\$	Yes	child because	actions, or liabilities of a spouse or dependent child because	" income, trans	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities they meet all three tests for exemption?
<u>8</u>	Yes X	trusts" need not	of Official Conduct and certain other "excepted ouse, or dependent child?	on standards on standards on standards	TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct 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?
S	UESTION	OF THESE Q	MATION — ANSWER EACH OF THESE QUESTIONS	T INFORN	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
the onse.	wered and "Yes" respo	must be ans	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	No C	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.
₹	Yes	arrangement with	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	No	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.
Ž	Yes	or before the date	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.	No	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 III.
<u>8</u>	Yes	d receive any in the reporting e)?	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$305 from one source)? If yes, complete and attach Schedule VII.	\$	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.
\$	Yes	receive any pregating more	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Š X	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 If yes, complete and attach Schedule I.
			QUESTIONS	OF THESE	PRELIMINARY INFORMATION — ANSWER EACH
assessed nore than	Ity shall be a ne who files n	A \$200 penalty shall be assessed against anyone who files more than 30 days late.	Employing Office: Termination Date:	Officer or Employee	Filer Status Member of the U.S. State: Wiss exist.
M	M 4: 12	HOJEŽEFIEROKSENSANK	202 225-2906 (Daytime Telephone) 3.5 HOULD OF LEPONISE USE ONESS.		Tammy Suzanne Green Baldwin
RED TO	DELIVE	HAND DELIVERED	Form A For use by Members, officers, and employees	;	UNITED STATES HOUSE OF REPRESENTATIVES 2008 FINANCIAL DISCLOSURE STATEMENT For 2007 Calendar Year Reporting Period

Name
Tanne
Baldwin

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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 Beserve pay) federal retirement programs, and benefits received under the Social Security Act	sanafite racaivad undar tha Social S	Spourity Act
Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
Examples: State of Maryland Civil War Roundtable (Oct. 2nd)	Legislative Pension	\$1,000
Ontario County Board of Education	Spouse Salary	NA
None		

Name
Tammy
Baldwin

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.

								None	Examples: XYZ Magazine	Association of American Associations, Washington DC	Source
									Article	Speech	Activity
*									Aug. 13, 2007	Feb. 2, 2007	Date
									\$500	\$2,000	Amount

4) First American Equity Index First American Mid Cap Softrath Opp Fund		D. Green I revocable Trust or Tammy Baldwin: 0) First American Prime Oblig Fund	1st Bank of Paducal	SP Mega Corp. Stock DC. Examples: Simon & Schuster	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.	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	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).
	**	×	×	Indefinite X	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 Over \$50,000,000	A B C D E F G H - J X	BLOCK B Value of Asset Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."
		X	X	X X Royalties	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership In	ncome 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 IHAs, indicate the type of income by checking the appropriate box below. Dividends and interest, even if relivested, should be listed as income. Check "None" if asset did not generate any income during calendar year.
		X	X	×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000	- = = = = = = = = = = = = = = = = = = =	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.
S (partial)	P (partial)	P. Signation		S (partial)	See below for example. P, S, E	tonly a portion of an asset is sold, please indicate as follows: (S) (partial)	BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1000 in reporting year.

19334

Continuation Sheet (if needed) SCHEDULE III—ASSETS AND "UNEARNED" INCOME Ę g SP, Summit CU Qualified Blind ಠ OH RATIONAL STORY Jump.t Asset and/or Income Source First American Red Colate First American Equity Fines we for a Growth Strack James Large Cap brican Small Cap 124 None Œ \$1 - \$1,000 O \$1,001 - \$15,000 Ö \$15,001 - \$50,000 Value of Asset ш \$50,001 - \$100,000 Year-End BLOCK B Ħ \$100,001 - \$250,000 Ω H \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 **ب** \$5,000,001 - \$25,000,000 ᆽ \$25,000,001 - \$50,000,000 Over \$50,000,000 NONE **DIVIDENDS** RENT XXINTEREST of Income BLOCK C **CAPITAL GAINS** Type **EXCEPTED/BLIND TRUST** Other Type of Income (Specify) None = \$1 - \$200Amount of Income \$201 - \$1,000 2 \$1,001 - \$2,500 V VI VII VIII BLOCK D \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 $\bar{\mathsf{x}}$ \$100,001 - \$1,000,000 × \$1,000,001 - \$5,000,000 ≥ Over \$5,000,000 ママウウ Transaction O BLOCK E マイン・し ரைவு

