<b>№</b>	Yes	child because	sactions, or liabilities of a spouse or dependent child because vith the Committee on Ethics.	l" income, trans	<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee or
No U	ou Yes	closed. Have y	d certain other "excepted trusts" need not be disclosed. Have you	on Ethics and dependent child	<b>TRUSTS</b> —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepexcluded from this report details of such a trust benefiting you, your spouse, or dependent child?
S	EACH OF THESE QUESTIONS	F THESE	- ANSWER	T INFORM	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
the onse.	nswered and h "Yes" respo	must be an	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	No.	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.
No No	<sup>ith</sup> Yes∐	arrangement w	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	No U	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.
No No	ate Yes	or before the da	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.	<b>8</b>	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.
No	Yes	d receive any n the reporting	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)?  If yes, complete and attach Schedule VII.	No No	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.
No 	Yes	receive any regating more	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)?  If yes, complete and attach Schedule VI.	No No	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.
			E QUESTIONS	OF THESE	PRELIMINARY INFORMATION — ANSWER EACH
	te.	30 days late.	Termination		Type (Annual (May 16, 2011) Amendment
assessed	A \$200 penalty shall be assessed	A \$200 pe	Employing Office:	Officer or Employee	Filer Member of the U.S. State: しょうくのろい House of Representatives District: み
M	2011 MAY 16 PATZ: 10	2011 MAY	Daytime Telephone: <u> </u>	Daytime T	Name: Jammy Daldwin
*-	_SECONDER SECONDO CLARA	_3SIMINE			
VERED	HAND DELIVERED	₹	Form A For use by Members, officers, and employees	MENT	UNITED S ATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

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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.

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

Name :
Tammy
Baldwin

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# 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 Ethics. A green envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Association of American Associations, Washington, DC	Speech	Feb. 2, 2010	\$2,000
Examples: XYZ Magazine	Article	Aug. 13, 2010	\$500
None			

#### Asset and/or Income Source BLOCK A

the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. of income with a fair market value exceeding \$1,000 at Identify (a) each asset held for investment or production

Provide complete names of stocks and mutual funds (do not use ticker symbols.)

plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific value at the end of the reporting period the name of the institution holding the account and its ment accounts which are not self-directed, provide only account that exceeds the reporting thresholds. For retireinvestments), provide the value for each asset held in the For all IRAs and other retirement plans (such as 401(k)

For rental or other real property held for investment, pro-vide a complete address.

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For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic locaness, the nature of its activities, and its geographic locaness. tion in Block A.

ing \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived **Exclude:** Your personal residence, including second homes and vacation homes (*unless* there was rental from, a federal retirement program, including the Thrift income during the reporting period); any deposits total-

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 with your spouse (JT), in the optional column on the far left.

For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.

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

SP,

SP

DC, Examples:

Simon & Schuster Mega Corp. Stock

Indefinite

1st Bank of Paducah, KY Accounts

D. Green Irrevocable Trust

Ś

Eaton Vance Large Cap

Tivet

American High

E S Intermedial

FIRST

さいころう Dona

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American Gru Fd of Amer

Tirst American trime

lammy

Dalamin:

#### Value of Asset BLOCK B

please specify the method us method other than fair ma reporting year. If you use a Indicate value of asset a

generated income, the value year and is included only "None." If an asset was sold during th

#### BLOCK C

rS	()	()	S	たべからさ			S (partial)	asset is sold, please indicate as follows: (S) (partial) See below for example.  P, S, E	If only a portion of an	Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
						×		\$100,001 - \$1,000,000 <b>\$1,000,001 - \$5,000,000</b> Over \$5,000,000	羅 	Amount of Income  Amount of Income  For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below.  Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.
						, s		\$15,001 – \$50,000		` "; # o & d = % # 3 & 6
A	$\bigcirc$		-		L		$\dashv$			Amount of In  For retirement accounts it you to choose specific i that generate tax-deferred as 401(k) plans or IRAs), the "None" column. For a indicate the category checking the appropriate checking the propriate Dividends, interest, and even if reinvested, must as income. Check "None was earned or generated.
			-	-	1		×		***************************************	nou e ose te ta lans colur colur inte inte inte or g
				ļ		·		\$201 – \$1,000	≡	An inema cho cho nera nera nera nera nera nera nera nera
								\$1 - \$200	<b>#</b>	For retirement you to choose that generate as 401(k) plar the "None" coindicate the checking the checking the bividends, in even if reinvas income. (
					T			None	_	& <b>8 9 D</b> Chickes the
						Royalties		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		Type of Income  Check all columns that apply. For retirement accounts that do not allow you to choose specific investments <u>or</u> that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.
								EXCEPTED/BLIND TRUST		Type of Income Check all columns that a retirement accounts that do you to choose specific invest that generate tax-deferred (such as 401(k) plans or II may check the "None" pointdends, interest, and gains, even if reinvested, disclosed as income. Che if the asset generated no inving the reporting period.
$\times$	$\overline{\mathbf{x}}$	$\overline{\mathbf{x}}$		<u> </u>	T		×	CAPITAL GAINS		olum olum olum olum olum olum olum ite te the tithe if re if re if re if re if re if re
					f		$\dashv$			Type all cannot accommodate the cannot accomm
$\sim$					┞		×	and the first of the control of the	· · · · <u> </u>	Type of II Check all columns retirement accounts you to choose specifithat generate tax-(such as 401(k) plaimay check the "Bividends, interessing even if reinwisclosed as incomif the asset generate ing the reporting pen
			ļ	<u> </u>	┞					Che retir you that that (suc may <b>Div</b> ) if the ing the ing the control of the control of the control of the ing the control of
					-				F	0 ± 0 , 2 ±
								\$25,000,001 - \$50,000,000	~	se of lation value, value, orting orting lid be
					L			\$5,000,001 - \$25,000,000	ن	t close of a valuation a valuation arket value, used.  he reporting because it e should be
							× × ×	Royalties ×	S5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000

