

# UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT

**FORM B**  
For New Members, Candidates, and New Employees

Name: Evelyn L. Rogers

Daytime Telephone: \_\_\_\_\_

## FILER STATUS

☐

New Officer or Employee  
Employing Office: \_\_\_\_\_

☒

New Member of or Candidate for  
U.S. House of Representatives  
Candidates - Date of Election: June 28, 2016

☐

Check if  
Amendment

Period Covered: January 1, \_\_\_\_\_  
to \_\_\_\_\_

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

LEGISLATIVE RESOURCE CENTER  
2016 APR 21 AM 11:24  
U.S. HOUSE OF REPRESENTATIVES  
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APR 14 2016

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## PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

<p><b>A. Did you, your spouse, or your dependent child:</b> a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <u>or</u> b. Make more than \$200 in unearned income from any reportable asset during the reporting period?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p><b>E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?</b></p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p><b>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?</b></p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p><b>F. Did you have any reportable agreements or arrangements with an outside entity during the reporting period or in the current calendar year up through the date of filing?</b></p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p><b>D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?</b></p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p><b>J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?</b></p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

**ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"  
THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

<p><b>TRUSTS</b> - 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 your dependent child?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p><b>EXEMPTION</b> - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