SCHEDULE IV— TRANSACTIONS

First American Red Estate Securities	_ 190	. First American Short Brown Bond Fund	. T Rowe Price Growth Stock X	. Landus Intl Marketmesters Inv Find X	. First American Small Cap Select Fund X	_	Intermediate 1	D. Green Irrev. Trust Lor. Tomm Baldwin	Example: Mega Coporation (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 a loss of the loss of t	stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions		SCHEDULE IV— TRANSACTIONS
×>	××	×		ATI 8					×		SALE		Type of Transaction	
											EXCHANGE	_	ction	
10-9-07	£0-p-01	F0-9-01	FO-9-01	to-P-01	FO-9-01	£0-9-01	₹0- ₽-01		10-12-07		or Quarterly, Monthly, or Bi-weekly, if applicable	(MO/DAY/YR)	Date	Name
× >	×		×	×	×	×				9	61,001- 615,000	Ø		2
	×	*					×		×	- 1	615,001- 650,000	ဂ		ammy
											\$50,001- \$100,000	0	Am	W
										;	\$100,001- \$250,000	ш	ount	=
											\$250,001- \$500,000	TI	of T	Baldwin
											\$500,001- \$1,000,000	ଜ	Amount of Transaction	
											\$1,000,001- \$5,000,000	I	actio	
										1	\$5,000,001- \$25,000,000		ă	Page 6
											\$25,000,001- \$50,000,000	<u>-</u>	-	
											Over \$50,000,000	<u> </u>		لعيا

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SCHEDULE V— LIABILITIES

Name Tammy Baldwin

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

4	4		J 0,	CD	
GM'AC	CM NC	Example:			
Romana Cosporation	GMAC Mortange Corporation	First Bank of Wilmington, Delaware	Creditor		
Madison El - Rental Track	Madison, WI - Rental Property	Mortgage on 123 Main St., Dover, Del.	Type of Liability		
			\$1,001- \$15,000	œ	
			\$15,001- \$50,000	၁	
 ×			\$50,001- \$100,000	D	
	×	×	\$100,001- \$250,000	m	Amo
			\$250,001- \$500,000	חד	unt of
			\$500,001- \$1,000,000	δ	Amount of Liability
			\$1,000,001- \$5,000,000	I	₹
			\$5,000,001- \$25,000,000)	
		L	\$25,000,001 \$50,000,000	ے ر	
1		1	Over \$50,000,000	. X	1

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.

		None	Example: Mr. Joseph H. Smith, Anytown, Anystate	Source	
			Silver Platter (determination on personal friendship received from Committee on Standards)	Description	
			\$325	Value	

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	Name
	Tammy
	Baldwin
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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 \$305 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

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—	Lodging? Food?	Food?	Was a Family Member Included?	Number of days not
			(Y/N)	(Y/N)		at spoilsoi a expense
	Mar. 2	DC—Chicago—DC	z	z	Z	None
Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Υ	~	Υ	2 Days
I'm commonwanth Fund and but I all DI - DI Miami - Malison, wi	١١٠-١١ مرار	DC - Miami - Madison, WI	7	٧	Y partner Amer	None
J				•		

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SCHEDULE VIII—POSITIONS

Name Tammy Baldwin

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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,

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities; and positions solely of an honorary nature

Position	None			
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				:
	None			
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P _e				
Parties To				
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- I	Ì			
Terms of Agreement				
reement				
	,			