## Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

SF 278 (Rev. 03/2000) 5 C.F.R. Part 2634 U.S. Office of Government Ethics

Form Approved: OMB No. 3209 - 0001

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Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year)	Status Covered by Report Nor	w Entrant, minee, or ndidate	Termination Termination Date (If Applifiler Cable) (Month, Day, Year)	Any individual who is required to file this report and does so more than 30 days
Description of	Last Name	First Name and Mi	iddle Initial	after the date the report is required to be filed, or, if an extension is granted, more
Reporting Individual's Name	ROGOFF	PETER M.		than 30 days after the last day of the filing extension period, shall be subject
	Title of Position	Department or Ag	ency (If Applicable)	to a \$200 fee.
Position for Which Filing	ADMINISTRATOR		IT ADMINISTRATION, F TRANSPORTATION	Reporting Periods Incumbents: The reporting period is
Location of	Address (Number, Street, City, State, and ZIP Code)		Telephone No. (Include Area Code)	the preceding calendar year except Part II of Schedule C and Part I of Schedule D
Present Office (or forwarding address)	133 DIRKSEN SENATE OFFICE BUILDING, U.S.SENATE C APPROPRIATIONS, WASHINGTON, DC 20510	OMMITTEE ON	202-224-7245	where you must also include the filing year up to the date you file. Part II of
Position(s) Held with the Federal	Title of Position(s) and Date(s) Held			Schedule D is not applicable.
Government During the Preceding 12 Months (If Not Same as Above)	SUBCOMMITTEE STAFF DIRECTOR, U.S. SENATE APPROTRANSPORTATION, HUD, AND RELATED AGENCIES (1			Termination Filers: The reporting period begins at the end of the period covered by your previous filing and ends at the date of termination, Part II of
Presidential Nominees Subject	Name of Congressional Committee Considering Nomination	Do You Intend to C	reate a Qualified Diversified Trust?	Schedule D is not applicable.
to Senate Confirmation	Committee on Banking, Housing and Urban Affairs	Yes	⊠ No	Nominees, New Entrants and Candidates for President and
Certification	Cignottum of Reporting Individual		Date (Month Day Your)	Vice President:
I CERTIFY that the statements I have	Signature of Reporting Individual		Date (Month, Day, Year)	Cabadal A Missaudi and d
made on this form and all attached schedules are true, complete and correct to the best of my knowledge.	SUSTAN	-	March 12, 2009	Schedule A—The reporting period for income (BLOCK C) is the preceding calendar year and the current calendar year up to the date of filing. Value assets
Other Review	Signature of Other Reviewer		Date (Month, Day, Year)	as of any date you choose that is within
(If desired by agency)	5/6/09 WM Register Cu	att Mali	5-6-09	31 days of the date of filing.  Schedule B-Not applicable.  Schedule C, Part I (Liabilities)-The
Agency Ethics Official's Opinion	Signature of Designated Agency Ethics Official/Reviewing O	fficial	Date (Month, Day, Year)	reporting period is the preceding calendar
On the basis of information contained in this report, I conclude that the filer is in compliance with applicable laws and regulations (subject to any comments in the box below).	Rosald AKyr		516103	year and the current calendar year up to any date you choose that is within 31 days of the date of filing.
Office of Government Ethics	Signature		Date (Month, Day, Year)	Schedule C, Part II (Agreements or
Use Only	Wom tx		5/7/09	Arrangements)—Show any agreements or arrangements as of the date of filing.  Schedule D—The reporting period is
Comments of Reviewing Officials (I	If additional space is required, use the reverse side of this sh	eet)		the preceding two calendar years and
	(Check box if filing exten	nsion granted & indi-	cate number of days)	the current calendar year up to the date of filing.
				Agency Use Only
	106 and	hav if comments	continued on the reverse older	OGE Use Only
	(Cneck	DOX II COMMENTS are	continued on the reverse side)	MAY 6 2009

