

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
SUBCOMMITTEE ON
CONSTITUTION, CIVIL RIGHTS AND
CIVIL LIBERTIES

Congress of the United States
House of Representatives
Washington, DC 20515

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May 15, 2010

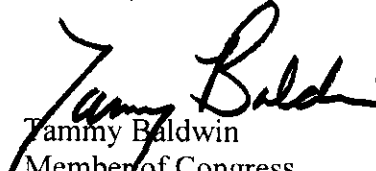
Ms. Lorraine Miller
Clerk of the House
Legislative Resources Center
B-106 Cannon HOB
Washington, DC 20515

MC

Dear Ms. Miller:

With this letter, I am filing my annual Financial Disclosure. On pages 4 and 5 of the document, I have identified Assets and Unearned Income. To avoid any misinterpretation, please note that the assets numbered 1-11 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

HAND
DELIVERED

U.S. HOUSE OF REPRESENTATIVES
2010 MAY 17 10:03:02
U.S. HOUSE OF REPRESENTATIVES

**UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT**

Form A
For use by Members, officers, and employees

Name: Tammy Baldwin Daytime Telephone: 202.225.2906

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>Wisconsin</u>	District: <u>2</u>	<input type="checkbox"/> Officer or Employee	Employing Office:
Report Type	<input type="checkbox"/> Annual (May 17, 2010)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Termination Date:	

HAND DELIVERED
A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

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 I.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	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.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>	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.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	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.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

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?
Yes No

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.
Yes No

SCHEDULE I – EARNED INCOME

Name **Tommy Baldwin** Page **2** of **9**

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	Type	Amount
Examples: Keene State State of Maryland Civil War Roundtable (Oct. 2nd) Ontario County Board of Education	Approved Teaching Fee Legislative Pension Spouse Speech Spouse Salary	\$6,000 \$9,000 \$1,000 NA
None		

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name **Tammy Baldwin** Page **5** of **9**

BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction			
	A	B	C	D	E	F	G	H	I	J	K	L	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	I	II	III	IV	V	VI	VII	VIII	IX		X	XI	
SP, DC, JT	None																												P, S, E			
2) First American Real Estate Securities Fund																																
3) First American Total Return Bond Fund																																
4) Spider Trust Series 1 SPV																																
5) T Rowe Price Sm Cap Val																																
6) First American Mid Cap Growth Opp Fd																																
7) Stryker Fd EFF F Index																																
8) Qualified Blind Trust																																
9) Summit CU Checking																																
10) Summit CU Savings																																
11) LJI Retirement Systems																																
JT Vanguard Money Market Ast																																
JT Home Savings Checking																																
JT Rental Property																																
JT Rental Property																																
JT Rental Property																																

Note: #7 First American Total Return Bond Fd was sold in December 2008. The dividend was paid in January 2009.

See notes below S

SCHEDULE V - LIABILITIES

Name **Tommy 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; 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.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability												
			B \$10,001- \$15,000	C \$15,001- \$50,000	D \$50,001- \$100,000	E \$100,001- \$250,000	F \$250,001- \$500,000	G \$500,001- \$1,000,000	H \$1,000,001- \$5,000,000	I \$5,000,001- \$25,000,000	J \$25,000,001- \$50,000,000	K Over \$50,000,000			
Example: First Bank of Wilmington, Delaware						X									
JT	GMAC Mortgage Corporation Appleton, WI	Mortgage on 123 Main St., Dover, Del.					X								
JT	GMAC Mortgage Corporation Appleton, WI	1st Mortgage on 809 Spring St Madison, WI - Rental Property			X										
JT	GMAC Mortgage Corporation Appleton, WI	2nd Mortgage on 809 Spring St Madison, WI - Rental Property			X										
JT	City Mortgage D/Fallon, MD	Mortgage on 350 9th St. SE Washington DC - Rental Property				X									

SCHEDULE VI - GIFTS

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.

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.

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		

Use additional sheets if more space is required.

SCHEDULE VII – TRAVEL PAYMENTS AND REIMBURSEMENTS

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 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 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 Roycroft Corporation	Mar. 2 Aug. 6-11	DC—Chicago—DC DC—Los Angeles—Cleveland	N Y	N Y	N Y	None 2 Days
Alliance for Health Reform Funded by the Commonwealth Fund Aspen Institute Congressional Program	Jan. 10-12	Madison, WI → Philadelphia, PA → Madison, WI	Y	Y	Y, partner	None
Smith College	April 4-13	Washington DC → Valencia, Spain → Barcelona, Spain → Madison, WI	Y	Y	Y, partner	3 days
Human Rights Campaign	May 15-17	Washington DC → Washington, MA → Washington DC	Y	Y	N	None
	June 20-21	Washington DC → Salt Lake City UT → Washington DC	Y	Y	N	None

SCHEDULE VIII -- POSITIONS

Name

Tammy Baldwin

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Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any non profit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization
None	

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; continuing participation in an employee welfare or benefit plan maintained by a former employer; or publication of a book.

Date	Parties To	Terms of Agreement
	None	

Use additional sheets if more space is required.