

# UNITED STATES SENATE FINANCIAL DISCLOSURE REPORT

## FOR ANNUAL AND TERMINATION FILERS

☐ Amendment

Last Name <b>Baldwin</b>	First Name and Middle Initial <b>Tammy S. G.</b>	Annual Report Calendar Year Covered by Report <b>2012</b>	Senate Office / Agency in Which Employed <b>Senator Tammy Baldwin</b>
Senate Office Address (Number, Street, City, State, and ZIP Code) <b>717 Hart Senate Office Building, Washington, DC 20510</b>		Termination Report Termination Date (mm/dd/yy)	
Senate Office Telephone Number (Include Area Code) <b>202-224-0156</b>		Prior Office / Agency in Which Employed	

### AFTER READING THE INSTRUCTIONS – ANSWER EACH OF THESE QUESTIONS AND ATTACH THE RELEVANT PART

	YES	NO	YES	NO
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 PART I.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did you or your spouse have earned income (e.g., salaries or fees) or non-investment income of more than \$200 from any reportable source in the reporting period? If Yes, complete and attach PART II.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did you, your spouse, or dependent child hold any reportable asset worth more than \$1,000 at the end of the period, or receive unearned or investment income of more than \$200 in the reporting period? If Yes, complete & attach PART IIIA and/or IIIB.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than \$1,000 in the reporting period? If Yes, complete and attach PART IV.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did you, your spouse, or 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 PART V.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did you, your spouse, or dependent child receive any reportable travel or reimbursements for travel in the reporting period (i.e., worth more than \$350 from one source)? If Yes, complete and attach PART VI.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did you, your spouse, or dependent child have any reportable liability (more than \$10,000) during the reporting period? If Yes, complete and attach PART VII.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did you hold any reportable positions on or before the date of filing in the current calendar year? If Yes, complete and attach PART VIII.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you have any reportable agreement or arrangement with an outside entity? If Yes, complete and attach PART IX.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If this is your <u>FIRST</u> Report: Did you receive compensation of more than \$5,000 from a single source in the <u>two</u> prior years? If Yes, complete and attach PART X.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Each question must be answered and the appropriate PART attached for each "YES" response.**

	FOR OFFICIAL USE ONLY Do Not Write Below this Line
RECEIVED. CLERK OF THE SENATE MAY 15 PM 4:15	

**EXEMPTION TEST (see instructions before marking box):** If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.  
**\*\*\*** This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

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**PART VII. LIABILITIES**

Report liabilities over \$10,000 owed by you, your spouse, or dependent child (See p.3, CONTENTS OF REPORTS, Part B of Instructions), to any one creditor at any time during the reporting period. Check the highest amount owed during the reporting period. Exclude: (1) mortgages on your personal residences unless rented (**except for Senators**); (2) loans secured by automobiles, household furniture or appliances; and (3) liabilities owed to certain relatives listed in Instructions. See Instructions for reporting revolving charge accounts.

Name of Creditor		Address	Type of Liability	Amount of Value																
				\$10,000	\$15,000	\$50,000	\$100,000	\$250,000	\$500,000	Over \$1,000,000	\$1,000,000	\$5,000,000	\$25,000,000	Over \$25,000,000						
S, Example: DC, or J	First District Bank (J) John Jones	Wash., DC	Mortgage on undeveloped land	1992	13%	1 pt	25 yrs		X											
		Wash., DC	Promissory Note	2000	10%	n/a	On dmd				X									
1	Johnson Bank, Racine, WI	Madison, WI	Mortgage on personal residence	2010	4%		15 yrs				X									
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
0																				
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2																				

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