R		g Individual's Name PETER M.											S	CH	IE	D	UI	E	A		1.3											Pa	age Number 2 of	6
		Assets and Income		at	Va t clo	alu ose	ati	ion	of	As	set	ts rioc	1					Cl	nec	kec	e: t	ype o o	e ar the	nd a	imo	oun y is	t. If	f "N ede	Non ed i	ie (	or l	less	s than \$201 C for that it	l)" is tem.
L		BLOCK A		_	- more		BI	LOCI	KB	_	- Control of the Cont		BED TO SERVE			_		L				_			BL	OCK	С							
For an account of the country of the	oduction and the except of the	your spouse, and dependent children, ch asset held for investment or the m of Income which had a fair market seding \$1,000 at the close of the reported, or which generated more than \$200 during the reporting period, together income.  elf, also report the source and actual fearned income exceeding \$200 (other the U.S. Government). For your spouse, a source but not the amount of earned more than \$1,000 (except report the lount of any honoraria over \$200 of isse).	less than \$1,001)	\$15,000	1997年	\$50,001 - \$100,000		\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000*	1	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Qualified Trust	Dividends	Rent and Royalties	Interest	Capital Gains	None (or less than \$201)	\$201-\$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$50,000		\$100,001 \$1,000,000		000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria
Г		Central Airlines Common				х					關							x						x										
E	amples	Doe Jones & Smith, Hometown, State	488		X																												Law Partnership Income \$130,000	
		Kempstone Equity Fund  IRA: Heartland 500 Index Fund					×		x			-		-	x		羅羅	F		-				-	×	×				-		-		<u> </u>
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2		le Strategic Investments, LLC (all ing assets below reporting threshhold).					×		STATE AND ASSESSED.		The second contract of		1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1				a pro		Tall Section Co.		T			12.01	piro	• 5	and the second						\$25,305.00 (LLC income)	
3	Gargoy	le Hedged Value Fund, L.P.		:		i,	×	,	A Commission of the Commission		TARGET STORY		The straighter		×	1.			The second second		Annual Annual	7.5			×		C. Danish Control							
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- 31		ategory applies only if the asset/income e filer with the spouse or dependent chil																		et/lr	icon	ne is	eith	ner t	hat	of th	ne fil	ler o	or jo	intl	y he	eld		

	Reporting Individual's Name OGOFF, PETER M.						- 111		5	SC			)U se c							ue	d										Pag	ge Number	6
	Assets and Income	T	a	V:	alu ose	ati of	on rep	of orti	As	set pe	ts rio	i					Li	hec	ke	e: t	ype o o	e ar	id a	mo	un is	t. If	f "N ede	Non ed i	e (e n B	or l	ess k C	than \$20 for that i	1)" is tem.
	BLOCK A			END HER		I	BLOC	KB						wale		e di sessi	L				_			BLO	OCK	С							
		None (or less than \$1,001)		\$15,001-\$50,000	\$50,001 - \$100,000	\$100,001 \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Qualified Trust	Dividends	Rent and Royalties	Interest	Capital Gains	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$50,000		\$100,000 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria
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2	4c. MassMutual Premier Money Market Account			×		decounting				- Inches	17.			×		The second				AND STREET		×	11.0	11.142.198.ma		Truck 2000 (17)			1200	Memminda	12 X 17 6		
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	* This category applies only if the asset/incom by the filer with the spouse or dependent ch	ne is so nildrer	olely	tha ark t	t of the o	the f	iler' hig	s sp	ouse	e or	dep	end f va	ent lue,	chile as a	dren	ı. If opri	the iate.	ass	et/i	ncon	ne is	eith	er t	hat	of th	ne fi	ler (	or jo	intly	y he	ld		

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Do not complete Schedule B if you are a new entrant, nominee, or Vice Presidential or Presidential Candidate

