₹	nduct. Yes	with the Committee on Standards of Official Cor	rst consulted	they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct.
₹ X	d trusts" need not Yes child because	Is of Official Conduct and certain other "excepted spouse, or dependent child?	on Standard	TRUSTS—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 dependent child? EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because
ONS	ANSWER EACH OF THESE QUESTIONS	MATION - ANSWER EACH C	TINFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
nd the sponse.	must be answered a ed for each "Yes" re	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	s	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes X If yes, complete and attach Schedule V.
₹ <u>X</u>	arrangement Yes	IX. Did you have any reportable agreement or arrangement with an outside entity?If yes, complete and attach Schedule IX.	× X	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.
8	or before the date	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	□ S	III. 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 III.
× ×	d receive any in the reporting Yes ?)?	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	₹ ¥	II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.
S X	regating more Yes	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	ĕ X	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? Yes If yes, complete and attach Schedule I.
		SE QUESTIONS	EACH OF THESE	PRELIMINARY INFORMATION - ANSWER EACH
liles more	than 30 days late.	Termination Date:		Type Annual (May 17, 2010) Amendment
	A \$200 penalty shall be asserted	or Employing Office:	Officer or Employee	Status Member of the U.S. State: Florida. House of Representatives District:
	U.S. HUDSTEED OF JACK LASK			
M 12: 03	11 2010 MAY 14 PM 12: 03	Daytime Telephone: (タレ\) フタフ - タᢧŚァ	Daytime 7	Name: Rep. Thomas J. Rooney
URCE CENTER	LEGISI ATIVE RESOURCE CENTLE			
	DELIVERED	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT
)	-			

26			岸	R	4	与	<u>В</u> ,	ş	
ubs ban	e Levenst	6.4 × 2	a black i	Quest Balanced Fund	Corporation McDonalds	1st Bank of Paducah, KY Accounts	Examples:	SP Mega Corp. Stock	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 sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full 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 and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by you or your spouse's child, parent, or sibling; any deposits totalling \$5,000 or less in personal savings accounts; and any financial interest in or income derived from U.S. Government retirement programs. 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 (JT), in the optional column on the far left.
×	×		×	×	×	×	1	×	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 use a valuation method use a valuation method use a valuation method use a valuation story. If an asset was sold during the method used. Story of the value of the value of the value of the value should be with the value of
×	×		×	×	×	×		×	Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA." For all other assets including all IRAs, indicate the type of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during calendar year. EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership Income or Farm Income)
×	×		×	×	×	×	×	×	Amount of Income
								S (partial)	Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year. If only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E

Continuation Sheet (if needed) SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Thomas J. Rooney

Page 3 of 8

						-	 	-	_						<u>0</u>	SP, DC,		
		and Central Avanner, Youkers	y leased to	š	limited partnership that	- ▼		ta Fr	located at 1153 town lenter	tr's am	11, 42, 4	beneval Braddock Ovening	14.10% interest in		ups bank usa			Asset and/or Income Source
																None ➤	ľ	
	×							X								\$1 - \$1,000	1	
									ļ					[X	\$1,001 - \$15,000 O]	
																\$15,001 - \$50,000] ;	<u> </u>
								<u> </u>		Ĺ		Ĺ				\$50,001 - \$100,000 m		ਵੱ≾ਾ
																\$100,001 - \$250,000	13	
				-						<u> </u>	ļ	<u> </u>				\$250,001 – \$500,000 Ω]	Year-End
1									.	<u> </u>	-	<u></u>				\$500,001 - \$1,000,000 =	1 3	Year-End
						<u> </u>	_	<u> </u>	-			ļ	_			\$1,000,001 - \$5,000,000 -	۱ :	<u> </u>
							<u> </u>		ļ	ļ <u>.</u>		ļ				\$5,000,001 - \$25,000,000		
			-			 	_	ļ	_	_	<u> </u>	-	_			\$25,000,001 - \$50,000,000	-	
	_		4				ļ		<u> </u>	<u> </u>		ļ			_	Over \$50,000,000	Ļ	
1-1-1					_	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		ļ				NONE	1	
<u> </u>						<u> </u>	<u> </u>		<u> </u>			<u> </u>				DIVIDENDS	1	
	×			-	_	<u> </u>	_	<u> </u>	<u> </u>	-						RENT		
			-							<u> </u>	_				X	INTEREST	!	့ မှ
 			-			 				<u> </u>			-		-	CAPITAL GAINS		Type
								(1,002)	Income	Partnership					i	Other Type of Income (Specify)		ome
	×	_		-	_	-	ļ,	_		-	<u> </u>						Ļ	_
+		-+		\vdash	\dashv	+	<u> </u>	×	 	i	ļ					None –	ł	
		-					 		.			_			X	\$1 - \$200 =	ł	>
			-}	 					-		├			\vdash		\$201 - \$1,000 \(\equiv \) \(\text{\$\frac{1}{2}} \)	1	ğ
				\vdash			-		-	 	-			-			ł	ת מים
 			+	\vdash			-	 	├-	}	\vdash	-	-			\$2,501 - \$5,000 < \$5,001 - \$15,000 \leq	ł	7 6
+++			 			 	+-			 			-		\dashv	\$15,001 – \$50,000 \(\leq\)	1	nt of Ir
 		_	 			+	-	 	-	 		 	\vdash		\dashv	\$50,001 - \$100,000 \(\frac{\leq}{\leq}\)	1	, CO
+			-	\vdash		 				<u> </u>	-	-	-			\$100,001 - \$1,000,000 \(\overline{\times}\)	1	Amount of Income
 -			 		~ 		\vdash	<u> </u>	_	 		 				\$1,000,001 ~ \$5,000,000 ×	1	W
+			 			+					 		╀			Over \$5,000,000	1	
																முல்ய		Transaction

