UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	S	FORM For use by c		POSTMARK	(II I FGI	BLE
Period Covered: January 1, 2006 - April 30, 2007		and new en	nployees		(ICC=0.	
Thomas I. Rooney				_	ESOURCE CENT	
· ·	Full Name)			2097 MAY 21	PM 3: 29	•
18211 SR Island Drive (Man	ng Address)	Daytime Telephone:	·	U Jania de	THE CLERK	
Tequesta, FL 33469		(561) 7 <u>97-</u>	9252	U.S. HOUSE COM	efresentativ	ES
	orida Date 16 Elec	of tion: 09/02/08	Check if Amendment	A \$200 penalty against anybo		
employee Employing Of	ffice:			than 30 days l	ate.	
in all sections, please type or print clearly in black ink. PRELIMINARY INFORMATION — ANSWE	R EACH OF TH	ESE QUESTION	s		·	
Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes X No	IV. Did you hold any r of filing in the current if yes, complete and	reportable positions on or calendar year or in the pr attach Schedule IV.	before the date for two years?	Yes X	No□
It. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule II.	Yes X No	V. Did you have any i with an outside entity If yes, complete and	reportable agreement or a ? attach Schedule V.	urangement	Yes 🔲	Nox
III. Did you, your spouse, or a dependent child have any reportable flability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule III.	Yes X No	a single source in the	ompensation of more tha <u>two</u> prior years? I attach Schedule VI.	n \$5,000 from	Yes x	Мо□
Each question in this part must be	answered and th	e appropriate sch	edule attached fo	r each "Yes" re	sponse.	
EXCLUSION OF SPOUSE, DEPENDENT,	OR TRUST INF	ORMATION A	NSWER EACH	OF THESE Q	UESTION	IS
TRUSTS—Details regarding "Qualified Blind Trusts" approve need not be disclosed. Have you excluded from this report of pages 10–11.)	ed by the Committee on letails of such a trust be	Standards of Official Connections you, your spous	nduct and certain othe e, or a dependent child	r "excepted trusts" I? (See Instructions,	Yes 🔲	No X
EXEMPTION —Have you excluded from this report any oth because they meet all three tests for exemption?	er assets, "unearned" in	come, transactions, or li	abilities of a spouse or	dependent child	Yes 🔲	No X
CERTIFICATION — THIS DOCUMENT MU	JST BE SIGNED	BY THE REPO	RTING INDIVID	UAL AND DA	TED	
This Financial Disclosure Statement is required by the Ethic application and will be reviewed by the Committee on Standwillfully fails to file this report may be subject to civil penaltic	tards of Official Conduct	t or its designee. Any ind	lividual who knowingly	and willfully falsifies	ing person upo s, or who know	n written ingly and
Certification	Signature of Reporting India	idual		Date (M	lonth, Day, Year)	
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	That	Jamy		Ма	y 11, 2007	7

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SCHEDULE I—EARNED INCOME (INCLUDING HONORARIA)

Name Thomas J. Rooney Page 2_ of 8_

List the source, type, and amount of earned income, including honoraria, from any source (other than your current employment by the U.S. Government) totalling \$200 or more during the current year to the filing date and, separately, the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

	Source (include date of receipt for honoraria)	Type	Amot	int
	Source (include date of receipt for nonorana)	Туре	Current Year to Filing	Preceding Year
	XYZ Corporation, Houston, Texas	Salary	\$6,300	\$28,450
mples:	First Benk & Trust, Houston, Texas	Director's Fee	\$400	\$3,200
inthas.	XYZ Trade Association, Chicago, IL. (Rec'd Dec. 2)	Honorarium	0	\$1,000
	Hams County, Texas, Public Schools	Spouse Salary	NA NA	NA NA
ramer	, Sopko & Levenstein, P.A.	Salary	33,334	25,384
hildi	en's Place and Connor's Nursery, Inc.	Salary	-0-	75,388
Semino	ole Beach Realty, Inc.	Spouse's gross bus	iness -0-	40,654
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SCHEDULE II - ASSETS AND "UNEARNED" INCOME

