)? If yes, complete and attach Schedule VI.	S .	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? If yes, complete and attach Schedule I. Yes
		SE QUESTIONS	OF THESE	PRELIMINARY INFORMATION - ANSWER EACH
A \$200 penarty snall be assessed against anyone who files more than 30 days late.	against anyond 30 days late.		Employee	House of Representatives Annual (May 15, 2012)
U.S. HOUSE OF THE CLERK U.S. HOUSE OF THE CLERK	U.S. HOUSE OF	or Employing Office:	Officer or	Filer Member of the IIS State:
2012 MAY I I PM 4: 52	LEGISLATIVE I	Daytime Telephone: 201225-3261	Daytime 1	Name: Michael Dennis Rogers
HAND DELIVERED	HAND	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT

SCHEDULE I—EARNED INCOME

Name Michael D. Rogers Page 2 of

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.

Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
State of Maryland	Legislative Pension	\$9,000
Civil War Roundtable (Oct. 2nd) Ontario County Board of Education	Spouse Speech Spouse Salary	\$1,000 NA
State of Maboune Judicial System	Spouse Salary	N/A
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follows:

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See below

reporting

or exchanges (P), sales (S) asset had

purchases Indicate if the

(E) exceeding

SCHEDULE III—ASSETS AND "UNEARNED" INCOME g ş of income with a fair market value exceeding \$1,000 at please refer to the instruction booklet. For a detailed discussion of Schedule III requirements optional column on the far left. child (DC), or is jointly held with your spouse (JT), in the income source is that of your spouse (SP) or dependent If you so choose, you may indicate that an asset or Savings Plan. from, a federal retirement program, including the Thrift accounts; and any financial interest in, or income derived ing \$5,000 or less in a personal checking or saving income during the reporting period); any deposits totalhomes and vacation homes (unless there was rental Exclude: Your personal residence, including second tion in Block A. that is not publicly traded, state the name of the busi-For an ownership interest in a privately-held business vide a complete address. For rental or other real property held for investment, provalue at the end of the reporting period the name of the institution holding the account and its ment accounts which are not self-directed, provide only account that exceeds the reporting thresholds. For retireinvestments), provide the value for each asset held in the the power, even if not exercised, plans) that are self-directed (i.e., plans in which you have For all IRAs and other retirement plans (such as 401(k) not use ticker symbols.) Provide complete names of stocks and mutual funds (do more than \$200 in "unearned" income during the year. reportable asset or sources of income which generated the end of the reporting period, and (b) any other Identify (a) each asset held for investment or production ness, the nature of its activities, and its geographic loca-Examples. Asset and/or Income Source Hory Ado Soles enluce 3) 123 E. 13th of Amount 1204 Quistand @ 1310 Quintard, Amiston following trap Mega Corp. Stock Simon & Schuster 1st Bank of Paducah, KY Accounts **BLOCK A** Sall from to select the specific AMILION None method other than fair market value, reporting year. If you use a valuation generated income, the value should be year and is included only because it please specify the method used. Indicate value of asset at close of "None." If an asset was sold during the reporting œ \$1 - \$1,000 Indefinite O \$1,001 - \$15,000 O \$15,001 - \$50,000 Value of Asset ш \$50,001 - \$100,000 **BLOCK B** П \$100,001 - \$250,000 a \$250,001 - \$500,000 I \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 ے \$5,000,001 - \$25,000,000 ᄎ \$25,000,001 - \$50,000,000 Over \$50,000,000 NONE ing the reporting period. if the asset generated no income durdisclosed as income. Check "None" gains, even if reinvested, must be Dividends, interest, and capital may check the "Tax-Deferred" column (such as 401(k) plans or IRAs), you that generate tax-deferred income you to choose specific investments <u>or</u> retirement accounts that do not allow Check all columns that apply. For × DIVIDENDS RENT Type of Income INTEREST BLOCK C CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Name month plan ₹ Royalties charge Other Type of Income (Specify: e.g., Partnership Income or Farm Income) None _ For assets for which you checked "Taxearned or generated. reinvested, must be disclosed as the appropriate box below. Dividends interest, and capital gains, even if cate the category of income by checking "None" column. For all other assets, indi-Deferred" in Block C, you may check the income. Check "None" if no income was \$1 - \$200= \$201 - \$1,000 Ξ Amount of Income \$1,001 - \$2,500 7 BLOCK D < \$2.501 -\$5,000 ≤ \$5,001 - \$15,000 ≦ \$15,001 - \$50,000 ≦ \$50,001 -- \$100,000 $\overline{\times}$ × \$100,001 - \$1,000,000 × \$1,000,001 - \$5,000,000 ≚ Over \$5,000,000

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(partial)

For additional assets and unearned income, use next page

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SCHEDULE V— LIABILITIES

Name Michael D. Rogers Pages

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 mortgages on personal residences. charge accounts (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. NOTE: Pending legislation may require Members to report business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving

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IT Wells Farger HOME Equity March 2007 Equity live on 210	Wells Farge Home Mtg.	Compais Bank Morpage	Example: First Bank of Wilmington, DE	Creditor	
March 2007	March 2003	June 2017	May 1998	Liability Incurred Mo/Year	Date
Eguity live on 210 House	Mortgage on 2 the the	personal residence was the	Mortgage on 123 Main St., Dover, DE	Type of Liability	
				\$10,001- \$15,000 >	
-				\$50,000 6	
			×	\$100,000 \$100,001- \$250,000	A
	X		f	\$250,000 \$250,001- \$500,000	Amount of Liability
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				\$25,000,001- \$50,000,000	
			<u>L</u>	\$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 relationship to you. Gifts with a value of \$140 or less need not be added towards the \$350 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$350 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.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Ethics)	\$375
NONE		

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SCHEDULE VII— TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$350 received by

spouse or dependent child that is totally independent of his or her relationship to you. 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 (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a

	Source	Date(s)	City of Departure—Destination— City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days <u>not</u> at sponsor's expense
Examples:		Mar. 2	DC—Chicago—DC	z	z	Z	None
Exampleo.	Roycroft Corporation	Aug. 6-11	DC—Los Angeles—Cleveland	Υ	Y	Υ	2 Days
Her	Heritage Foundation	Jan. 2729	Jan. 27-29 DC - Los Angeles - Atlanta	۸	Υ	ζ	None
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SCHEDULE VIII—POSITIONS

Name Michael D. Rogers

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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 nonprofit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

tions); 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 organiza-

Position	Name of Organization
Manager - Member	Venture Asperties, LLC
Managai - Manber	Initial Investments LLC
Member	Capital Berelopment 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 Date Parties To Parties To Sale of 50% Disnaship of Allery Auto Soles, The Sale of 50% Disnaship of Allery Auto Soles, The Sale of 50% Disnaship in Orders Auto Finance, Inc., to be paid over 5 years. J-30-05 Reth Rogers, Spayer Oxford Auto Finance, The Sale of 50% Disnaship in Orders A	Ų	"		3-	
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Terms of Agreement 6 Ownership of Away Auto Soles 2 paid over 5 years. 6 ownership in Ortand Auto Finance, 6 ha paid over 5 years.	2				
of Avery Auto Soles 5 years. in Ortand Auto France, ver 5 years.	be poid o	a Jan chia	e paid ovér	& Ownershi	Terms of Agre
Auto France,	ex 5 year	rego :	5 years.	F	æment
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