EXEMPTION —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.	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?	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	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.	IV. 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? If yes, complete and attach Schedule IV.	Ill. 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.	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.	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	PRELIMINARY INFORMATION — ANSWER EACH OF	Type (May 15, 2012) Amendment	Status Member of the U.S. State: W.S.Consin. House of Representatives District: 02	Name: lammy Daldwin Day	T R I	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT	
ome, trans onsulted w	Ethics and indent chil	NFOR	Ů	å	Ů	Å	Å	THES		Officer or Employee	ytime 1		4	
sactions, or liabilities of a spouse or dependent (vith the Committee on Ethics.	I certain other "excepted trusts" need not be disde	MATION — ANSWER EACH OF THESE QUESTIONS	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	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.	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$350 from one source)? If yes, complete and attach Schedule VII.	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)? If yes, complete and attach Schedule VI.	OF THESE QUESTIONS	Termination Date:	r Employing Office:	Daytime Telephone: みひみ み名5-み906	`	Form A For use by Members, officers, and employees	
		F THESE QUE	must be answe ed for each "Ye		-		ď		aganisi anyone who lives more than 30 days late.	A \$200 penalty shall be assessed	HAND DECIPAGEDED	JE ICE OF THE CLERK HOUSE OF REPRESENTATIVES	2012 MAY 14 PH 4: 57	GISI ATIVE PESONO
es	Yes	ESTION	ed ance	Yes	Yes	Yes	Yes		who mes	shall be	HAND	ERK NTATIVE'S	4: 57	77 77 114 100
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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.

Source	Туре	Amount
	Approved Teaching Fee	\$6,000
State of Maryland	Legislative Pension	\$9,000
Examples: Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
	Spouse Salary	NA

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SCHEDULE II—PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

lope for transmitting the list is included in each Member's filing package. 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 Ethics. A green enve-

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Source	Activity	Date	Amount
Association of American Associations, Washington, DC	Speech	Feb. 2, 2011	\$2,000
EXAMPles: XYZ Magazine	Article	Aug. 13, 2011	\$500
None		9 9 9 9 9	
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SCHEDULE IV— TRANSACTIONS

action. Ex dren, or the ates renta cate (<i>Le.,</i> Capital G of \$200, c III.	Report ar or depend erty held
income. If only "partial sale") sains — if a sale heck the "capite Example: Dine	y purchase, sal
action. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below. Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III. P. DC, JT Asset SP Example: Mega Corporation Common Stock (partial sale) None	Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a capital loss. Provide a brief description of any exchange trans-
PURCHASE	
× SALE	Type ransac
EXCHANGE	Type of Transaction
Check Box if Capit Gain Exceeded \$2	al 00
(MO/DAY/YR) or Quarterly, Monthly, or Bi-weekly, if applicable	Date
\$1,001- \$15,000	
× \$15,001- \$50,000	
\$50,001- \$100,000	Amo
\$100,001- \$250,000 \$250,001-	– ji
\$500,000	│ □ □ □
\$1,000,000	Amount of Transaction
\$5,000,000	
\$25,000,000 \$25,000,000 \$25,000,000 \$55,000,000 \$	_
\$30,000,000 Over	\dashv

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Tammy Baldwin

SCHEDULE V- LIABILITIES

Name Tammy Baldwin Page Lot S

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 (unless you are personally liable); 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. NOTE: Pending legislation may require Members to report mortgages on personal residences

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			(0)	Cit Mortgage O'Faller MD	Johnson Bank, Racine DI Sap 2010 Macing on person & redison w?	Example: First Bank of Wilmington, DE	Creditor		
				વિવવ	Sap. 2010	May 1998	Incurred Mo∕Year	Liability	Date
		at Propagation of Account	0	Mustage or porce net residence	Mostry on personal residence	Mortgage on 123 Main St., Dover, DE	Type of Liability		
							\$10,001- \$15,000	>	
							\$15,001- \$50,000	Φ	
							\$50.001- \$100,000	C	
-		 		X	X	×	\$100,001- \$250,000 \$250,001-	0	Атои
-				, 			\$500,000 \$500,001	m	nt of L
-				·			\$1,000,000	F (Amount of Liability
-							\$5,000,000	В	\ <u></u>
-					7,		\$25,000,000 \$25,000,001-	_	
							\$50,000,000 Over \$50,000,000	ے	

SCHEDULE VI— GIFTS

relationship to you. Gifts with a value of \$140 or less need not be added towards the \$350 disclosure threshold. 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 Report the source, a brief description, and the value of all gifts totalling more than \$350 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 Ethics)	\$375
None		

Use additional sheets if more space is required

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	Name
	Tammy
	Baldwin

SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed 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 \$350 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 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

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

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

	Source		Date(s)	Date(s)	Date(s) City of Departure—Destination— City of Return
Examples:	Roycroft Corporation	Aug. 6–11	-11		DC-
illiances	Alliance for Health Reform Through a arrant from the Commonwealth Fund	Jan. 14-16	-16		Mad
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SCHEDULE VIII—POSITIONS

Name Tammy Baldwin

Page 2 of 3

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 nonprofit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

tions); 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 organiza-

3		None	Position
			Name o
			Name of Organization

SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer. 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

	Date	Parties To	Terms of Agreement
		None	
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