

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

2446 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515

HAND DELIVERED

10 EAST DOLY STREET, SUITE 405
MADISON, WI 53703
LEGISLATIVE RESOURCE CENTER
TEL: (608) 258-9800
FAX: (608) 258-9808

2009 MAY 15 PM 3:47
400 EAST GRAND AVENUE, SUITE 402
BELOIT, WI 53511
TEL: (608) 362-2800
FAX: (608) 362-2838
U.S. HOUSE OF REPRESENTATIVES

May 15, 2009

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 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

**UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT**

Form A
For use by Members, officers, and employees

HAND DELIVERED

MEMBER RESOURCE CENTER

Name: **Tammy Suzanne Green Baldwin**

Daytime Telephone: **202 225-2900**

MAY 15 PM 3:47

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: Disconsin	District: 2	<input type="checkbox"/> Officer or Employee	Employing Office:
Report Type	<input checked="" type="checkbox"/> Annual (May 15)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Termination Date:	

U.S. HOUSE OF REPRESENTATIVES
MEMBER RESOURCE CENTER
MAY 15 2008
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 <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>

SCHEDULE IV — TRANSACTIONS

Name **Tammy Baldwin** Page **6** of **10**

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions 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.

SP, DC, JT SP	Asset	Type of Transaction			Date (MO/DAY/YR) or Quarterly, Monthly, or Bi-weekly, if applicable	Amount of Transaction													
		PURCHASE	SALE	EXCHANGE		B \$1,001- \$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:	Mega Corporation Common Stock (partial sale)		X		10-12-08		X												
	D Green Terry Trust for Tammy Baldwin																		
	• First American Prime Oblig Fund	X			cumulative over 2008		X	X											
	• First American High Income Bond Fund	X			3/10/08		X												
	• First American Total Return Bond Fund	X			3/10/08		X	X											
	• T Rowe Price Small Cap Value Fund	X			3/10/08		X												
	• First American Intermediate Term Bond Fund	X			12/5/08		X	X											
	• First American Real Estate Securities Fund	X			12/5/08		X												
	• I Shares MSCI EAFE Index Fund	X			12/9/08		X												
	• Spdr Trust Series 1 SPY	X			12/9/08		X	X											
	• First American Prime Oblig Fund (partial sale)		X		cumulative over 2008		X	X											
	• First American Short Term Bond Fund		X		3/10/08		X	X											
	• First American Small Cap Select Fund		X		3/10/08		X	X											
	• First American Total Return Bond Fund		X		12/5/08		X	X											
	• Exton Vance Large Cap Value		X		12/5/08		X												
	• First American Equity Index Fund		X		12/5/08		X												
	• Loudus Int'l Market Inv. Fund		X		12/5/08		X												

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; 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	Mortgage on 123 Main St., Dover, Del.				X									
JT	GMHC Mortgage Corporation Appleton, WI	1st Mortgage on 804 Spruick St Madison, WI - Rental Property				X									
JT	GMHC Mortgage Corporation Appleton, WI	2nd Mortgage on 804 Spruick St Madison, WI - Rental Property				X									
JT	Charmortgage O'Fallon, MD	Mortgage on 350 4th St S.E. 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 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; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	None	

Use additional sheets if more space is required.