This page may be copied if more space is required.

SCHEDULE III -APPETS AND "LINEARNED" INCOME

Continuation Sheet (if needed)	"UNEARNED" INCOME	Name Thomas	J. Rooney	Page 4 of 8
BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
SP,	Ω Ω 00 Ξ ,000 -		- III IV	ם, מיַ ח
T	e	DENDS IT EREST PITAL GAINS EPTED/BLIND T er Type of Income (Specify)	\$200 - \$1,000 01 - \$2,500 01 - \$5,000 01 - \$15,000 001 - \$50,000 001 - \$100,000 0,001 - \$1,000,000 00,001 - \$5,000,000	-
1430/2 interest in the	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	F III	\$ \$ \$ \$ \$	
ey Family h				
Partnership that owns				
(1) 19.8% interest in ADC				
General UL				
(2) 20% interest in Roomer				
y do				
both oughed in real		Partnership		
\ <u>\</u> \'		Income		
wah PA	×	((655)	*	
it so he had a had and				
Patrick J.				
verocable trust -				
owns non-voting stock in				
towastment carporation of		Twet		
Palm Beach (owns the Palm		Income and		
ol club	×	Principal	×	

SCHEDULE III — ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)

Name Thomas J. Rooney

Page 5 of 8

																		SP, DC, JT		
	Roomey S. GRAT - 7005	in the Pat	1 -		Yonkers being corporation	(7) Non-voting stack of	1550my hote	(1) Cash	 123	trick o	14,306 beneficial interest		Yonkers Raceway	operated flea markets at	Market Inc that formerly	•	. +333010 interest in			Asset and/or income Source
	×								,									None ≻	Γ	
									Ī				×				Ī	\$1 ~ \$1,000		
]													\$1,001 – \$15,000	1	
																		\$15,001 \$50,000] <	<
																		\$50,001 - \$100,000 m		<u>'</u> : ≾
					メ													\$100,001 - \$250,000 TI	٥	BLOCK B
							<u>L</u> .											\$250,001 – \$500,000 O	value of Asset	BLOCK B Year-End
T.					Ī													\$500,001 - \$1,000,000 I	SS	∫ ਰੂ ਲ
																		\$1,000,001 - \$5,000,000	2	}
																		\$5,000,001 - \$25,000,000 °-		
Τ.																		\$25,000,001 - \$50,000,000		
						ļ												Over \$50,000,000		
																		NONE		
	ŀ															ļ		DIVIDENDS	1	
																		RENT	1	
																		INTEREST	٥)
																		CAPITAL GAINS	13	Type
<u> </u>																		EXCEPTED/BLIND TRUST	or incom	Type
	Tuterest	Contingent		-	Principal	theome and	Trust							Income	Corporation	\$		Other Type of Income (Specify)	me	
	×	ļ			×				 	ļ			×					None —		
_	ļ	_	ļ						 			<u> </u>						\$1 ~ \$200 =		
	_	1	_	<u> </u>		<u> </u>			 <u> </u>		<u> </u>	<u> </u>	 					\$201 - \$1,000	ì	Ę
	4	ļ		<u> </u>					 									\$1,001 - \$2,500		2
		-							 <u> </u>	ļ	-		<u> </u>					\$2,501 - \$5,000 <		라 많
	\perp	_	ļ	<u> </u>	<u> </u>				 		<u> </u>	 						\$5,001 − \$15,000 ≤	ŀ	BLOCK D Amount of Income
 	\bot					<u> </u>		ļ,	 			ļ 	_		<u></u>			\$15,001 - \$50,000 \(\leq \) \(\		nc □
_		ļ	<u> </u>	ļ	ļ	ļ	<u> </u>		 Ļ	ļ			ļ	ļ			<u> </u>	\$50,001 - \$100,000		ğ
	_	-	<u> </u>	<u> </u>	Ļ,	ļ	ļ	_		 				<u> </u>		<u> </u>		\$100,001 ~ \$1,000,000 \(\overline{\times} \)		ក
\perp	-	<u> </u>	ļ. <u>.</u>			<u> </u>			 		ļ	ļ		<u> </u>				\$1,000,001 - \$5,000,000		
	\perp	-						<u> </u>	<u> </u>			ļ	_					Over \$5,000,000	<u> </u>	
																		סי, איַ חו		BLOCK E Transaction

