TAMMY BALDWIN

2ND DISTRICT, WISCONSIN

Website: tammybaldwin.house.gov

COMMITTEE ON ENERGY AND COMMERCE

SUBCOMMULTIL ON HEALTH

SUBCOMMUTER ON ENERGY AND ENVIRONMENT

COMMITTEE ON THE JUDICIARY

SURCOMMUTEE ON CONSTITUTION, CIVIL RIGHTS AND CIVIL LIBERTILS

Congress of the United States House of Representatives

Washington, DC 20515

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May 15, 2010

Ms. Lorraine Miller Clerk of the House Legislative Resources Center B-106 Cannon HOB Washington, DC 20515

Dear Ms. Miller:

With this letter, I am filing my annual Financial Disclosure. On pages 4 and 5 of the document, I have identified Assets and Unearned Income. To avoid any misinterpretation, please note that the assets numbered 1-11 are all part of the "D. Green Irrevocable Trust for Tammy Baldwin." The total value of the assets and income identified for the Trust *includes* the income for each of the numbered assets.

Sincerely,

Tammy Baldwin Member of Congress

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SCHEDULE I — EARNED INCOME

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

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

- Control of Control o		
Source	Туре	Amount
\ \	Approved Teaching Fee	\$6,000
	Legislative Pension	\$9,000
	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
None		

Name
Tammu
Baldwin
Page 3 of

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

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.

Contract. A green envelope for natistimating the first is included in each member a ming package.	o mily package.		
Source	Activity	Date	Amount
Association of American Associations, Washington, DC	Speech	Feb. 2, 2009	\$2,000
Examples: XYZ Magazine	Article	Aug. 13, 2009	\$500
None			

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ڊ دما	4) First American High Income Bond Fund	3) Eaton Vance Large Cap	_	Oblia Fund	for Tammy Daldwin:	1st Bank of Paducah, KY Accounts	Examples:	SP, SP Mega Corp. Stock	instruction booklet. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by 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.	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 about A. For additional information, see the	BLOCK A Asset and/or Income Source 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).
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				\ \			Royalties		Other Type of Income (Specify: For Example, Partnership Inco	ome or Farm Income)	Type of Income 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.
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		$>\!\!\!<$	$\geq \leq$	\succ		<u> </u>	_		\$1 – \$200	<u> </u>	Ame For retiremen not allow you ments, you n For all other a noticking the Dividends an vested, shou Check "None or generated.
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			-	 	 	\vdash	$\widehat{}$		\$100,001 - \$1,000,000	<u>×</u>	BLOCK D Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, including all IRAs, indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was earned or generated.
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		70	7	-0	 	十		\vdash			
				Cart.				S (partial)	(S) (partial) See below for example. P, S, E	If only a portion of an asset is sold, please indicate as follows:	BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

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None	Continuation Sheet (if needed)	(if needed)	Name 18	CALCONIII.
None >	me	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income
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SCHEDULE IV - TRANSACTIONS

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SCHEDULE V- LIABILITIES

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 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. Name Tammy Baldwin

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Citi Mortgage D	Appleton WHO Corporation	Appleto, WI Corporation	Example: First Bank of Wilmington, Delaware	Creditor			conditions and admitted on the property of the
Mortgage on 350 9th St. SE Washington DC - Rentral Property	Madison Et - Fental Property	Madison, WI - Rental Traperty	Mortgage on 123 Main St., Dover, Del.	Type of Liability			70: 07:00 CG & + 10:00 CG.
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SCHEDULE VI - GIFTS

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 \$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.

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

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345
None		

Name
Tammy
Baldwin
Page 8 of 9

SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor 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 Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by

a spouse or dependent child that is totally independent of his or her relationship to you. 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

Examples: Illiance for Health Katorm per Indefitate Congressional Chicago Chamber of Commerce Roycroft Corporation re Commonwealth Fun Source June 20-2 Aug. 6-11 Date(s) Mar 2 Washington DO-y Valencia, Spain Medison, wi > Philadephia, Pi City of Departure—Destination—
City of Return DC-Los Angeles-Cleveland DC-Chicago-DC Lodging? (Y/N) < Z (Y/N) z Member Included? (Y/N) Was a Family ひとってつら Dertres z Number of days not at sponsor's expense 3days Zone None None 2 Days None

SCHEDULE VIII—POSITIONS

Name Tammy Baldwin

Page 1 of 1

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-

, ,	
Position	Name of Organization
None	

SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer; or publication of a book. government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; continuing participation in an 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

Date	Parties To	Terms of Agreement
None	9	