PRELIMINARY INFORMATION EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER <u>EACH</u> OF THESE QUESTIONS be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? \$1,000 during the reporting period? they meet all three tests for exemption? **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct and certain other "excepted trusts" need not If yes, complete and attach Schedule V. If yes, complete and attach Schedule IV. or exchange any reportable asset in a transaction exceeding IV. Did you, your spouse, or a dependent child purchase, sell, 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 II. If yes, complete and attach Schedule 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? For 2007 Calendar Year Reporting Period 2008 FINANCIAL DISCLOSURE STATEMENT UNITED STATES YOUSE OF REPRESENTATIVES If yes, complete and attach Schedule III. reporting period? II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the Status Report Type Filer House of Representatives Member of the U.S. Annual (May 15) Marie Sadmenn District: - ANSWER EACH State:_ (Full Name) ₹ 7 ε Amendment Yes X Yes X Yes Yes Yes OF THESE Š S O × S 0 <u>2</u> Employee Officer or an outside entity? If yes, complete and attach Schedule IX. of filing in the current calendar year? If yes, complete and attach Schedule VIII. period (worth more than \$305 from one source)? reportable travel or reimbursements for travel in the reporting than \$305 and not otherwise exempt)? If yes, complete and attach Schedule VI. Did you have any reportable agreement or arrangement with VIII. Did you hold any reportable positions on or before the date If yes, complete and attach Schedule VII. VII. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more VI. Did you, your spouse, or a dependent child receive any For use by Members, officers, and employees QUESTIONS appropriate schedule attached for each "Yes" response Employing Office: Each question in this part must be answered and the Termination Form A 202-225-2331 (Daytime Telephone) Termination Date: A \$200 penalty shall be assessed against anyone who files more than 30 days late. HAND DELIVERED 2009 JUN 16 AM 9: 05 (Office Use Only) - CENTAL TATIVE RESOURCE CENTER Yes Yes Yes Yes Yes <u>8</u> ٥ ₹ |X 8 S ۲ ٥

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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) 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.

SCHEDULE I—EARNED INCOME

| Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. | its received under the Social Sec | curity Act. |
|---|-----------------------------------|-------------|
| Source | Туре | Amount |
| | Approved Teaching Fee | \$6,000 |
| | Legislative Pension | \$9,000 |
| Civil War Roundtable (Oct. 2nd) | Spouse Speech | \$1,000 |
| | Spouse Salary | NA |
| Backmann + Associates INC. | Spouse Salary | NA |
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| Independence WI | Bachmann Farm Family LP | 4 | Ballymann Chric Property. | ro, Mr | Backmann + Association Psychotherapy | JT 1st Bank of Paducah, KY Accounts | DC, Examples: Simon & Schuster | SP, Mega Corp. Stock | 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. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by you or your spouse's child, parent, or sibling; any deposits totalling \$5,000 or less in personal savings accounts; 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. | 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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| <u> </u> | | | | | 1 | | Indefinite | | \$1,001 – \$15,000 ° | ate ting od od se sy asse ance ance ance ance ance ance ance anc |
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| | farm Income | | | : | | | Royalties | | Other Type of Income (Specify: For Example, Partnership Income 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 <i>including all IHAs</i> , 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. |
| | | | × | | × | | | | None - | Che Diche mot For |
| <u> </u> - | <u> </u> | - | <u>></u> | ļ | | ١. | 1_ | Ĺ | <u>\$1 - \$200 = </u> | reti allo nts, all icatricockir ider ider |
| _ | 100 | ļ., | 7 | ļ . | <u> </u> | <u> </u> | | _ | \$201 – \$1,000 = | 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, <i>including all IRAs</i> , 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 received. |
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| | | | | | | | | S (partial) | portion of an asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E | BLOCK E Transaction Indicate if the asset had purchases (P), or sales (S), or exchanges (E) exceeding \$1000 in reporting year. |

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Name

Continuation Sheet (if needed) ≒ 8 SS 高 37 T the New Economy Envolución Coronala the Iname town & Amoun New World Hmerican SmallCap World fund Tundamental Invostors Asset and/or Income Source RAS Fige ! it Dodge Variand Mid ho Luley Janquaro Tist lobset lox State Laterral (amp Stak Ratherment Grant, World Growth of Low エメと 10. H **BLOCK A** Dolancel Hund 60 4 Fund true) Hugy Therest Balanca hacome (B) -11.0 Shiden Jun.+ tuw. Jun. Hay × ➤ × * None 国公園 Œ \$1.000 Ш O \$1,001 - \$15,000 × ୍ଦ ପ × \$15,001 - \$50,000 Value of Asset m 乄 \$50,001 - \$100,000 Year-End BLOCK B \$100,001 - \$250,000 Q \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 ㅈ \$25,000,001 - \$50,000,000 rtu Over \$50,000,000 NONE 1= × K $\overline{\mathsf{x}}$ X × Х DIVIDENDS RENT INTEREST of Income Motical about BLOCK C X X ΙX X Type X Х CAPITAL GAINS Sarco EXCEPTED/BLIND TRUST a bove Other Type of Income (Specify) None = \$1 - \$200 Amount of Income 3 \$201 - \$1,000 Z X × × × × \$1,001 - \$2,500 X VI VII VIII IX BLOCK D ひゃくべるが \times × X \$2,501 - \$5,000 \$5,001 - \$15,000 VERNUES TED + BJ-NO 55 CD \$15,001 ~ \$50,000 retimue sted remuested 101 10 < St20 \$50,001 - \$100,000 \$100,001 - \$1,000,000 × \$1,000,001 - \$5,000,000 ≚ Over \$5,000,000 Transaction Π m 1 ILI ILI П BLOCK E шωъ

SCHEDULE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)

Name Michele M. Back

Page of G

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SCHEDULE IV— TRANSACTIONS

Name Michele M Bachman

Page 7 of

| | | | | | | | | | Redemption 7 US Squings Bowls (partial) | | MN State Deterrel Compensation Plan | | Rolled to IRA | AU State Retirement System | SP Example: Mega Coporation Common Stock (partial sale) | SP, DC, JT Asset | that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below. | stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions | Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting year of any real property, |
|----------------------|----------------|------------------|--|---|------------------|-------------|--------------------------------------|---------------|---|-----------------|-------------------------------------|---------------------------------------|---|----------------------------|---|---|--|---|---|
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| <u> </u> | | | | | | | | | | | <u> </u> | | | | | | \$50,000,000 | | |

SCHEDULE V— LIABILITIES

Name Midele M Bachman

Page 8 of 9

cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. 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

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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 \$122 or less need not be added towards the \$305 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$305 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 Source | Description Silver Platter (determination on personal friendshin received from Committee on Standards) |
|---|---|
| Example: Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) |
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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 Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling 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

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 a

| Source | Date(s) | City of Departure—Destination— City of Return | Lodging? (Y/N | Food? (Y/N | Was a Family Member Included? (Y/N) | Number of days <u>not</u> at sponsor's expense |
|---|-----------|--|------------------|---------------|---|---|
| Examples: Chicago Chamber of Commerce | Mar. 2 | DC—Chicago—DC | Z | z | Z | None |
| | Aug. 6–11 | DC—Los Angeles—Cleveland | Υ | Y | Y | 2 Days |
| Heritage toundation | Feb 1-3 | DC-Baltimore-MN | A | 4 | ک | NONE |
| American Israel Aug Aug Feducation 4-12 | Aug 12 | AUS 12 MN- ISTARI-MN | ~ | < | ~ | NONE |
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