

**FINANCIAL DISCLOSURE REPORT  
FOR CALENDAR YEAR 2009**

Report Required by the Ethics  
in Government Act of 1978  
(5 U.S.C. app. §§ 101-111)

<b>1. Person Reporting</b> (last name, first, middle initial) WEBER, HERMAN J.	<b>2. Court or Organization</b> U.S.D.C. S.D. OHIO W.D.	<b>3. Date of Report</b> 05/3/2010
<b>4. Title</b> (Article III judges indicate active or senior status; magistrate judges indicate full- or part-time) DISTRICT JUDGE SENIOR STATUS	<b>5a. Report Type</b> (check appropriate type) <input type="checkbox"/> Nomination,                      Date <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Final <b>5b.</b> <input type="checkbox"/> Amended Report	<b>6. Reporting Period</b> 01/01/2009 to 12/31/2009
<b>7. Chambers or Office Address</b> Suite 801, 100 E. Fifth St. Potter Stewart US Courthouse Cincinnati, OH 45202	<b>8. On the basis of the information contained in this Report and any modifications pertaining thereto, it is, in my opinion, in compliance with applicable laws and regulations.</b>  Reviewing Officer _____ Date _____	
<b>IMPORTANT NOTES:</b> The instructions accompanying this form must be followed. Complete all parts, checking the NONE box for each part where you have no reportable information. Sign on last page.		

**I. POSITIONS.** (Reporting individual only; see pp. 9-13 of filing instructions.)

NONE (No reportable positions.)

<u>POSITION</u>	<u>NAME OF ORGANIZATION/ENTITY</u>
1. Trustee Emeritus	American Legion Buckeye Boys State Inc.
2. Executor	Estate #1
3.	
4.	
5.	

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**II. AGREEMENTS.** (Reporting individual only; see pp. 14-16 of filing instructions.)

NONE (No reportable agreements.)

<u>DATE</u>	<u>PARTIES AND TERMS</u>
1. 5/1/85	Nationwide Life Ins. Co. Life Annuity - 10 yrs. Certain Ohio Deferred Compensation, IRC Sec. 457 ("Nationwide")
2. 5/1/85	P.E.R.S. OF OHIO - JOINT SURVIVORSHIP LIFE ANNUITY
3.	

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**III. NON-INVESTMENT INCOME.** *(Reporting individual and spouse; see pp. 17-24 of filing instructions.)*

**A. Filer's Non-Investment Income**

NONE *(No reportable non-investment income.)*

<u>DATE</u>	<u>SOURCE AND TYPE</u>	<u>INCOME</u> <small>(yours, not spouse's)</small>
1. 2009	Nationwide-Life annuity - monthly installments	\$5,561.88
2. 2009	P.E.R.S. of Ohio - monthly installments	\$68,250.20
3.		
4.		

**B. Spouse's Non-Investment Income** *- If you were married during any portion of the reporting year, complete this section.*

*(Dollar amount not required except for honorario.)*

NONE *(No reportable non-investment income.)*

<u>DATE</u>	<u>SOURCE AND TYPE</u>
1. 2009	State Teachers Retirement Pension Systems Life Annuity paid in monthly installments
2.	
3.	
4.	

**IV. REIMBURSEMENTS** *-- transportation, lodging, food, entertainment.*

*(Includes those to spouse and dependent children; see pp. 25-27 of filing instructions.)*

NONE *(No reportable reimbursements.)*

<u>SOURCE</u>	<u>DATES</u>	<u>LOCATION</u>	<u>PURPOSE</u>	<u>ITEMS PAID OR PROVIDED</u>
1.				
2.				
3.				
4.				
5.				

