

**UNITED STATES HOUSE OF REPRESENTATIVES  
FINANCIAL DISCLOSURE STATEMENT**

**FORM B**  
For use by candidates  
and new employees

**POSTMARK ILLEGIBLE**

Period Covered: January 1, 2006 - April 30, 2007

RELATIVE RESOURCE CENTER

2007 MAY 21 PM 3:29

THE CLERK  
U.S. HOUSE OF REPRESENTATIVES

Thomas J. Rooney

(Full Name)

18211 SE Island Drive

(Mailing Address)

Daytime Telephone:

Tequesta, FL 33469

(561) 797-9252

Filer  
Status

Candidate for the  
House of Representatives

State: Florida  
District: 16

Date of  
Election: 09/02/08

Check if  
Amendment

New officer or  
employee

Employing Office: \_\_\_\_\_

**A \$200 penalty shall be assessed  
against anybody who files more  
than 30 days late.**

In all sections, please type or print clearly in black ink.

**PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS**

|                                                                                                                                                                                                                                             |                                                                     |                                                                                                                                                                            |                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| I. 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 <input checked="" type="checkbox"/> No <input type="checkbox"/> | IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| II. 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 <input checked="" type="checkbox"/> No <input type="checkbox"/> | V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.                                                    | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule III.                                                                   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.                                | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS**

|                                                                                                                                                                                                                                                                                                                                |                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>TRUSTS</b> —Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, pages 10-11.) | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| <b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?                                                                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

**CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED**

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

|                                                                                                                                                          |                                                                                      |                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-------------------------|
| Certification                                                                                                                                            | Signature of Reporting Individual                                                    | Date (Month, 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. |  | May 11, 2007            |









**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.

| SP,<br>DC,<br>JT | Creditor                                           | Type of Liability                        | Amount of Liability        |                            |                             |                              |                              |                                |                                  |                                   |                                    |                           |  |  |
|------------------|----------------------------------------------------|------------------------------------------|----------------------------|----------------------------|-----------------------------|------------------------------|------------------------------|--------------------------------|----------------------------------|-----------------------------------|------------------------------------|---------------------------|--|--|
|                  |                                                    |                                          | B<br>\$10,001—<br>\$15,000 | C<br>\$15,001—<br>\$50,000 | D<br>\$50,001—<br>\$100,000 | E<br>\$100,001—<br>\$250,000 | F<br>\$250,001—<br>\$500,000 | G<br>\$500,001—<br>\$1,000,000 | H<br>\$1,000,001—<br>\$5,000,000 | I<br>\$5,000,001—<br>\$25,000,000 | J<br>\$25,000,001—<br>\$50,000,000 | K<br>Over<br>\$50,000,000 |  |  |
|                  | <i>Example:</i> First Bank of Wilmington, Delaware | Mortgage on 123 Main Street, Dover, Del. |                            |                            |                             | X                            |                              |                                |                                  |                                   |                                    |                           |  |  |
| JT               | American Express                                   | Credit card                              |                            | X                          |                             |                              |                              |                                |                                  |                                   |                                    |                           |  |  |
| SP               | American Education Services                        | Student Loans                            |                            |                            |                             | X                            |                              |                                |                                  |                                   |                                    |                           |  |  |
|                  |                                                    |                                          |                            |                            |                             |                              |                              |                                |                                  |                                   |                                    |                           |  |  |
|                  |                                                    |                                          |                            |                            |                             |                              |                              |                                |                                  |                                   |                                    |                           |  |  |

**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 Connors 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.

**SCHEDULE III — LIABILITIES**

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| SP,<br>DC,<br>JT | Creditor                                           | Type of Liability                       | Amount of Liability        |                            |                            |                              |                              |                                |                                  |                                   |                                    |                           |  |  |
|------------------|----------------------------------------------------|-----------------------------------------|----------------------------|----------------------------|----------------------------|------------------------------|------------------------------|--------------------------------|----------------------------------|-----------------------------------|------------------------------------|---------------------------|--|--|
|                  |                                                    |                                         | B<br>\$10,001—<br>\$15,000 | C<br>\$15,001—<br>\$50,000 | D<br>\$50,001<br>\$100,000 | E<br>\$100,001—<br>\$250,000 | F<br>\$250,001—<br>\$500,000 | G<br>\$500,001—<br>\$1,000,000 | H<br>\$1,000,001—<br>\$5,000,000 | I<br>\$5,000,001—<br>\$25,000,000 | J<br>\$25,000,001—<br>\$50,000,000 | K<br>Over<br>\$50,000,000 |  |  |
|                  | <i>Example.</i> First Bank of Wilmington, Delaware | Mortgage on 123 Main Street, Dover, Del |                            |                            |                            | X                            |                              |                                |                                  |                                   |                                    |                           |  |  |
|                  |                                                    |                                         |                            |                            |                            |                              |                              |                                |                                  |                                   |                                    |                           |  |  |
|                  |                                                    |                                         |                            |                            |                            |                              |                              |                                |                                  |                                   |                                    |                           |  |  |
|                  |                                                    |                                         |                            |                            |                            |                              |                              |                                |                                  |                                   |                                    |                           |  |  |
|                  |                                                    |                                         |                            |                            |                            |                              |                              |                                |                                  |                                   |                                    |                           |  |  |

**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 | Florida Atlantic University Advisory Board |
| President    | Jupiter - Tequesta Republican Club         |
|              |                                            |
|              |                                            |

Use additional sheets if more space is required.

**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 |
|-------------------------------------------------------------------------------------------------|-----------------------------|
| <i>Example:</i> Doe Jones & Smith, Hometown, Homestate                                          | Accounting services         |
| Childrens Place and Connors Nursery, Inc.<br>2309 Ponce de Leon Ave., West Palm Beach, FL 33407 | Chief Executive Officer     |
| Kramer, Sopko & Levenstein, P.A.<br>P.O. Box 2421, Stuart, FL 34995                             | Associate attorney          |
|                                                                                                 |                             |
|                                                                                                 |                             |