

**UNITED STATES HOUSE OF REPRESENTATIVES  
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006**

**FORM A** Page 1 of 9  
For use by Members, officers, and employees

**HAND DELIVERED**

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LEGISLATIVE RESOURCE CENTER

2007 MAY 15 PM 4:15

MC

OFFICE OF THE CLERK  
U.S. HOUSE OF REPRESENTATIVES

Thomas C. Feeney, III

(Full Name)

3994 Carnaby Street Orlando, FL 32765

(Mailing Address)

(202)225-2706

Daytime Telephone:

|              |   |   |                                    |                                      |  |
|--------------|---|---|------------------------------------|--------------------------------------|--|
| Filer Status | <input checked="" type="checkbox"/> Member of the U.S. House of Representatives | State: <u>FL</u><br>District: <u>24</u>             | Officer Or Employee                | Employing Office:                    | A \$200 penalty shall be assessed against anyone who files more than 30 days late. |
|              | Report Type   | <input checked="" type="checkbox"/> Annual (May 15) | <input type="checkbox"/> Amendment | <input type="checkbox"/> Termination |  |

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

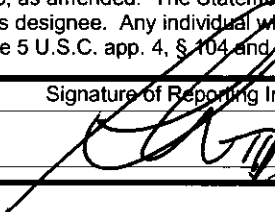
|  |   |  |   |
|--|---|--|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?<br>If yes, complete and attach Schedule I.   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$305 and not otherwise exempt)?<br>If yes, complete and attach Schedule VI.             | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 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?<br>If yes, complete and attach Schedule II.  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$305 from one source)?<br>If yes, complete and attach Schedule VII. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 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?<br>If yes, complete and attach Schedule III. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?<br>If yes, complete and attach Schedule VIII.  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?<br>If yes, complete and attach Schedule IV.  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | IX. Did you have any reportable agreement or arrangement with an outside entity?<br>If yes, complete and attach Schedule IX.   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?<br>If yes, complete and attach Schedule V.   | 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 dependent child? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| <b>Exemptions--</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 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. |  | 5/15/07                 |

**SCHEDULE I - EARNED INCOME**

Name Thomas C. Feeney, III

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$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.

| Source                | Type          | Amount |
|-----------------------|---------------|--------|
| Space Gateway Support | Spouse Salary | N/A    |

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name Thomas C. Feeney, III

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| BLOCK A  |  | BLOCK B  | BLOCK C  | BLOCK D  | BLOCK E  |
|--|--|--|--|--|--|
| Asset and/or Income Source   |  | Year-End Value of Asset  | Type of Income   | Amount of Income   | Transaction  |
| <p>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 full 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 IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.</p> <p>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.</p> <p>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.</p> |  | <p>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 and is included only because it is generated income, the value should be "None."</p> | <p>Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)</p> | <p>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.</p> | <p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p> |
| JT   | 12063 Gary Birch Circle<br>Orlando, FL   | \$250,001 -<br>\$500,000   | RENT   | \$5,001 - \$15,000   |  |
| JT   | 8600 Ridgewood Ave #2308<br>Cape Canaveral, FL<br>Partnership II Rental Property | \$50,001 -<br>\$100,000  | None   | NONE   |  |
|  | Fidelity IRA Fed Exp Corp  | \$15,001 -<br>\$50,000   | DIVIDENDS  | \$1 - \$200  |  |
|  | Fidelity IRA General Dynamics  | \$15,001 -<br>\$50,000   | DIVIDENDS  | \$1 - \$200  |  |
|  | Fidelity IRA Lifepoint Hosps Inc   | \$1 - \$1,000  | None   | NONE   |  |
|  | Fidelity IRA Holding Co (NOC)  | \$1,001 - \$15,000   | DIVIDENDS  | \$201 - \$1,000  |  |