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**V. GIFTS.** *(Includes those to spouse and dependent children; see pp. 28-31 of filing instructions.)*

NONE *(No reportable gifts.)*

<u>SOURCE</u>	<u>DESCRIPTION</u>	<u>VALUE</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

**VI. LIABILITIES.** *(Includes those of spouse and dependent children; see pp. 32-33 of filing instructions.)*

NONE *(No reportable liabilities.)*

<u>CREDITOR</u>	<u>DESCRIPTION</u>	<u>VALUE CODE</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

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**VII. INVESTMENTS and TRUSTS** -- income, value, transactions (Includes those of spouse and dependent children; see pp. 34-60 of filing instructions.)

NONE (No reportable income, assets, or transactions.)

	A. Description of Assets (including trust assets)  Place "(X)" after each asset exempt from prior disclosure	B. Income during reporting period		C. Gross value at end of reporting period			D. Transactions during reporting period				
		(1)	(2)	(1)	(2)	(1) Type (e.g., buy, sell, redemption)	(2) Date mm/dd/yy	(3) Value Code 2 (J-P)	(4) Gain Code 1 (A-H)	(5) Identity of buyer/seller (if private transaction)	
		Amount Code 1 (A-H)	Type (e.g., div., rent, or int.)	Value Code 2 (J-P)	Value Method Code 3 (Q-W)						
1.	Lincoln Natl Life Ins. Co. Ordinary Life	B	Int./Div.	K	T						
2.	P.E.R.S. OF OHIO - See IIIA	F	Distribution	L	U						
3.	Nationwide Life Ins. Co. - See IIIA	D	Distribution	K	U						
4.	State Teachers Retirement System of Ohio - See IIIB	E	Distribution			Expired	08/22/09				
5.	Seligman Natl Muni Fund-formerly Seligman Ohio Fund-See VIII	B	Dividend			Redeemed	12/01/09	L			
6.	Cinfed Employees Credit Union Accounts - See VIII	A	Interest	K	T						
7.	- CD	A	Interest			Closed	03/09/09	J			
8.	- CD	A	Interest			Closed	06/11/09	J			
9.	- CD	A	Interest			Closed	12/09/09	J			
10.	- CD	A	Interest			Open	03/09/09	J			
11.						Closed	09/09/09	J			
12.	- CD	A	Interest	J	T	Open	06/09/09	J			
13.	- CD	A	Interest	J	T	Open	10/29/09	J			
14.	- CD	A	Interest	J	T	Open	12/02/09	J			
15.	- CD	A	Interest	J	T	Open	12/09/09	J			
16.	New York Life Ins. Co. - Fully Paid Up Life Policy -See VIII	A	Int./Div.			Matured	10/28/09	K			
17.	5th/3rd Bank Accounts	A	Interest	M	T						

1. Income Gain Codes: A = \$1,000 or less; B = \$1,001 - \$2,500; C = \$2,501 - \$5,000; D = \$5,001 - \$15,000; E = \$15,001 - \$50,000  
(See Columns B1 and D4) F = \$50,001 - \$100,000; G = \$100,001 - \$1,000,000; H1 = \$1,000,001 - \$5,000,000; H2 = More than \$5,000,000

2. Value Codes: J = \$15,000 or less; L = \$50,001 - \$100,000; M = \$100,001 - \$250,000  
(See Columns C1 and D3) N = \$250,001 - \$500,000; O = \$500,001 - \$1,000,000; P1 = \$1,000,001 - \$5,000,000; P2 = \$5,000,001 - \$25,000,000; P3 = \$25,000,001 - \$50,000,000; P4 = More than \$50,000,000

3. Value Method Codes: Q = Appraisal; R = Cost (Real Estate Only); S = Assessment; T = Cash Market  
(See Column C2) U = Book Value; V = Other; W = Estimated

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**VII. INVESTMENTS and TRUSTS** – income, value, transactions (Includes those of spouse and dependent children; see pp. 34-60 of filing instructions.)

NONE (No reportable income, assets, or transactions.)

