TAMMY BALDWIN

2ND DISTRICT, WISCONSIN

Website: tammybaldwin.house.gov

COMMITTEE ON ENERGY AND COMMERCE

SUBCOMMITTEE ON HEALTH

SUBCOMMITTEE ON ENERGY AND ENVIRONMENT

COMMITTEE ON THE JUDICIARY

SUBCOMMETTEE ON CONSTITUTION, CIVIL RIGHTS AND CIVIL LIBERTIES 2446 RAYBURN HOUSE OFFICE BUILDING
HAND DEFENDED TO THE PROPERTY OF THE PROPER

Congress of the United States House of Representatives

Washington, DC 20515



May 15, 2009

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 page 4 of the document, I have identified Assets and Unearned Income. To avoid any misinterpretation, please note that the assets numbered 1-15 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

CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT UNITED STATES HOUSE OF REPRESENTATIVES

For use by Members, officers, and employees Form A

HAND DELIVERED

MINE MESOURCE CENTER

_			_	
RELIMI	Report Type	Filer Status		Name:
NAR)	X	Ø		E MA
PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS	Annual (May 15)	Member of the U.S. State: House of Representatives District:	-	Name: Tammy Suzanne Green Baldwin Daytime Telephone: 20
_ A		State: Distric		Gree
NSWER EACH	Amendment	State: Listers in District: 1		3 Baldwin
OF THESE O		Officer or Employee		Daytime Telep
SNOITSBU	Termination	Employing Office:		phone: 202
	Termination Date:		14 S. Hall	35-210e
	30 days late.	A \$200 penalty shall be assessed	TEN PERSON COMMENTED PROPERTY AND ALCOHOLOGICAL PROPERTY OF THE PROPERTY OF TH	2 225-2106 HAY 15 PM 3: 47

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS V. Did you, your spouse, or a dependent child have any reportable If yes, complete and attach Schedule IV. \$1,000 during the reporting period? or exchange any reportable asset in a transaction exceeding IV. Did you, your spouse, or a dependent child purchase, sell liability (more than \$10,000) during the reporting period? III. Did you, your spouse, or a dependent child receive "unearned income of more than \$200 in the reporting period or hold any lieu of paying you for a speech, appearance, or article in the If yes, complete and attach Schedule V. reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule II. reporting period? If yes, complete and attach Schedule I. 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? If yes, complete and attach Schedule III. Did any individual or organization make a donation to charity in Yes X Yes és X Yes Yes 8 š X <u>ک</u> <u>8</u> š X IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX. of filing in the current calendar year? period (worth more than \$335 from one source)? reportable travel or reimbursements for travel in the reporting VII. Did you, your spouse, or a dependent child receive any If yes, complete and attach Schedule VIII. VIII. Did you hold any reportable positions on or before the date If yes, complete and attach Schedule VI. If yes, complete and attach Schedule VII. than \$335 and not otherwise exempt)? reportable gift in the reporting period (i.e., aggregating more VI. Did you, your spouse, or a dependent child receive any appropriate schedule attached for each "Yes" response Each question in this part must be answered and the Yes Yes Yes X Yes ₹ **X** ₹ **X** 8 <u>Z</u>

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 Standards of Official Conduct. be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct and certain other "excepted trusts" need not Yes Yes ₹ **X** 중

Name
Tammy
Baldwin

Page 2 of C

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:	Exclude: Military pay (such as National G	Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	enefits received under the Social Ser	curity Act.
		Source	Туре	Amount
	Keene State		Approved Teaching Fee	\$6,000
Evamplace	State of Maryland		Legislative Pension	\$9,000
Examples.	Civil War Roundtable (Oct. 2nd)		Spouse Speech	\$1,000
	Ontario County Board of Education		Spouse Salary	NA
None				
	1			

Name
Tammi
1 Baldwir
<i>3</i>

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.

9		ļ	
Source	Activity	Date	Amount
_	Speech	Feb. 2, 2008	\$2,000
Examples: XYZ Magazine	Article	Aug. 13, 2008	\$500
None			
			i
			,

Asset and/or Income Source

Instruction booklet. Block A. traded, state the name of the business, the nature period. For an active business that is not publicly account and its value at the end of the reporting not self-directed, name the institution holding the reporting threshold. For retirement plans that are each asset in the account that exceeds the provide the plans (such as 401(k) plans) that are self directed ticker symbols). For all IRAs and other retirement names of stocks and mutual funds (do not use income during the year. For rental property or which generated more than \$200 in "unearned" od, and (b) any other asset or sources of income exceeding \$1,000 at the end of the reporting periduction of income with a fair market value Identify (a) each asset held for investment or pronot exercised, to select the specific investments), (i.e., plans in which you have the power, even if land, provide a complete address. its activities, and its geographic location For additional information, value and income information on Provide full see \rightarrow

w

O

ш

т

G

I

_

ス

Government retirement programs. there is rental income); any debt owed to you by Exclude: Your personal residence(s) (unless less in personal savings accounts; any financial parent, or sibling; any deposits totalling \$5,000 or your spouse, or by you or your spouse's child, or income derived Trom

optional column on the far left 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

