

HAND DELIVERED

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

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For use by Members, officers, and employees

Patrick Joseph Tiberi

614-523-2555

(Full Name)

(Daytime Telephone)

2011 JUN 23 PM 1:18

(Office Use Only)

Filer ☒ Member of the U.S. House of Representatives

State: OH District: 12

☐ Officer Or Employee

Employing Office:

Report Type

☒ Annual (May 15)

☐ Amendment

☐ Termination

Termination Date:

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

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 type="checkbox"/> No <input checked="" type="checkbox"/>	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.	Yes <input type="checkbox"/> No <input checked="" 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? 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 \$335 from one source)? If yes, complete and attach Schedule VII.	Yes <input type="checkbox"/> No <input checked="" 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? 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? 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? 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? If yes, complete and attach Schedule IX.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
V. 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 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

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 dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions-- 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? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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BLOCK A Asset and/or Income Source <small>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 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 account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A. 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 a personal checking or</small>	BLOCK B Year-End Value of Asset <small>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."</small>	BLOCK C Type of Income <small>Check all columns that apply. 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. 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.</small>	BLOCK D Amount of Income <small>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.</small>	BLOCK E Transaction <small>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</small>
JT 2210 & 2212 Tupsfield Rd. (with spouse)	\$100,001 - \$250,000	RENT	\$5,001 - \$15,000	
JT 5596 & 5598 Parkville Rd. (with father)	\$100,001 - \$250,000	RENT	\$5,001 - \$15,000	
JT 5604 & 5606 Parkville Rd. (with father)	\$100,001 - \$250,000	RENT	\$5,001 - \$15,000	
JT Amcap Fund	\$100,001 - \$250,000	DIVIDENDS/CAPITAL GAINS	\$201 - \$1,000	
American Balanced Fund (SEP IRA)	\$1,001 - \$15,000	None	NONE	
JT Fifth Third Bank Account Columbus, Ohio	\$1,001 - \$15,000	INTEREST	\$1 - \$200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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JT	Income Fund American Funds	\$15,001 - \$50,000	DIVIDENDS	\$1,001 - \$2,500	
	Investment Co. (IRA) American Funds	\$15,001 - \$50,000	None	NONE	
SP	New Economy Fund American Funds (IRA)	\$50,001 - \$100,000	None	NONE	
SP	New Economy Fund American Funds (IRA)	\$1,001 - \$15,000	None	NONE	
SP	Northwestern Mutual Life Insurance (Whole)	\$50,001 - \$100,000	None	NONE	
	Northwestern Mutual Life Insurance (Whole)	\$100,001 - \$250,000	None	NONE	
	Ohio Deferred Comp Retirement Fund--Fidelity Contrafund	\$15,001 - \$50,000	None	NONE	
	Ohio Deferred Comp Retirement Fund--Fidelity Growth Company	\$15,001 - \$50,000	None	NONE	
	Ohio Deferred Comp Retirement Fund--Pimco Total Return	\$1,001 - \$15,000	None	NONE	
	Ohio Deferred Comp Retirement Fund--Vanguard Institutional Index	\$1,001 - \$15,000	None	NONE	
JT	Ohio Tuition Trust-- Vanguard 529 Extended Market Index Option	\$1,001 - \$15,000	None	NONE	
JT	Ohio Tuition Trust-- Vanguard 529 Extended Market Index Option	\$1,001 - \$15,000	None	NONE	

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JT	Ohio Tuition Trust-- Vanguard 529 Extended Market Index Option	\$1,001 - \$15,000	None	NONE	
JT	Ohio Tuition Trust-- Vanguard 529 Income Portfolio	\$1,001 - \$15,000	None	NONE	
JT	Ohio Tuition Trust-- Vanguard 529 Income Portfolio	\$1,001 - \$15,000	None	NONE	
JT	Ohio Tuition Trust-- Vanguard 529 Income Portfolio	\$1,001 - \$15,000	None	NONE	
JT	Ohio Tuition Trust-- Vanguard 529 Moderate Growth Index	\$1,001 - \$15,000	None	NONE	
JT	Ohio Tuition Trust-- Vanguard 529 Moderate Growth Index	\$1,001 - \$15,000	None	NONE	
JT	Ohio Tuition Trust-- Vanguard 529 Moderate Growth Index	\$1,001 - \$15,000	None	NONE	
JT	Ohio Tuition Trust--College Advantage 529 Advantage Age Based Option	\$1 - \$1,000	None	NONE	
JT	Ohio Tuition Trust--College Advantage 529 Blackrock Aggressive, 6-9 Age Based Option	\$15,001 - \$50,000	None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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SP	P.E.R.S Ohio --Retirement (Defined Benefit)	\$50,001 - \$100,000	None	NONE	
SP	Spouse Ohio Deferred Comp Retirement Fund--Dodge & Cox Stock	\$1,001 - \$15,000	None	NONE	
SP	Spouse Ohio Deferred Comp Retirement Fund--F.P.A Capital	\$1,001 - \$15,000	None	NONE	
SP	Spouse Ohio Deferred Comp Retirement Fund--Fidelity Contrafund	\$15,001 - \$50,000	None	NONE	
JT	Washington Mutual Coverdell Education IRA	\$1,001 - \$15,000	None	NONE	

SCHEDULE V - LIABILITIES

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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, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
JT	Fifth Third Bank (with spouse)	February 2004	Mortgage--2210/12 Tupsfeld Rd.	\$15,001 - \$50,000
JT	Fifth Third Bank (with father)	June 2003	Mortgage--5604/06 Parkville Rd.	\$50,001 - \$100,000

SCHEDULE VIII - POSITIONS

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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
Trustee	Hinson Family Trust (Uncompensated)

SCHEDULE IX - AGREEMENTS

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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
Dec, 2000	State of Ohio	Continued Participation in Ohio PERS