A. Description of Assets (including trust assets)  Place "(X)" after each asset exempt from prior disclosure	B. Income during reporting period		C. Gross value at end of reporting period			D. Transactions during reporting period				
	(1) Amount Code 1 (A-H)	(2) Type (e.g., div., rent, or int.)	(1) Value Code 2 (J-P)	(2) Value Method Code 3 (Q-W)	(1) Type (e.g., buy, sell, redemption)	(2) Date mm/dd/yy	(3) Value Code 2 (J-P)	(4) Gain Code 1 (A-H)	(5) Identity of buyer/seller (if private transaction)	
	18. 5th/3rd BanCorp Common Stock - See VIII	B	Dividend	N	T					
19. JP Morgan Chase Account	A	Interest			Closed	12/07/09	L			
20. AIG SunAmerica Life Assurance Co. - Adjustable Life Policy	A	Dividend	J	T						
21. Metlife Account	A	Interest	J	T	Open	12/01/09	J			
22. Estate #1 X - 5th/3rd Bank Accounts -Checking, Money Market	A	Interest	M	T						
23.										
24.										
25.										

1. Income Gain Codes (See Columns B1 and D4)	A = \$1,000 or less F = \$50,001 - \$100,000 J = \$15,000 or less N = \$250,001 - \$500,000 P3 = \$25,000,001 - \$50,000,000	B = \$1,001 - \$2,500 G = \$100,001 - \$1,000,000 K = \$15,001 - \$50,000 O = \$500,001 - \$1,000,000	C = \$2,501 - \$5,000 H1 = \$1,000,001 - \$5,000,000 L = \$50,001 - \$100,000 P1 = \$1,000,001 - \$5,000,000 P4 = More than \$50,000,000	D = \$5,001 - \$15,000 I12 = More than \$5,000,000 M = \$100,001 - \$250,000 P2 = \$5,000,001 - \$25,000,000	E = \$15,001 - \$50,000
2. Value Codes (See Columns C1 and D3)	Q = Appraisal U = Book Value	R = Cost (Real Estate Only) V = Other	S = Assessment W = Estimated	T = Cash Market	

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**VIII. ADDITIONAL INFORMATION OR EXPLANATIONS.** *(Indicate part of Report.)*

VII. Line 18 - Market Value as reported in Cincinnati Enquirer January 1, 2010. This investment is an asset of Estate #1.

VII. Line 6 - Transferred savings to certificate accounts and reinvested CD's.

VII. Line 5 - This investment was an asset of Estate #1.

VII. Line 16 - Death benefits paid.

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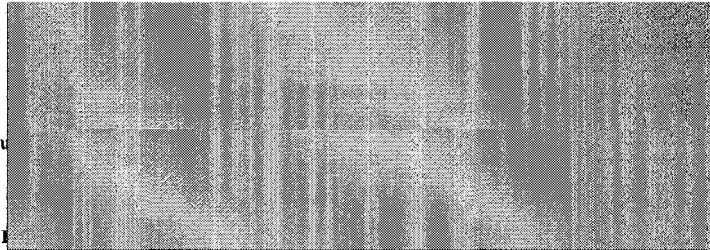
Date of Report  
05/3/2010

**IX. CERTIFICATION.**

I certify that all information given above (including information pertaining to my spouse and minor or dependent children, if any) is accurate, true, and complete to the best of my knowledge and belief, and that any information not reported was withheld because it met applicable statutory provisions permitting non-disclosure.

I further certify that earned income from outside employment and honoraria and the acceptance of gifts which have been reported are in compliance with the provisions of 5 U.S.C. app. § 501 et. seq., 5 U.S.C. § 7353, and Judicial Conference regulations.

Signature



**NOTE: ANY INDIVIDUAL WHO KNOWINGLY AND WILFULLY FALSIFIES THIS REPORT IS SUBJECT TO CIVIL AND CRIMINAL SANCTIONS (5 U.S.C. app. § 104)**

**FILING INSTRUCTIONS**

Mail signed original and 3 additional copies to:

Committee on Financial Disclosure  
Administrative Office of the United States Courts  
Suite 2-301  
One Columbus Circle, N.E.  
Washington, D.C. 20544