None

1 - 1,000

\$1,001 - \$15,000

\$15,001 - \$50,000

\$50,001 - \$100,000

\$100,001 - \$250,000

\$250,001 - \$500,000

\$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000

\$5,000,001 - \$25,000,000

\$25,000,001 - \$50,000,000

EXCEPTED/BLIND TRUST

Other Type of Income

Over \$50,000,000

NONE

DIVIDENDS RENT

INTEREST

CAPITAL GAINS

×

×

8 Ş

Examples.

Simon & Schuster Mega Corp. Stock

Indefinite

1st Bank of Paducah, KY Accounts

Trevoca ble

SP

First

America,

Tung.

772

Therican

5

Bons

70000

2007

ç

T1701

20000

Value of Asset

BLOCK B

reporting year. If you use a valuation please specify the method used method other than fair market value Indicate value of asset at close of

generated income, the value should be If an asset was sold during the reporting "None." year and is included only because it

all other assets including all IRAs retirement plans or accounts that do Check all columns that apply. ate any income during calendar year Check "None" if asset did not genervested, should be listed as income. investments, you may write "NA." For not allow you to choose specific Dividends and interest, even if reinindicate the type of income by checkappropriate box below.

Type of Income

BLOCK C

For indicate the category of

BLOCK D BLOCK E

Royalties (Specify: For Example, Partnership Income or Farm Income) None or generated vested, should be listed as income. Dividends and interest, even if reinchecking the appropriate box below not allow you to choose specific invest-Check "None" if no income was earned For all other assets, including all IRAs, ments, you may write "NA" for income. For retirement plans or accounts that do \$1 - \$200-\$201 - \$1,000 \equiv Amount of Income 7 \$1,001 - \$2,500 < \$2,501 - \$5,000 \$5,001 - \$15,000 ≤ ≦ \$15,001 - \$50,000 ≦ \$50,001 - \$100,000 income **:**× $\overline{\times}$ \$100,001 - \$1,000,000 × \$1,000,001 - \$5,000,000 ≥ Over \$5,000,000 O portion of an If only a exceeding exchanges (E sales (S), or purchases (P), example. See below for as follows: please indicate asset is sold, \$1000 in asset had Indicate if the reporting year. ransaction S (S) (partial) s (partial) m Ø .ro

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Name Tammy Baldus in

Continuation Sheet (if needed)	-	ָּ וֹאָ		
Asset and/or Income Source	BLOCK B Year-End Type Value of Asset of Inco	Type Income	BLOCK D Amount of Income	BLOCK E Transaction
S.P.		T		
DC,	0 0 0 0 0,000 0,000			m Çv
JT	0,000 0,000 50,00 000,00 ,000,c 55,000 \$50,0	IND 1	0 00 000 00,000	
	- \$15,0 - \$50 - \$10 01 - \$2 01 - \$1 01 - \$1 001 - \$2 0,001 - \$2 0,000,000,000	TED/B	\$2,500 \$5,000 \$15,00 - \$50,0 - \$100 1 - \$1,0	
	None \$1 - \$ \$1,001 \$15,00 \$50,00 \$250,0 \$500,0 \$5,000 \$25,00 Over \$ NONE DIVIDE RENT INTER CAPIT	Other	None \$1 - \$2 \$201 - \$1,001 \$2,501 \$5,001 \$15,00 \$100,00 \$1,000, Over \$5	0.101
C)I Share rect E APE	×		×	Ф
7) Spolep Trust Series 1	X			7
B) T. Rows Price Small Cap	×		X	PS(Party
9) Eaton Yance Large Cap	×		X	ယ်
10) First American Short Term	×		×	Ś
Treet A Person Total	×		X	P.S
TA TURK FRANCE ROLLING	×		×	S
De Tropian omak Cap	×			C
H) Fandus Intil Marker	X			Co
15) T. Rows Prize Growth	X			Co
Qualified Blind Trust	X	×	×	
Summit CU Checking	X	,		
SEPTIT CU SAVING O	×		X	
WI Retirement System	X		A	
UT Vanaward Mance Marked A	×		X	
UT Home Savings Checking	X		X	
と一人のから一日をする いままま	X		X	
UT Kental Property: Chaty of the	×		×	

This page may be copied if more space is required.

