□ [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 Ethics.	" income, transt consuited v	EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spothery meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	EXEMPTION—Have you exclude they meet all three tests for each
₹	dosed. Have you Yes	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics 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?	on Ethics and dependent chi	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and co excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	TRUSTS—Details regarding * excluded from this report deta
TIONS	VER EACH OF THESE QUESTIONS	- ANS	TINFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	EXCLUSION OF SP
d and the response.	nust be answered for each "Yes"	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	8	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.	V. Did you, your spouse, or a dependent child have any reliability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.
No X	mangement with Yes	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.		N. 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.	IV. Did you, your spouse, or a dependent of exchange any reportable asset in a trans\$1,000 during the reporting period? If yes, complete and attach Schedule IV.
□	r 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.		iil. 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.	III. Did you, your spouse, or a dependent of income of more than \$200 in the reporting reportable asset worth more than \$1,000 at If yes, complete and attach Schedule III.
№ □	Yes	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.	₹	II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the Yes reporting period? If yes, complete and attach Schedule II.	II. Did any individual or organization make lieu of paying you for a speech, appearan reporting period? If yes, complete and attach Schedule II.
□ No ∑	receive any egating more Yes	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.	S S	I. Did you or your spouse have "earned" income (e.g., salaries or sees) of \$200 or more from any source in the reporting period? Yes If yes, complete and attach Schedule I.	I. Did you or your spouse have tees) of \$200 or more from are if yes, complete and attach
		E QUESTIONS	OF THES	RMATION — ANSWER EACH OF THESE QUESTIONS	PRELIMINARY INFORMATION -
all be assessed offles more than	A \$200 penalty shall be assessed against anyone who files more than 30 days late.	Employing Office: Termination Date:	Employee	House of Representatives District (a Annual (May 16, 2011) Amendment	Status Memoor House or Type Annual (
Only)	(Office Use Only)				
907 HUB 12 17 31 31 31 31 31 31 31	To the source of	Daytime Telephone: 202, 225, 2331	Daytime	Marie Bachmann	Name: Michele
	HAND	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT	UNITED STATES HO
I AND DELINEBED					

Name Michele M. Bachmann

Page 2 of 7

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.

Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
State of Maryland	Legislative Pension	\$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	Š
Bachmon - Associates Inc	Spouse Salary	NA
	4	
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Bachmann Farm Family LP Independence, WI	Bachmann (Linie Properties Bachmann (Linie Properties Bachmann (Linie Properties	Bachmanna Associates Buchetury Late Elmo, MN	JT 1st Bank of Paducah, KY Accounts	Examples:	SP, SP Mega Corp. Stock	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 instruction booklet. 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.	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	×	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$250,001 - \$500,000 \$1,000,001 - \$5,000,000 \$1,000,001 - \$5,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,0	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."
Farn Income	*	×	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTEDIBLIND TRUST Other Type of Income (Specify: For Example, Partnership Income 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 IRAs, indicate the type of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during calendar year.
×	X (Net) X (grass)	× (Anos)	×	×	×	None - \$1 - \$200 = \$201 - \$1,000 ≡ \$1,001 - \$2,500 ₹ \$2,501 - \$5,000 ₹ \$5,001 - \$15,000 ₹ \$15,001 - \$50,000 ₹ \$100,001 - \$100,000 ₹ \$1,000,001 - \$5,000,000 X Over \$5,000,000 X	Amount of Income 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)	If only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E	BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1000 in reporting year.

SCHEDULE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)

Name Michele W. Bachmann Page 4 of 7

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	WELLS TON OF DAY E SHIPLATE		TCF Bank Stillwater And	US SAVINAS BONDS	Bow Fund & America	<u>. </u>	Washington Mutual	American Balances Fund	Growth Fund/Amorica	Jor (0	Irwane Fund, America	Fundamental Two stor-	Small Cap World Fund	Warld The		Fur Puche Growth Frup	Amorican Funds:	Sarry's Bondo	BLOCK A Asset and/or Income Source
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													L					\$1 - \$1,000 ^{EB}	
	7	<u> </u>	×	X	X	×	×				×							\$1,001 - \$15,000	
								Х	×			メ	Х	メ	×	×		\$15,001 - \$50,000	*
										×								\$50,001 - \$100,000 m	BLOCK B Year-End Value of Asset
Ц							_				<u> </u>	<u></u>						\$100,001 - \$250,000	BLOCK B Year-End
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			—															CAPITAL GAINS	
П		\top															1	EXCEPTED/BLIND TRUST	BLOCK C Type f Incom
					•													Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	BLOCK C Type of Income
						<u> </u>	<u> </u>							<u> </u>				None	
	7	۷	×				×		×						×			\$1 - \$200 =	
				×	X	×		X			×	×	×	X		×		\$201 - \$1,000 =	BLOCK D Amount of Income
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SCHEDULE IV- TRANSACTIONS

SP, DC, JT SP Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III. Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partiel sale"). See example below. Capital World Growth + Theome 22 Sanings Mega Corporation Common Stock (partial sale) Bonds of Transaction 人 **PURCHASE** Type X SALE × **EXCHANGE** Check Box if Capital Gain Exceeded \$200 Quarterly, Monthly, or Bi-weekly, if applicable Quarter (MO/DAY/YR) P12-10 Date \$1,001-\$15,000 X × > \$15,001 0 × \$50,000 \$50,001-\$100,000 n Amount of Transaction \$100,001-O \$250,000 \$250,001 m \$500,000 \$500,001-'n \$1,000,000 \$1,000,001-Ø \$5,000,000 \$5,000,001-I \$25,000,000 \$25,000,001 \$50,000,000 ᆫ \$50,000,000

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Name Michele H. Bachmann

Page 5 of 2

SCHEDULE V- LIABILITIES

Name Michele N. Bochmann

Page 6 of 2

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.

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Example: First Bank of Wilmington, DE May 1998 Mortgage on 123 Main St. United Bank of Mandavi 12/2004 Business Lagu United Bank of Mandavi 12/2004 Business Lagu		
May 1998 12 2005	Liability	
May 1998 Mortgage on 123 Main St., Dover, DE 12/2005 Mortgage on Lake Elmanthy 12/2004 Business Laga		
\$10,001- \$15,000	٧	
\$15,001- \$50,000	В	
\$50,001- \$100.000	ဂ	
× × \$100,001- \$250,000	0	Атро
X \$250,001- \$500,000	E	nt of
\$500,001- \$1,000,000 \$1,000,001-	T	Amount of Liability
\$5,000,000 \$5,000,000		7
\$25,000,000	_	
\$25,000,00 \$50,000,00		

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	Yalue
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345

lame	
Michele M.	
Bachmann	

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 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 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

a 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

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	DCChicagoDC	z	Z	Z	None
Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	~	~	~	2 Days
Hertage Foundation Member Retired Jan 14-16	Jan 14-16	DC-Charlottesville-D.C.	λ	\prec	丫	None
Club For Growth Econ. Conference Mar 4-5		DC-Palm Beach, FL-MSP	\prec	Z	Z	None
David Horriwitz Freedom Center Nov. 19-21 DC-Palm Beach FL - NSP	Nov.19-21	DC-Palm Beach, FL-MSP	¥	\prec	Y	None
				_		
•						