BLOCK A				BL	.00	KВ				T				E	LO	CK	C										BL()C	KE	,									
Asset and/or Income Source	{		V	alue	of	As:	set			ı			T	ype	0	f in	scome							1	An	lOU	ınt	of	In	CO	me	ŧ							ł
Identify (a) each asset held for Investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide an address. Provide tull names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an	If y tha spe II a on the	rou i an : acify in a ly b	use lair the sset eca	repo a val mai met was use	luati rket thod i sol it ge	on n val use d an	neth lue, d. d is ated	pi pi incl	eas lude	e d	۱ 9	ene	/e l erai	bia: te a	ık ıny	if a	pply. asset did not come during riod.					1	not nec cate app if re Che	all estre ego rop inve	nen Fo ry (riat este	yolts, yo	you oth ico ico ico hou	o (ma era me elo id t	thouse like	ose write ets, ch Divik stec ass	unts e sp le "h lecki denk denk des et deport	NA* icate ing ds, c ince did	ific for the the ever ome	r e e n e.					
IRA or retirement plan that is not self-directed, name the institution holding the account and	П	В	c	ΣE	F	G ŀ	1	J	ĸ				7		7	T	(eme)			_	Cu	—~ Fſ€	ent	Ye	ar			7	-		Pro	ecr	adi	inc	a Y	ea	r		1
provide its value at the end of the reporting period. For an active business that is not	11												-				<u>8</u>									_	-	4	-				_	_				_	4
 publicly traded, in Block A state the nature of the business and its geographic location. For additional Information, see the instruction booklet for the reporting year. 																	ome or Fa	1	11	H	IV.	٧	۷۱	VII	YIN	ıx	×	XI	'	*	jn	N	۲ `	VI)	VIII	/m) 1	×	× ×	1
Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouses, or by your or your spouse's child, parent, or sibling; any deposits totaling; \$5,000 or less in personal savings accounts any financial interests in or income derived from U.S. Government retirement programs if you so choose, you may indicate that all asset or income source is that of your spous (SP) or dependent child (DC) or is jointly hell (JT), in the optional column on the far left	one	\$1 - \$1,000	\$1,001 - \$15,000	\$15,001 – \$50,500	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 \$1,000,000	\$1,000,001 = \$5,000,000	\$5,000,000 - \$50,000,000	Over \$50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify, For Example, Partnership Income or Farm	None	\$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	Over \$5,000,000	None	\$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	Over \$5,000,000
SP, SP Mega Corp. Stock DC. Examples: Smon & Schuster		ļ.		efinii	<u> </u>			.			.] <u>×</u>	: - -		ļ	ļ	ļ !		. .]		ļ	<u> x</u>		ļ.	ļ		ļ	ļ		١.		X	 		 	ļ	 			
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DC Oppenheimer Quest Balan	ced		×		4	Ļ			_		↓	_	1	_	ļ	\downarrow		1	<u> </u> ,	4	1	1	1	-	1	_	_	_		×	_	1	<u> </u>		1	$\frac{1}{1}$	1		
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For additional assets and unearned income, use next page.

SCHEDULE II - ASSETS AND "UNEARNED" INCOME

Continuation Sheet (# needed)

Name Thomas J. Rooney

Page _4_ of 8_

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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Thomas J. Rooney

Page 5__ of _8_

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SCHEDULE III — LIABILITIES

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts only if the balance at the close of the previous calendar year exceeded \$10,000.

			T			Am	ount (of Lial	ollity			
SP, DC, JT	Creditor	Type of Liability	\$10,001	\$15,001—	\$50,001 \$100,000	\$100,001— \$250,000 FB	\$250,001— \$500,000	\$500,001— \$1,000,000	\$1,000,001— \$5,000,000 Æ	\$5,000,001— \$25,000,000	\$25,000,001— \$50,000,000	550,000,000 ×
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main Street, Dover, Del.				Х				1		
JT	American Express	Credit card	1	X	<u> </u>	-	_	<u> </u>	-	-	<u> </u>	
SP	American Education Services	Student Loans	_	 	-	x	 	-	 		ļ 	ـ
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SCHEDULE IV -- POSITIONS

Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Chief Executive Officer	Childrens Place and Conners Nursery, Inc.
Associate Attorney	Kramer, Sopko & Levenstein, P.A.
Trustee	The Patrick J. Rooney, Sr. Irrevocable Trust - 2005
Board member	Children's Services Council of Palm Beach County
Judge Advocate	American Legion Post 271

Use additional sheets if more space is required.

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Page _7_ of 8_.

SCHEDULE III — LIABILITIES

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts only if the balance at the close of the previous calendar year exceeded \$10,000.

						Am	ount c	f Llat	ility			
SP, DC, JT	Creditor	Type of Liability	\$10,001- \$15,000	\$15,001— \$50,000	\$50,001 \$100,000	\$100,001— \$250,000 m	\$250,001— \$500,000	\$1,000,000 B	\$1,000,000. \$5,000,000	\$5,000,001—	\$25,000,001— \$50,000,000	Sver \$50,000,000 ⊼
	Example. First Bank of Wilmington, Delaware	Mortgage on 123 Main Street, Dover, Del				X	<u> </u>					
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SCHEDULE IV - POSITIONS

Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board member	Floria Atlantic University Advisory Board
President	Jupiter - Tequesta Republican Club

Use additional sheets if more space is required.

eme	Thomas	J,	Rooney
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Page 8 of 8

SCHEDULE V—AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement 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	Terms of Agreement
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SCHEDULE VI-COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000 Exclude: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law.

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
Childrens Place and Conners Nursery, Inc.	Chief Bxecutive Officer
2309 Ponce de Leon Ave., West Palm Beach, FL 33407	
Kramer, Sopko & Levenstein, P.A.	Associate attorney
P.O. Box 2421, Stuart, FL 34995	

GPO-2008 25-529 (mac)