

**HAND  
DELIVERED**

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**UNITED STATES HOUSE OF REPRESENTATIVES  
2019 FINANCIAL DISCLOSURE STATEMENT**

**Form A**  
For Use by Members, Officers, and Employees

Name: Michael Davis Rogers Daytime Telephone: 202-225-3261

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

LEGISLATIVE RESOURCE CENTER  
2020 AUG -3 AM 11:56  
(Office Use Only)  
M/C

FILER STATUS	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>AL</u> District: <u>3</u>	<input type="checkbox"/> Officer or Employee	Employing Office: _____	Staff Filer Type: (If Applicable) Shared <input type="checkbox"/> Principal Assistant <input type="checkbox"/>
REPORT TYPE	<input checked="" type="checkbox"/> 2019 Annual (Due: May 15, 2020)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Date of Termination: _____	

**PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS**

A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single source during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements (for travel totaling more than \$390 in value from a single source during the reporting period)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<b>ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"</b>	

**IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS**

IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 that benefits you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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**Use additional sheets if more space is required.**

xxx Commercial Rental Property  
 License is required.

# SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Michael Denis Rogers

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BLOCK A			BLOCK B													BLOCK C							BLOCK D											BLOCK E				
Assets and/or Income Sources			Value of Asset													Type of Income							Amount of Income											Transaction				
SP, DC, JT	ASSET NAME	EIF	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED BOND TRUST	TAX-DEFERRED	Other Type of Income (Specify, e.g. Partnership or Real Estate)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	P, S, S(part), or E		

Use additional sheets if more space is required.

\* 529 Savings Plan (Investment Portfolio Unknown, but exchanged and chose  
 \* Sole Asset is 200 Acres of land in the 6400 Block on SAs Road, Austin, TX  
 \*\*\* Commercial Rental property

Partners  
Distributions

# SCHEDULE B - TRANSACTIONS

Name:

Michael Dennis Rogers

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Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period or any security or real property held by you, your spouse, or your dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, in the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction.		Type of Transaction				Date	Amount of Transaction													
SP	DC	JT	Asset	Purchase	Sale	Partial Sale	Exchange	Check Box if Capital Gain Exceeded \$200	400 Day Rule or Capital Exempt, as the event is applicable	A \$1,001- \$15,000	B \$15,001- \$50,000	C \$50,001- \$100,000	D \$100,001- \$250,000	E \$250,001- \$500,000	F \$500,001- \$1,000,000	G \$1,000,001- \$5,000,000	H \$5,000,001- \$25,000,000	I \$25,000,001- \$50,000,000	J Over \$50,000,000	K Over \$1,000,000 (Spouse DC Asset)
			None																	

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In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.

**Use additional sheets if more space is required.**

# SCHEDULE D -- LIABILITIES

Name:

*Michael Davis Rogers*

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

SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A \$10,001- \$15,000	B \$15,001- \$50,000	C \$50,001- \$100,000	D \$100,001- \$250,000	E \$250,001- \$500,000	F \$500,001- \$1,000,000	G \$1,000,001- \$5,000,000	H \$5,000,001- \$25,000,000	I \$25,000,001- \$50,000,000	J Over \$50,000,000	K Over \$1,000,000* (Spouse/DC Liability)
Example	First Bank of Wilmington, DE	5/14	Mortgage on Rental Property, Dover, DE				X							
JT	PNC Mktg	Dec. 2016	Mtg on Mr. Frinary Residence					X						
JT	Coop. Fed Credit Union	Jan 2016	Mtg on D.C. 2nd Residence					X						

# SCHEDULE E -- POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or 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 held 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 Organization
Member - Manager	Venture Properties, LLC
Member - Manager	Fairfield Investments, LLC
Member	Capital Development, LLC
	Uncompensated
	Uncompensated

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Report the source (by name), a brief description, and the value of all gifts totaling more than \$390 received by you, your spouse, or your dependent child 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 child that are totally independent of his or her relationship to you. Gifts with a value of \$156 or less need not be added towards the \$390 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
<i>Example</i>	Mr. Joseph Smith, Arlington, VA.	Silver Platter (prior determination of purity and likeness) received from the Committee on Ethics)	\$400
	NONE		

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**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 (FCDA, 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 the filer.

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