| | EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Eth | TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | IPO—Did you purchase any shares that were allocated as a part of an Initial Public Offering? | EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION | 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. | iV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding Yes No \$1,000 during the reporting period? If yes, complete and attach Schedule IV. | Ill. 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. | 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. | 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. No | PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS | Status Member of the U.S. State: Attactives District: Status Employee Report Annual (May 15, 2013) Amendment | Michael Dennis Rogars | UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT | |
|---|--|--|--|--|--|--|--|--|--|--|--|-----------------------|--|------------|
| | ransactions, or liabilities of a spouse or dependent child because od with the Committee on Ethics. | and certain other "excepted trusts" need not be disclosed. Have you child? | 97 | - ANS | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response | IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX. | 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. | 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. | 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. | SE QUESTIONS | r or Employing Office: yee Termination Date: | elep | Form A For use by Members, officers, and employees | |
| | child because Yes | closed. Have you Yes | Yes | WER EACH OF THESE QUESTIONS | on in this part must be answered and the chedule attached for each "Yes" response. | arrangement with Yes | or before the date Yes | I receive any 1 the reporting Yes | receive any regating more Yes | | A \$200 penalty shall be assessed against anyone who files more than 30 days late. | 2013 MAY I II FN 5: 3 | HAND Page 1 of DELIVERED | ; |
| į | <u>₹</u> | <u>₹</u> | ₹ | S | onse. | <u>8</u> | ₹ | | No. | | assessed more than | 5: 3 | 961 of 0 | × 9 |

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Name Michael D. Rogers Page 28

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 | its received under the Social Sect | unity Act |
|---|------------------------------------|-----------|
| Source | Туре | Amount |
| Keene State State of Maryland | Approved Teaching Fee | \$6,000 |
| Civil War Roundtable (Oct. 2nd) | Spouse Speech | \$1,000 |
| | Spouse Salary | NA |
| JIETE OF MODERANDE JUBICIEN JUSTEM | > pouse solary | F/A |
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| BLOCK A BLOCK B BLOCK C BLOCK C | BLOCK D |
|--|---|
| Asset and/or Income Source Value of Asset Type of Income | Amount of Income |
| Identify (a) each asset held for investment or production Indicate value of asset at close of reporting Check all columns that apply. For of income with a fair market value exceeding \$1,000 at year. If you use a valuation method other than retirement accounts that do not the reporting period, and (b) any other fair market value, please specify the method allow you to choose specific invest- | For assets for which you checked "Tax- Deferred" in Block C, you may check the "None" column. For all other assets, indicate |
| Provide complete names of stocks and mutual funds (do and is included only because it generated Deferred column. Dividends, internot use ticker symbols.) | appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Chart "Noon" if |
| ely by your | no income was earned or generated. * This column is for income generated by |
| For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property," and a city and state. | ent child. |
| a privately-held business A B C D E F G H I J K L M | |
| 000 000 ,000 \$1,000,000* | |
| n on the far left. NS BLIND TRU In lincome | 500 000 5,000 50,000 00,000 61,000,000 \$5,000,00 |
| None \$1 - \$1,000 \$1,001 - \$1 \$15,001 - \$1 \$100,001 - \$1 \$100,001 - \$25,000,001 Over \$50,000 RENT INTEREST CAPITAL GA EXCEPTED/ TAX-DEFERI | None \$1 - \$200 \$201 - \$1,00 \$1,001 - \$2,00 \$2,501 - \$5,00 \$5,001 - \$15 \$15,001 - \$5 \$50,001 - \$1 \$100,001 - \$1 \$1,000,001 - \$1 |
| SP Mega Corp. Stock X X X | × |
| Examples: Simon & Schuster Indefinite | × |
| Jist Bank of Paducah, KY Accounts | × × |
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** 529 Savings Plan Continuation Sheet (if needed) SCHEDULE III—ASSETS AND "UNEARNED" INCOME ဌ Ŗ 9 88 Settlement Systems of Nas Asset and/or income Source Trans. This page may be copied if more space is required. James 4 rtage ➣ None œ \$1 - \$1,000 O \$1,001 - \$15,000 U \$15,001 - \$50,000 Value of Asset m Tl \$50,001 - \$100,000 Year-End BLOCK B \$100,001 -- \$250,000 ਜ \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 ے \$5,000,001 ~ \$25,000,000 तर् ㅈ \$25,000,001 - \$50,000,000 -Over \$50,000,000 3 Spouse/DC Asset over \$1,000,000* 088 XXX NONE DIVIDENDS 7 RENT of Income BLOCK C INTEREST Type **CAPITAL GAINS EXCEPTED/BLIND TRUST** Name な TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership 6466 Income or Farm Income) None \$1 - \$200 Amount of Income Black of \$201 - \$1,000 \$1,001 - \$2,500 BLOCK D 1650 \$2,501 - \$5,000 \$5,001 - \$15,000 スマン \$15,001 - \$50,000 SARS RR, Amistar, \$50,001 -- \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 $\overline{\succeq}$ Over \$5,000,000 36206 Spouse/DC Income over \$1,000,000* **Transaction** BLOCK E ण क ज

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Name Michael O. Rogers Page 5

Continuation Sheet (if needed)

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SCHEDULE V— LIABILITIES

Name / :

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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 dependent child, Mark the highest amount owed during the year. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal during the year. are personally liable); 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 residence (unless it is rented out or you are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you close of the preceding calendar year exceeded \$10,000. *This column is for liabilities held solely by your spouse or dependent child.

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| SCHEDULE VI— GIFTS | Wells Free Home MF. (SH | | Welly Fare Home Mt. | | Compass Real Mts. | Example: First Bank of Wilmington, DE | Creditor | | |
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| | b Equity line on I they | process of a | West 2003 Mt. on 25 House washing | private rosidena weeks, M | Jime 2007 Mtg. of Rivery House | Mortgage on 123 Main St., Dover, DE | Type of Liability | | |
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| | | | | | | | Spouse/DC Liability | - | |
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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 |
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SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

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 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

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 (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 you.

| Source | Date(s) | City of Departure—Destination— City of Return | Lodging? (Y/N) | Food? (Y/N) | was a ⊦amiy Member included? (Y/N) | Number of days not at sponsor's expense |
|-----------------------------|------------|---|-------------------|----------------|--|---|
| Chicago Chamber of Commerce | Mar. 2 | DC—Chicago—DC | Z | Z | Z | None |
| Roycroft Corporation | Aug. 6-11 | DC—Los Angeles—Cleveland | Υ | Υ | Υ | 2 Days |
| Horitage Foundation | Jan. 25-27 | Jan. 25-27 DC-Philipdephia - DC | Y | Y | ソ | None |
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SCHEDULE VIII—POSITIONS

Name Michael D. Rogges

Page S of 8

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 |
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| Manager Manbor | Initial Investments UC |
| Non de la | Christ Joyatonaux LIC |
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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

| | | | | - |
|------|--|---|--------------------|---|
| | 3-30-65 | 3.20.05 | Date | |
| | 3-30-69 Bith Reserve / Spore of Orthard Auto France, | 3.30.05 Hike Royers Avery Auto Sales It's Sale of | Parties To | |
| | Site of 50% Quasing of agod has finance | Sale of 50% dissersing of Avery Ado Step For | Terms of Agreement | |