

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2007

FORM A
For use by Members, officers, and employees

**HAND
DELIVERED**

Patrick Joseph Tiberi
(Full Name)

614-523-2555
(Daytime Telephone)

LEGISLATIVE RESOURCE CENTER
MAY 15 PM 2:31
(Office Use Only)

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representative	State: OH	District: 12	Officer Or Employee	Employing Office
Report Type	<input checked="" type="checkbox"/> Annual (May 15)	Amendment	Termination	Termination Date	

U.S. HOUSE OF REPRESENTATIVES
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?	Yes	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 \$305 and not otherwise exempt)?	Yes	No <input checked="" type="checkbox"/>
II. If yes, complete and attach Schedule I. 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?	Yes	No <input checked="" type="checkbox"/>	VII. If yes, complete and attach Schedule VI. 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)?	Yes	No <input checked="" type="checkbox"/>
III. If yes, complete and attach Schedule II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$1,000 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?	Yes	No <input checked="" type="checkbox"/>	VIII. If yes, complete and attach Schedule VII. Did you hold any reportable positions on or before the date of filing in the current calendar year?	Yes	No <input checked="" type="checkbox"/>
IV. If yes, complete and attach Schedule III. 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?	Yes	No <input checked="" type="checkbox"/>	IX. If yes, complete and attach Schedule VIII. Did you have any reportable agreement or arrangement with an outside entity?	Yes	No <input checked="" type="checkbox"/>
V. If yes, complete and attach Schedule IV. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?	Yes	No <input checked="" type="checkbox"/>			

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

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?	Yes	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?	Yes	No <input checked="" type="checkbox"/>

SCHEDULE II - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

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List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. A green envelope for transmitting the list is included in each Member's filing package. Employees may request a green envelope from the Clerk or use a plain envelope that is appropriately labeled.

Source	Activity	Date	Amount
Delaware Rotary Club	Speech	March 5, 2007	\$20

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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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
<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 assets 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.</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	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 American Funds		\$100,001 - \$250,000		DIVIDENDS/ CAPITAL GAINS		\$5,001 - \$15,000		
JT	Fifth Third Bank Account Columbus, Ohio		\$1,001 - \$15,000		INTEREST		\$201 - \$1,000		
JT	Income Fund American Funds		\$15,001 - \$50,000		DIVIDENDS		\$2,501 - \$5,000		

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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SP	Investment Co. (IRA) American Funds	\$15,001 - \$50,000	DIVIDENDS/ IRA	NA	
	Limited Brands	\$1,001 - \$15,000	DIVIDENDS	NA	Sold
SP	Mason Street Mutual Fund (formerly Robert W. Baird Co.)	\$1,001 - \$15,000	INTEREST SEP/IRA	NA	
	New Economy Fund American Funds	\$15,001 - \$50,000	DIVIDENDS/ IRA	NA	
SP	New Economy Fund American Funds	\$1,001 - \$15,000	DIVIDENDS/ IRA	NA	
	Northwestern Mutual Life Insurance	\$50,001 - \$100,000	DIVIDENDS	NA	
SP	Northwestern Mutual Life Insurance	\$50,001 - \$100,000	DIVIDENDS	NA	
	Ohio Deferred Comp Retirement Fund-- Fidelity Growth Company	\$15,001 - \$50,000	DIVIDENDS	NA	
	Ohio Deferred Comp Retirement Fund-- Vanguard Institutional Index	\$1,001 - \$15,000	DIVIDENDS	NA	
	Ohio Deferred Comp Retirement Fund--Fidelity Contrafund	\$15,001 - \$50,000	DIVIDENDS	NA	
JT	Ohio Deferred Comp Retirement Fund--Pimco Total Return	\$1,001 - \$15,000	DIVIDENDS	NA	
	Ohio Tuition Trust--529	\$1,001 - \$15,000	DIVIDENDS	NA	
	P.E.R.S Ohio--Retirement	\$15,001 - \$50,000	DIVIDENDS	NA	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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SP	Spouse Ohio Deferred Comp Retirement Fund--Dodge & Cox Stock	\$1,001 - \$15,000	DIVIDENDS	NA
SP	Spouse Ohio Deferred Comp Retirement Fund--F.P.A. Capital	\$1,001 - \$15,000	DIVIDENDS	NA
SP	Spouse Ohio Deferred Comp Retirement Fund--Fidelity Magellan	\$1,001 - \$15,000	DIVIDENDS	NA
JT	Washington Mutual Coverdell Education IRA	\$1,001 - \$15,000	DIVIDENDS	NA

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	Type of Liability	Amount of Liability
JT	Fifth Third Bank (with spouse)	Mortgage-2210/12 Tupsfeld Rd.	\$50,001 - \$100,000
JT	Fifth Third Bank (with father)	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)