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name Thomas C. Feeney, III

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|    |  |                       |           |                     |  |
|----|--|-----------------------|-----------|---------------------|--|
|    | Fidelity IRA Triad Hosps Inc   | \$1 - \$1,000         | None      | NONE                |  |
|    | Fidelity IRA Cash Reserves   | \$15,001 - \$50,000   | INTEREST  | \$201 - \$1,000     |  |
|    | Fidelity IRA Magellan: Fidelity China Region                                   | \$15,001 - \$50,000   | DIVIDENDS | \$201 - \$1,000     |  |
|    | Fidelity IRA Magellan: Fidelity Contrafund                                     | \$15,001 - \$50,000   | DIVIDENDS | \$2,501 - \$5,000   |  |
|    | Fidelity IRA Magellan: Fidelity Worldwide                                      | \$15,001 - \$50,000   | DIVIDENDS | \$5,001 - \$15,000  |  |
|    | Fidelity IRA Magellan: (FMAGX)   | \$15,001 - \$50,000   | DIVIDENDS | \$5,001 - \$15,000  |  |
|    | Fidelity IRA Magellan: Fidelity Growth Company                                 | \$1 - \$1,000         | None      | NONE                |  |
|    | Fidelity IRA Magellan: Port (FDFAX)  | \$15,001 - \$50,000   | DIVIDENDS | \$1,001 - \$2,500   |  |
| DC | Thomas C. Feeney, III<br>Custodian for Thomas S. Feeney Fidelity Cash Reserves | \$1 - \$1,000         | INTEREST  | \$1 - \$200         |  |
| DC | Thomas C. Feeney, III<br>Custodian for Sean P. Feeney Fidelity Cash Reserves   | \$1,001 - \$15,000    | INTEREST  | \$1 - \$200         |  |
| SP | 401(k) Plan Mid Cap Stock - Alger  | \$100,001 - \$250,000 | DIVIDENDS | \$15,001 - \$50,000 |  |
| SP | 401(k) Plan the Growth Fund of America   | \$50,001 - \$100,000  | DIVIDENDS | \$2,501 - \$5,000   |  |
| SP | 401(k) Plan Small Cap Stock - Ivy  | \$15,001 - \$50,000   | DIVIDENDS | \$1,001 - \$2,500   |  |
| SP | 401(k) Plan Euro Pacific Growth  | \$50,001 - \$100,000  | DIVIDENDS | \$5,001 - \$15,000  |  |

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name Thomas C. Feeney, III

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|    |  |                         |           |                    |  |
|----|--|-------------------------|-----------|--------------------|--|
| SP | 401(k) Plan Alliance Bernstein<br>Intl's Val K | \$50,001 -<br>\$100,000 | DIVIDENDS | \$5,001 - \$15,000 |  |
|----|--|-------------------------|-----------|--------------------|--|

**SCHEDULE V - LIABILITIES**

Name Thomas C. Feeney, III

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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 all or part of it is rented out); 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" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

| SP,<br>DC,<br>JT | Creditor                                    | Type of Liability                                | Amount of Liability   |
|------------------|---|--|-----------------------|
| JT               | Countrywide Home Loans, CA                  | Mortgage on 12063 Gray Birch Circle, Orlando, FL | \$100,001 - \$250,000 |
| SP               | Prudential Insurance Company of America, NJ | Spouse 401(k) Loan                               | \$15,001 - \$50,000   |

**SCHEDULE VI - GIFTS**

Name Thomas C. Feeney, III

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Report the source, a brief description, and the value of all gifts totaling more than \$305 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 relationship to you. Gifts with a value of \$122 or less need not be added towards the \$305 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source   | Description  | Value |
|--|--|-------|
| People's Republic of China - National People's Congress, Chinese National Space Administration | Postage stamps & Chinese space program covers, models of Shenzhou spaceflight vehicle, book on China, hardcover book collection of coins & stamps, reproductions of Terracotta Warrior & Tsang Horse | \$620 |

**SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS**

Name Thomas C. Feeney, III

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| Source   | Date(s)    | Point of Departure--<br>Destination--Point of Return                              | Lodging?<br>(Y/N) | Food?<br>(Y/N) | Was a Family<br>Member Included?<br>(Y/N) | Days not at<br>sponsor's<br>expense |
|--|------------|---|-------------------|----------------|---|-------------------------------------|
| National Committee on<br>U.S.-China Relations &<br>The National People's<br>Congress in the P.R.C. | Jan. 8-17  | FL-Beijing, P.R.C.-Jiayuguan,<br>P.R.C.-Shanghai, P.R.C.-<br>Hong Kong, P.R.C.-FL | Y                 | Y              | N   | 0                                   |
| The Heritage<br>Foundation -<br>Conservative Members<br>Retreat                                    | Jan. 29-31 | FL-Baltimore, MD-DC   | Y                 | Y              | N   | 0                                   |

# SCHEDULE VIII - POSITIONS

Name Thomas C. Feeney, III

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Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any 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 | Central Florida Children's Home |