



Report Type:	Termination
Year (Annual Report only):	2015
Date of Appointment/Termination:	December 31, 2015

Executive Branch Personnel Public Financial Disclosure Report (OGE Form 278e)

OGE RECEIVED: SEP 7, 2016

Filer's Information				
Last Name	First Name	MI	Position	Agency
ROGOFF	PETER	MI	UNDERSECRETARY OF TRANSPORTATION FOR POLICY	USDOT
Other Federal Government Positions Held During the Preceding 12 Months:				
Name of Congressional Committee Considering Nomination (Nominees only):				
Filer's Certification - I certify that the statements I have made in this report are true, complete and correct to the best of my knowledge:				
Signature:			Date:	
			4/30/2016	

Agency Ethics Official's Opinion – On the basis of information contained in this report, I conclude that the filer is in compliance with applicable laws and regulations	
Signature:	Date:
	8-23-16
Other Review Conducted By:	
Signature:	Date:
	6/16/16 / 8/22/16
U.S. Office of Government Ethics Certification (if required):	
Signature:	Date:

Comments of Reviewing Officials:
Filer was granted two extensions and submitted report via PDF on 4/30/16. We reviewed, but had to follow up to get wet-signed hard copy, which was finally received 6/14/16. Since filer was granted 2 45-day extensions, we was unable to file in Integrity.gov, even after creating a password. <i>Scott</i>

Instructions for Part 1

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information

Filer's Name Peter M Rogoff <i>PMR</i>	Page Number 2
---	------------------

Part 1: Filer's Positions Held Outside United States Government

#	Organization Name	City/State	Organization Type	Position Held	From	To
1.	NONE					
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

Instructions for Part 2

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information

Filer's Name Peter M Rogoff <i>PMR</i>	Page Number 3
---	------------------

Part 2: Filer's Employment Assets and Income

#	Description	EIF	Value	Income Type	Income Amount
1.	IRA -- Merrill Lynch -- Templeton World Fund	Y	\$15,001 - \$50,000		\$201 - \$1,000
2.	Mass Mutual Rising Divident (Premier Main Street Fund)	Y	\$15,001 - \$50,000		\$5,001 - \$15,000
3.	Mass Mutual Select Fundamental Value Fund	Y	\$1,001 - \$15,000		None (or less than \$201)
4.	Riverpark -- Gargoyle Hedged Value Fund, LP	n/a	\$500,001 - \$1,000,000	Dividends - Capital Gains	\$15,001 - \$50,000
5.	U.S. Senate Federal Credit Union Checking Account (joint)		\$15,001 - \$50,000	Interest	\$201 - \$1,000
6.	T. Rowe Price Tax Exempt Money Fund		\$1,001 - \$15,000	Dividends - Capital Gains	None (or less than \$201)
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					

Instructions for Part 3

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information

Filer's Name	Page Number
Peter M Rogoff <i>PMR</i>	4

Part 3: Filer's Employment Agreements and Arrangements

edit

#	Employer or Party	City/State	Status and Terms	Date
1.	National Association of Independent Colleges and Universities	Washington D.C., District of Columbia	I will continue to participate in this defined contribution plan, but employer makes no further contributions.	1/1984
2.	<i>Sound Transit</i>	<i>Seattle, WA</i>	<i>I will take the position of CEO of Sound Transit</i>	<i>1/2016</i>
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Instructions for Part 4

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name	Page Number
Peter M Rogoff <i>PMR</i>	5

Part 4: Filer's Sources of Compensation Exceeding \$5,000 in a Year

#	Source Name	City/State	Brief Description of Duties
1.	None		
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			

Instructions for Part 5

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information

Filer's Name Peter M Rogoff <i>PMR</i>	Page Number 6
---	------------------

Part 5: Spouse's Employment Assets and Income

#	Description	EIF	Value	Income Type	Income Amount
1.	Sport and Health			Spouse's wages as a spin instructor	
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					

Instructions for Part 6

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information

Filer's Name Peter M Rogoff <i>PMR</i>	Page Number 7
---	------------------

Part 6: Other Assets and Income

#	Description	EIF	Value	Income Type	Income Amount
1.	Virginia 529 College Savings Plan	Y	\$1,001 - \$15,000		
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					

Instructions for Part 7

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name	Page Number
Peter M Rogoff <i>P.M.R.</i>	8

Part 7: Transactions

#	Description	Type	Date	Amount
1.	None			
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				

Instructions for Part 8

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information

Filer's Name	Page Number
Peter M Rogoff <i>PMR</i>	9

Part 8: Liabilities

#	Creditor Name	Type	Amount	Year Incurred	Rate	Term
1.	Bank of America	Mortgage on Personal Residence	\$100,001 - \$250,000	2003	5.375%	15-year
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						

Instructions for Part 9

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information

Filer's Name	Page Number
Peter M Rogoff <i>PMR</i>	10

Part 9: Gifts and Travel Reimbursements

#	Source Name	City/State	Brief Description	Value
1.	None			
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				