Reporting Individual's Name ROGOFF, PETER M.	SCHE	DUL	E E	3							Page	Num		of 6		
Part I: Transactions Report any purchase, sale, or exchang	e Do not report a transaction involving	None														
by you, your spouse, or dependent children during the reporting period of	property used solely as your personal of any residence, or a transaction solely between	Tra	insact	tion				Ar	noun	t of Tr	ransa	ction	(x)	_		_
real property, stocks, bonds, commodifutures, and other securities when the amount of the transaction exceeded \$ Include transactions that resulted in a	you, your spouse, or dependent child. Check the "Certificate of divestiture" block 1,000. to indicate sales made pursuant to a	Purchase	Sale (	Exohange	Date (Mo., Day, Yr.)	\$1,001	\$15,001 - \$50,000 \$50,001				abut!		\$25,000,001	5,000,001 -	350,000,000	Certificate of divestiture
	ntification of Assets	140901-0	Ö	i û		88	Total Control	27/27	\$22	62.63	510	855	8.0	\$2	5%	ਲੈਂਦ
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						4		1_	L		l	M.	1	1		
For you, your spouse and dependent of tion, and the value of: (1) gifts (such a food, or entertainment) received from (2) travel-related cash reimbursement than \$260. For conflicts analysis, it is as personal friend, agency approval unauthority, etc. For travel-related gifts a	is tangible items, transportation, lodging, one source totaling more than \$260, and independent of security receipt, such total	.S. Government of the contract	m re t of t resid	lative heir lence one	given to y es; received relationshi a. Also, for source, exc	p to y	your sp you; or oses of	ouse prov aggr	or de ided egati	as pe	dent ersor ifts to	child nal h	d tota ospit termi instr	ally tality ine t	at he	
Source (Name and Address)		Br	ief D	escrip	otion									V	alue	
Examples Nat'l Assn. of Rock Collectors, NY, NY	Airline ticket, hotel room & meals incident to natio	nal confe	erence	e 6/15	/99 (persona	l activ	ity unrel	ated to	duty					\$5	500	
Frank Jones, San Francisco, CA	Leather briefcase (personal friend)										1000	- 527	-1.1.1	\$3	300	
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	ndividual's Name PETER M.		SC	HEDI	JLE C	2							Page	Numb	er 5 of	6	-25 f S
Report li	I: Liabilities abilities over \$10,000 owed are creditor at any time	a mortgage on your person unless it is rented out; loar automobiles, household fu	as secured by	None 🔀	3				(	ategor	ry of A	mount	or Va	lue (x)	).		
during the your sport Check the	ne reporting period by you, use, or dependent children. highest amount owed he reporting period. Exclude	or appliances; and liabilitie certain relatives listed in it See instructions for revolvi accounts.	es owed to nstructions. ing charge	Date	Interest	Term if	\$10,001 -	\$50,000	\$100,000	\$100,001- \$250,000	\$250,001 - \$500,000	\$500,001 -	Over \$1,000,000*	\$1,000,001-	\$5,000,001	\$25,000,001 -	Over \$50,000,000
	Creditors (Name and Address)	Type of Liabil		Incurred	Rate	applicable	\$ 12	\$1	\$5	\$1	\$2	\$5	9v - \$1	\$1	\$5	\$2	\$5
Examples	First District Bank, Washington, DC  John Jones, 123 JSt., Washington, DC	Mortgage on rental property, Del Promissory note	laware	1991	10%	25 yrs. on demand			X		x						
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Report y	II: Agreements or our agreements or arrangement be benefit plan (e.g. pension, 40) ayment by a former employer (	ts for: (1) continuing participa	2) continua-	of absen	ce; and (	4) future e	emplo of the	ymer ese ar	it. See	instr	ructio s or b	ns re enefi	gardi its.	ing th	_	ort- None	
	Status and T	erms of any Agreement or Arrange	ement							Partie	s					D	ate
Example	Pursuant to partnership agreement, calculated on service performed thi	, will receive lump sum payment of carough 1/00.	apital account & partn	nership sha	are	Doe Jones	& Smit	h, Hon	ietown,	State						7/	/85
1 MassN	utual 401(k) retirement plan; continui	ng participation in an employee ber	nefit plan. Employer	to make r	no further	National A	ssocia	tion of	Indep	enden	t Colle	ges a	nd Un	iversit	ies,	01/	/84
2 contrib	utions.		H PH TOTAL	*	W. 5	Washingto	on, DC			42	Para.	9 /		7 : :	¥5,527 11,1111 11,1111		
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	ting Individual's Name OFF, PETER M.		SC	HED	ULE D			Page Number	6
Report sated truste	rt I: Positions Held rt any positions held during the a l or not. Positions include but are ee, general partner, proprietor, re corporation, firm, partnership, or	pplicable reporting period, whet not limited to those of an officer presentative, employee, or consi	ther compen- r, director, ultant of		zation or educational fraternal, or political			nonorary	one 🛛
	Organization (Name	The second secon	T	Type of	Organization	Position	on Held	From (Mo., Yr.)	To (Mo.,Yr.
Exampl	Nat'l Assn. of Rock Collectors, NY, NY		Non-profit educa	tion		President Partner		6/92	Present 1/00
1	Doe Jones & Sinita, nometown, State								
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Repo busir	rt II: Compensation ort sources of more than \$5,000 coness affiliation for services provide reporting period. This includes the oration, firm, partnership, or other	ompensation received by you or ed directly by you during any or a names of clients and customers	your ne year of s of any	non-pro you dir service	One Source ofit organization whe rectly provided the s generating a fee or ot report the U.S. Gov	Incumber n President	mplete this it, Terminati ial or Preside than \$5,000.	ion Filer, o lential Cand You	r Vice
	Source (Name an	nd Address)			Brie	ef Description of Dut	ies		
Examp	Doe Jones & Smith, Hometown; State  Metro University (client of Doe Jones & S	Smith), Moneytown, State	Legal service		ection with university constr	uction			
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