SCHEDULE IV - TRANSACTIONS

Name

Thomas

H

Rooney

Page 6

of 8

Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below. of Transaction Type

\$25,000,001-

\$50,000,000 Over \$50,000,000

ㅈ

10-12-09

SP, DC, JT SP

beneficial interest expired)

INFORMATION ONLY

trust - 7003 (contingent 14.3%)

I Rooney , Sv. Family Crummey

7004 terminated and its assets

Example: Mega Coporation Common Stock (partial sale)

Asset

PUF

PURCHASE Of Tr	PURCHASE SALE	Iran	PURCHASE SALE EXCHANGE Check Box if Capital Gain Exceeded \$200	Check Box if Capital	Check Box if Capital Gain Exceeded \$200	Check Box if Capital Gain Exceeded \$200 (MO/DAY/YR) Or Quarterly, Monthly, or \$1,001- \$15,000 \$15,001- \$50,000 C	Check Box if Capital Gain Exceeded \$200 MO/DAY/YR Core	Check Box if Capital Gain Exceeded \$200 MO/DAY/YR Core	Check Box if Capital Gain Exceeded \$200 Date Amount of Technology	Check Box if Capital Gain Exceeded \$200 Amount of Trans Capital Gain Exceeded \$200	Check Box if Capital Gain Exceeded \$200 Date Company Company
	SALE	SALE EXCHANGE	Check Box if Capital	Check Box if Capital Gain Exceeded \$200	Check Box if Capital Gain Exceeded \$200 (MO/DAY/YR) or Quarterly, Monthly, or Si-weekly, if \$1,001-	Check Box if Capital Gain Exceeded \$200 (MO/DAY/YR) Or Quarterly, Monthly, or \$1,001- \$15,000 \$15,001- \$50,000 C	Check Box if Capital Gain Exceeded \$200 MO/DAY/YR Core	Check Box if Capital Gain Exceeded \$200 MO/DAY/YR Core	Check Box if Capital Gain Exceeded \$200 Date Amount of Technology	Check Box if Capital Gain Exceeded \$200 Amount of Trans Capital Gain Exceeded \$200	Check Box if Capital Gain Exceeded \$200 applicable or Sto,0001- \$15,000

_
⇉
풄
Q3
т.
×
.=
œ
Ф
_
=
<u>~</u>
_
~
ă
V
0
×
~
≌.
굡.
Ω.
≕
_
_
3
0
Ŧ.
Œ
S
ਰ
യ
ត
Ж
ų,
π.
(C)
_
œ,
ř
_
⊆.
Ξ.
œ
ă

Name Thomas J. Rooney

Page 7 of 8

business in which you own an interest; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. 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 year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a

	δS	Ŕ			Γ
		75		SP, DC,	
	American Extress	American Education Services	Example: First Bank of Wilmington, Delaware	Creditor	
	bold belts wedit card	student loan (50006)	Mortgage on 123 Main St., Dover, Del.	Type of Liability	
				\$10,001- \$15,000 0	
	×	ļ		\$15,001- \$50,000	
		-	<u> </u>	\$50,001 \$100,000	
		X	×	\$100,001- \$250,000 m \$250,001-	
	-		_	\$500,000 TO OF	
	-			\$250,000 m \$250,001 s500,000 G \$500,001 S1,000,001 S1,000,001 T	
	-		-	\$5,000,000 = \$5,000,001-	
			-	\$25,000,000 \$25,000,001-	
			-	\$50,000,000 C	
L		<u> </u>	<u></u>	\$50,000,000 🔨	L

SCHEDULE VI — GIFTS

relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year. **Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

 	 	 _		_
		Example: Mr. Joseph H. Smith, Anytown, Anystate	Source	
		Silver Platter (determination on personal friendship received from Committee on Standards)	Description	
		\$345	Value	

SCHEDULE VIII—POSITIONS

Name Thomas J. Rooney

Page 5 of 8

organization, or any educational or other institution other than the United States. proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any non profit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

zations); and positions solely of an honorary nature Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organi-

zanons), and positions solely of all horiorary flature.	ondary nature.
Position	Name of Organization
Judge Advocate	American Legion Post 271
Board member	Florida Atlantic University Advisory board
Board member	the dildren's Place at Home Safe tuc.
Divector	Rooney's bolf Foundation, Inc.

SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer; or publication of a book. 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; continuing participation in an

Date	Parties To	Terms of Agreement