EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse of dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics 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?	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	Each question in this part must be answered and the appropriate sched	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes No III	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 yee, complete and attach Schedule II.	I. Did you or your spouse have "earned" income (e.g., salaries or tees) of \$200 or more from any source in the reporting period? **Yes** Complete and attach Schedule I.** **No **Incomplete and attach Schedule I.**	In all sections, please type or print clearly in blue or black ink. PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS	employee Employing Office:	M		ROOTEY	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered; January 1, 2011 - 1052 31, 2011 FINANCIAL DISCLOSURE STATEMENT FINANCIAL DISCLOSURE STATEMENT
unearned income, transactions, or liabilities of a spouse of dej unless you have first consulted with the Committee on Ethics.	cs and certain other "excepted trusts" need no r spouse, or a dependent child?	— ANSWER	appropriate schedule attached for	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.	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	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.	SE QUESTIONS		on: Nov 12 Check if		Daytime Telephone:	FORM B For use by candidates and new employees
pendent child Yes	t be	EACH OF THESE QUESTIONS	ule attached for each "Yes" response.	5,000 from Yes	angement Yes	efore the date r two years?		more than 30 days late.	A \$200 penaity shall be assessed	(Office Use Only)	2012 JAN 17 PM 1: 27 OFFICE OF THE CLERK	JAN 0 6 2012 1 of 7 LEGISLATIVE RESOURCE CENTER
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SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Joseph Rooncy

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	1,00 ± 6,
Source (include date of receipt for honoraria) XYZ Corporation, Houston, TX First Bank & Trust, Houston, TX Director's Fee Director's Fee	List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during 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. See examples below.
Type Salary Director's Fee	nan the filer's current employme mount of any honoraria; list only
nefits received under the Social Security Act. Amount Current Year to Filing Precedin \$5,300 \$28,4 \$400 \$3,2	ployment by the U.S. Government) totalling \$200 or list only the source for other spouse earned income
Security Act. unt Preceding Year \$28,450 \$3,200	nt) totalling \$200 or use earned income

		Amount	unt
Godice (include date of receipt for Horiotaria)	Туре	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
Deuta Fir Lines Mumita, GA	Synamer	150,00	12.300
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	SECON to HONDER ONL	ETRUE OR , THAY I LAMOING	6134 EIKC BZ, TIZAGIS LAMOUNT	5161 2°ST, Dence BCH, MD	2908 BY AVE, NORTH BEACH, MD		Examples:	SP Mega Corp. Stock	Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held with your spouse (JT), in the optional column on the far left. For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.	For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.	account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address.	Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the eportrable asset or sources of income which generated reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the
×	×	*	×	*	×	×	: :	×	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000	0.7.6	A B C D E F G H I J K	Indicate value of Asset Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."
Σ	7	×	*	7	×	×	Royalties	×	Over \$50,000,000 NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: e.g., Partnership Income or Fa	arm Income		BLOCK C Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments of that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.
					×		X	×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$10,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$5,000 \$201 - \$1,000 \$1,001 - \$5,000 \$201 - \$1,000 \$1,001 - \$5,000 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$10,000 \$100,001 - \$1,000,000		Current Year Preceding Year	Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

None	4	4	华	4	4	식	4	=1	4	5	4	4	4	4	DC JT, SP,			
	MA	ARC	ST/ 500		Vガベx	CAM FOLUS	Ficax	ENTX	KM47 TPHOL	Phinc		EMPLOYEES	NAV ROSA CJ	PUMAR CU			Asset and/or Income Source	BLOCK A
	y	*	×	7		*	*	×	K	×	*	x	*	×	\$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000	BCDEFGHIJK	Value of Asset	BLOCK B
X	y						*	*	*		>	*	7	×	DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: e.g., Partnership Income		Type of Income	вгоск с
\$50,001 - \$100,000 \(\frac{1}{2}\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\fr															\$1 - \$200 = \$201 - \$1,000 \(\) \(\		Amount of Income	BLOCK D

Name Joseph Rooney

Page C of O

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Wiz.	Ze	NC	MO	KMP	GC	Exc	E)	CLB	*	CUX	CMI	55	C			Asset and/or Income Source	BLOCK A	SCHEDULE II — ASSETS AN Continuation Sheet (if needed)
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	×	*	*	×	×	*	*	×	>	>	*	×	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: e.g Partnership Income or Farm Income)		Type of Income	BLOCK C	
* ×	× ×	×	×	×	×	X	<i>y</i>	*		* * * * * * * * * * * * * * * * * * *	*	*	×	None	reding	Amount of Income	BLOCK D	Name Joseph Rooney Page Dof

SCHEDULE III — LIABILITIES

Name JOSEPH ROONEY

Page 1 of 7

owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furni-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 ling of you or your spouse. Report *revolving charge accounts* (i.e., credit cards) only it the balance at the close of the previous calendar year exceeded \$10,000. ture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sib-

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			싀	넉		SP, DC, JT	
			Parania BMK Pinua PA	Wichs Taking Do Moines IA	Example: First Bank of Wilmington, DE	Creditor	
			1/2007	8/2009	May 1998	Date Liability Incurred mo/year	
	,		7/2007 MORTGATE THO MARC AN PA	MOSTBARE SGOS BY AVE NARAHBA	Mortgage on 123 Main Street, Dover, DE	Type of Liability	
						\$10,001— \$15,000	
						\$15,001 c \$50,000 c	
			ļ 			\$50,001— O	
			×		×	\$100,001— D	Amou
		<u> </u>		×		\$250,001— m \$500,000 m	int of
-		<u> </u>				\$1,000,000	Amount of Liabilit
						\$5,000,000 47 \$5,000,001— 4	7
			<u> </u>			\$25,000,000	
						\$50,000,000 Over \$50,000,000	

SCHEDULE IV - POSITIONS

cer, 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. 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 offi-

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization); and positions colols of an experience of the property of the proper

and positions solely of an honorary n	ature.
Position	Name of Organization

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continua

Nuation Sheet (if needed) BLOCK A Asset and/or Income Source	15,000 C	GAINS D/BLIND TRUST e of Income I Partnership Income ome)	500
	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: e.g., Partnership Inco	\$5,001 - \$15,000
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