Continuation Sheet (if needed) SCHEDULE III—ASSETS AND "UNEARNED" INCOME 8 SP, Ξ Home Jummit Asset and/or Income Source retweenens (coperty **BLOCK A** avina Of Stems Spry 3 څ ک 127 None Ø \$1 - \$1,000 O \$1,001 - \$15,000 O \$15,001 - \$50,000 Value of Asset ш \$50,001 - \$100,000 Year-End BLOCK B 71 \$100,001 - \$250,000 ଦ \$250,001 - \$500,000 Ξ \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 ے \$5,000,001 - \$25,000,000 ㅈ \$25,000,001 - \$50,000,000 Over \$50,000,000 NONE **DIVIDENDS** RENT INTEREST of Income BLOCK C Type **CAPITAL GAINS EXCEPTED/BLIND TRUST** Other Type of Income (Specify: e.g., Partnership Income or Farm Income) lammu None \$1 -- \$200 Amount of Income ≡ \$201 - \$1,000 Daldwin ~ \$1.001 - \$2.500 < \$2,501 - \$5,000 BLOCK D VI VII VIII \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000  $\bar{\mathsf{x}}$ × \$1,000,001 -- \$5,000,000 × Over \$5,000,000 Transaction BLOCK E rokokoko пοσ 앜

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## **SCHEDULE IV— TRANSACTIONS**

Name Tammy Baldwin

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Box if Capital exceeded \$200  Box if Capital exceeded \$200  Cor Ouarterly, Monthly, or							
prition of any exchange trans- ir spouse or dependent chil- ir residence, unless it gener- is sold, please so indi- if de cor  Set is sold, please so indi- if de cor  A Sex cor  Monthly, or  Monthl	Date	Þ	Amount of Transaction	of Trans	saction	3	
set is sold, please so indi-  CH AN Box ed Quarterly,  Box Monthly, or  1-00	- <del></del>	Φ	D	T	<u>မ</u>	_	د
		-	1- 0	0 1-	200	,000 , <b>001-</b>	
Check Gain E applicable applicable \$1,001-\$15,000 \$50,000 \$150,000	\$1,001-	\$15,001 \$50,000	\$100,00 \$100,00 \$250,00 \$250,00	\$500,00 \$500,00 \$1,000,0	\$1,000,0 \$5,000,0 \$5,000,0	\$25,000 \$25,000 \$50,000	Over \$50,000
SP, DC, JT Asset							
Example: Mega Corpo		×					
D. Green Irrevocable Trust for Tamon							***************************************
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	_		-				
Internaliate T			<u>/\</u>	-			
American Grow Fol of Amer							
Eaton Vance I are Cap Val X 1/10/10 X							
First American Mid Cap Gruth X 1/12/10 X	•				1 (2) 3 (2) 3 (3)		<u> </u>
American Real Estate							
ares MSCT EAFE 7		<u> </u>					
TRave Price Sm Cap Val Adv X 1/12/10 X							
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### SCHEDULE V— LIABILITIES

Name Tammy Baldwin

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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.

 ,				_	_
	TV	JT		SP, DC,	
	GMAC Mortgage Corporation	GMAC Mortgage Corporation	Example: First Bank of Wilmington, DE	Creditor	
	2/2003	5/2003	May 1998	Date Liability Incurred Mo/Year	
	Madison, WT - Rental Propary	16+ Mortgage on 809 Spaight St Madison WI - Rental Property	Mortgage on 123 Main St., Dover, DE	Type of Liability	
			·	\$10,001- \$15,000	
				\$15,001- \$50,000	
	X			\$50,001- \$100,000	
-		X	×	\$100,001- \$250,000	
	<u> </u>			\$250,001- \$500,000 m	2
		<u> </u>	_	\$500,001- \$1,000,000	Amount of I ishility
	<u> </u> -	ļ	<u> </u>	\$5,000,000	₹
			_	\$25,000,000 <b>\$25,000,001-</b>	
			-	\$50,000,000 Over	
				\$50,000,000	

### 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	
Jammy	
Tammy Baldwin	
Page_(	

# SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

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

or were paid by you and reimbursed 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
Hoycroft Corporation	L	UC—Los Angeles—Cleveland	\[ \	_	Υ	2 Days
Alliance for Health Reform -		Washington DC - Ft. Louderdale - Washington DC	~	Y	Z	1 Day
Appen Institute Congressional April 4-11		Chicago - Lisbon - Chicago	~	~	Y, partner	1 Day
Dallas Black Tie Dinner, American Airlines		Madison - Dellas - Madison	~	~	Z	None
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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 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,

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-

		2000	Position
			Name of Organization

### SCHEDULE IX—AGREEMENTS

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 employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	None	