. First American Equity Index Fund		. Eston Vance Large Cap Value	o First Finerican lotal Return Boar tud	· First American Small cap select than	-	Partial Parties		,	7	First Harrican Intermediate lers	oT Rowe Price Small Cap Value Fund	o First American Total Kehum Bond Fund	First American High Income Book trund	First American Prime Oblig Fund!	D. Green Irrey, Trust for Tammy Boldwin	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		SCHEDULE IV— TRANSACTIONS
					Annual Address of the State of		×	×	×	X	×	×	×	×				PURCHASE		of Tra	
<	X	\times	×	×	×	×										×		SALE		Type of Transaction	
																		EXCHANGE		tion	
5	<u>ย</u>	য় ড	<u>ಸ್ತ</u>	<i>س</i>	3/10	244B	وروا	<u>ه</u>	<u>ಬ</u>	<u>v</u>	<u>ω</u>	3/10	3/1	2000		10-		Mo Bi-ν apı	(MO)		
7000	5 08	08	08	80 0	80/08		108	08	08	5 08	B 08	08	0/03	Scot Jones		-1208		Or Quarterly, Monthly, or Bi-weekly, if applicable	(MO/DAY/YR)	Date	Name
X	X	X		×				×	×		×	,	X					\$1,001- \$15,000	œ		ammy
			X		\times	X	×			×		\times		×		×		\$15,001- \$50,000	ဂ] .	}
					ļ													\$50,001- \$100,000	0	Α̈́	Q
																		\$100,001- \$250,000	Ш	Amount of	
	,										ļ							\$250,001- \$500,000	П		dw in
													1					\$500,001- \$1,000,000	ត	Transaction	
										<u> </u>								\$1,000,001- \$5,000,000	I	actio	╟
					ļ						-					<u> </u>		\$5,000,001- \$25,000,000		Š	age V
			<u> </u>	-							-					-		\$25,000,001~ \$50,000,000 Over	د	<u> </u>	Page W of IV
																		\$50,000,000	~		کا ا

SCHEDULE IV— TRANSACTIONS

Name Tammy Baldwin

														. T Rowe Price Growth Stock	SP Example: Mega Coporation Common Stock (partial sale)	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,	SCHEDOLE IV- INANSACTIONS
																PURCHASE		of Tr	
														X	X	SALE		Type of Transaction	
				·							:					EXCHANGE		tion	
													-	12/5/08	10–12–08	or Quarterly, Monthly, or Bi-weekly, if applicable	(MO/DAY/YR)	Date] [
													•	X		\$1,001- \$15,000	Φ.		
_													 		×	\$50,000	ဂ		
																\$100,000	0	Amo	
																\$100,001- \$250,000 \$250,001-	m	Amount of Transaction	
-																\$500,000 \$500,001-	71	of Tra	
L																\$1,000,000 \$1,000,001-	<u>ត</u>	ansa	
\downarrow																\$5,000,000 \$5,000,001-	<u> </u>	ctior	╟
ŀ	· · · · · · · · · · · · · · · · · · ·														-	\$25,000,000 \$25,000,001-	_	_	
	ì	ı	ì	Į.	I	I	ı	I	l .	1		1	i	1	1 1	\$50,000,000			1 1

SCHEDULE V— LIABILITIES

Name Tammy Baldwin

Page 8 of 10

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.

٥		4		JT OC,	3	
O'Fallon, MD	CHAPTER OF CORPORATION	4-	Example: First Bank of Wilmington, Delaware	Creditor		
Washington DC - Restal Property	Modison WI - Realty Frogery	Madison Wit - Rental Property	Mortgage on 123 Main St., Dover, Del.	Type of Liability		
				\$10,001- \$15,000	8	
	<u> </u>	_		\$15,001- \$50,000	ဂ	
	X			\$50,001- \$100,000	D	
		X	×	\$100,001- \$250,000 \$250,001-	Е	Amount of Liability
				\$500,000 \$500,001	71	nt of I
				\$1,000,001	D	Liabili
				\$5,000,000 \$5,000,000 \$5,000,001	I	₹
			_	\$25,000,000 \$25,000,001	<u> </u>	
				\$50,000,000		
			L,	\$50,000,000	ᄌ	Ш

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

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

Name
Tammu
Baldwin
Page-
هــا ا عــا

SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed 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 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)	City of Departure—Destination— City of Return	Lodging? (Y/N	Food? (Y/N	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	Z	Z	Z	None
Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	~	Y	Υ	2 Days
Alliance for Health Reform -	כו-10 גבלי	Madison, W - Philadelphia - Cul, nosiball	Y	~	Ywather	Vone
Smith College	Feb. 19-20	Madico, UI, Northmandon, MA-	~	~	Z	Zone
National Center for Lestian May 30-June Milmutes - SanFrancisa-Milmute	May 30 - Junel	Milwanter - SanFrancisco-Milwa	*	~ .	Z	1 Day
						5 5 5 5 5 5 5
			:			

This page may be copied if more space is required.

SCHEDULE VIII—POSITIONS

Name Tammy Baldwin

Page 10 of 10

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. government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or 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	