

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form. **1 ACCOUNT#** (Ethics Commission filers) **2 Total pages filed:** 4

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="radio"/>	FIRST MICHAEL	MI	OFFICE USE ONLY		
	NICKNAME	LAST ROGALSKY	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE	Date Received 10 APR - 8 PM 3:57 RECEIVED - CSO
	PO BOX 122478 ARLINGTON TX 76012					
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked		
	(817)	861-3601		Receipt #	Amount	
6 CAMPAIGN TREASURER NAME	MS <input checked="" type="radio"/> MRS <input type="radio"/> MR <input type="radio"/>	FIRST BRIGIDA	MI	Date Processed		
	NICKNAME	LAST ROGALSKY	SUFFIX	Date Imaged		

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 2605 BLACK OAK LANE APT / SUITE #: ARlington TX 76012

8 CAMPAIGN TREASURER PHONE

AREA CODE: (817) PHONE NUMBER: 861-3601 EXTENSION:

9 REPORT TYPE

January 15
 30th day before election
 Runoff
 15th day after campaign treasurer appointment (officeholder only)
 July 15
 8th day before election
 Exceeded \$500 limit
 Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year: 03 / 08 / 2010 THROUGH Month Day Year: 04 / 07 / 2010

11 ELECTION

ELECTION DATE: Month Day Year: 05 / 08 / 2010 ELECTION TYPE: Primary Runoff General Special

12 OFFICE OFFICE HELD (if any): **13 OFFICE SOUGHT (if known):** COUNCIL DISTRICT 7

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name: _____

Address / PO Box: Apt. / Suite #: City: State: Zip Code: _____

additional pages

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME MICHAEL ROGALSKY **16 ACCOUNT # (Ethics Commission Filer)**

17 NOTICE FROM POLITICAL COMMITTEE(S) * This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE: GENERAL COMMITTEE NAME: _____

COMMITTEE ADDRESS: _____

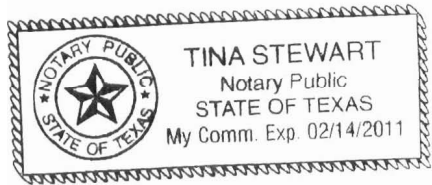
COMMITTEE CAMPAIGN TREASURER NAME: _____

COMMITTEE CAMPAIGN TREASURER ADDRESS: _____

additional pages

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ - 0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ - 0 -
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 202.55
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ - 0 -
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 250.00

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Handwritten Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Michael Rogalsky, this the 8th day of April, 20 10, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Tina Stewart
Printed name of officer administering oath

notary
Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **4**

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date 8 MAR 10	5 Payee name CITY OF ARLINGTON	7 Amount (\$) \$100 -
6 Payee address; City; State; Zip Code 101 W. ABRAM ST. ARLINGTON, TX 76010		

8 Purpose of payment (See instructions regarding type of information required.) FILING FEE <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 25 MAR 10	Payee name ZAPPRINT AND COPY	Amount (\$) \$02.55
Payee address; City; State; Zip Code 1021 W. ABRAM ST ARLINGTON, TX 76013		

Purpose of payment (See instructions regarding type of information required.) BUSINESS CARDS <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

LOANS		SCHEDULE E
The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 4
2 FILER NAME MICHAEL ROGALSKY		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$ - 0 -
5 Date of loan 03-25-10	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHAEL ROGALSKY	9 Loan Amount (\$) \$250 -
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code 2605 BLACK OAK LANE ARLINGTON TX 76012	10 Interest rate 11 Maturity date
12 Principal occupation / Job title (See Instructions) INVESTOR		13 Employer (See Instructions) SELF-EMPLOYED
14 Description of Collateral <input type="checkbox"/> none		
15 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	16 Name of guarantor 17 Guarantor address; City; State; Zip Code	18 Amount Guaranteed (\$)
19 Principal Occupation		20 Employer
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation		Employer
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.		