

UNITED STATES HOUSE OF REPRESENTATIVES 2025 FINANCIAL DISCLOSURE REPORT		Form A For Use by Members Officers and Employees		Page 1 of 9 HAND DELIVERED LEGISLATIVE RESOURCE CENTER 2026 MAY 15 OFFICE USE ONLY MC	
Name <u>Michael Dennis Rogers</u> Daytime Telephone <u>202-225-3261</u>					
FILER STATUS	☒ Member of the U S House of Representatives	State <u>AL</u> District <u>3</u>	☐ Officer or Employee	Employing Office _____ Shared ☐ Principal Assistant ☐	Staff Filer Type (If Applicable) Shared ☐ Principal Assistant ☐
REPORT TYPE	☒ 2025 Annual (Due May 15 2026)	☐ Amendment	☐ Termination Date of Termination _____		

OFFICE OF THE CLERK
 U.S. HOUSE OF REPRESENTATIVES
 A \$200 penalty shall be assessed against any individual who files more than 30 days late

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 ☒ No ☐	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 ☐ No ☒
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 ☐ No ☒	G Did you your spouse or your dependent child receive any reportable gift(s) totaling more than \$480 in value from a single source during the reporting period? Yes ☐ No ☒
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 ☒ No ☐	H Did you your spouse or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$480 in value from a single source during the reporting period? Yes ☐ No ☒
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 ☒ No ☐	I Did any individual or organization donate to charity in lieu of paying you for a speech appearance or article during the reporting period? Yes ☐ No ☒
E Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? Yes ☒ No ☐	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER YES

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

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 ☐ No ☒
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 ☐ No ☒
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 ☐ No ☒

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset													BLOCK C Type of Income							BLOCK D Amount of Income												BLOCK E 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/BLIND TRUST	TAX-DEFERRED	Oth Type fl m (Sp lty g P rt hlp l m F ml m)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII		
			\$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	Ove \$50 000 000	Sp /DCA to v \$1 000 000										N	\$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	Ove \$5 000 000	Sp /DCA t with l m \$1 000 000		
	SP Retirement System, 401k																																				
	SP Noble Bank Stock																																				
	SP So. Company stock																																				
	* Capital Dev LLC																																				
	* 20% owner																																				
	* Initial Investment, LLC																																				
	* 50% owner																																				
	* 1124 Snow St. Capital LLC																																				
	* 124 Acollon, Oxford, MS																																				
	* Alpha Life Trust (whole)																																				
	* Alpha Life Trust (whole)																																				

* * * * * Sole Asset is 100 acres of land in the 6900 Block of S. Hwy 81, Austin, TX
 * * * * * Commercial Rental properties

SCHEDULE B – TRANSACTIONS

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[illegible]

Use additional sheets if more space is required

SCHEDULE C – EARNED INCOME

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. 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

INCOME LIMITS and PROHIBITED INCOME Be advised that the outside earned income limit and prohibitions on types of income may apply to you after you are on House payroll. The 2025 limit on outside earned income for Members and employees compensated at or above the senior staff rate was \$33,285. The 2026 limit is \$33,855. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

[illegible]

Use additional sheets if more space is required

SCHEDULE D – LIABILITIES

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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 children.

SP DC JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A \$10 001 to \$15 000	B \$15 001 to \$50 000	C \$50 001 to \$100 000	D \$100 001 to \$250 000	E \$250 001 to \$500 000	F \$500 001 to \$1 000 000	G \$1 000 001 to \$5 000 000	H \$5 000 001 to \$25 000 000	I \$25 000 001 to \$50 000 000	J Over \$50 000 000	K Over \$1 000 000 (Spouse/DC Liability)
	Example: First Bank National Bank	5/25	Mortgage on Real Property, Dover, DE				X							
JT	Shellpoint Mtg. Co.	Dec. 2021	Mtg. on the Primary Residence						X					
JT	Congressional Fed. CU.	Jan. 2016	Mtg. on AC 2 nd Residence				X							
	Fifth Third Bank	Sept. 2024	Auto loan	X										

Sold in March 2025

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	Uncompensated
Member - Manager	Initial Investments, LLC	Uncompensated
Member	Capital Development, LLC	Uncompensated

Use additional sheets if more space is required

SCHEDULE F – AGREEMENTS

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

Date	Parties to Agreement	Terms of Agreement
	NONE	

SCHEDULE G – GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$480 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 \$192 or less need not be added towards the \$480 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>Ex: mpt</i> M J phSmith Artl gt VA	St. Platt (p d t m i t i f p t f r d h i p r e v e d f m t h C m m t t E h)	\$500
NONE		

SCHEDULE H – TRAVEL PAYMENTS and REIMBURSEMENTS

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Identify the source and list travel itinerary dates and nature of expenses provided for travel and travel related expenses totaling more than \$480 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler 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 (FGDA, 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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**SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU
OF HONORARIA**

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List the source activity (i.e. speech appearance or article) date and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.

Source		Activity	Date	Amount
Examples	Association of American Associations Washington DC	Speech	Feb 2 2025	\$2 000
	XYZ Magazine	Article	Aug 13, 2025	\$500
NONE				