

**HAND DELIVERED**

**UNITED STATES HOUSE OF REPRESENTATIVES  
CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT**

Form A  
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER

2012 AUG 14 PM 1:50

Name: Michelle Marie Bachmann Daytime Telephone: 202.225.2331

*M. Bachmann*  
U.S. HOUSE OF REPRESENTATIVES  
(Office Use Only)

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>MD</u>	District: <u>6</u>	<input type="checkbox"/> Officer or Employee
Report Type	<input checked="" type="checkbox"/> Annual (May 15, 2012)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Termination Date: _____

**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 checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you, your spouse, or a 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 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 \$350 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 checked="" type="checkbox"/> No <input 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"/>	<b>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</b>	

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

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?	Yes <input type="checkbox"/> No <input checked="" 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 Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**SCHEDULE I — EARNED INCOME**

Name <i>Michelle Marie Bachmann</i>	Page <i>2</i> of <i>8</i>
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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$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
<i>Examples:</i> 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
<i>Bachmann &amp; Associates Inc.</i>	<i>Spouse Salary</i>	<i>NA</i>

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



**SCHEDULE III—ASSETS AND "UNEARNED" INCOME**

Continuation Sheet (if needed)

Name *Michelle Marie Bachmann*

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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	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX		X	XI	P, S, E			
American Funds:	None																					I	II	III	IV	V	VI	VII	VIII	IX	X	XI				
Euro Pacific Growth																																				
New Economy Fund																																				
Small Cap World Fund																																				
Fundamental Inv																																				
Income Fund America																																				
Capital World Growth																																				
Growth Fund Am																																				
American Balanced																																				
Washington Mutual																																				
Capital Income BIV																																				
Bond Fund Am																																				
Fidelity Investments:																																				
Fidelity ADV Utilities																																				
Fidelity ADV Gold																																				
Seahol/Penguin Corp USA																																				

# SCHEDULE IV — TRANSACTIONS

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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 child, 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., "partial sale"). See example below.  
 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.

SP, DC, JT SP	Asset	Type of Transaction			Check Box if Capital Gain Exceeded \$200	Date (MO/DAY/YR) or Quarterly, Monthly, or Bi-weekly, if applicable	Amount of Transaction											
		PURCHASE	SALE	EXCHANGE			A \$1,001- \$15,000	B \$15,001- \$50,000	C \$50,001- \$100,000	D \$100,001- \$250,000	E \$250,001- \$500,000	F \$500,001- \$1,000,000	G \$1,000,001- \$5,000,000	H \$5,000,001- \$25,000,000	I \$25,000,001- \$50,000,000	J Over \$50,000,000		
Example:	Mega Corporation Common Stock (partial sale)		X			10-12-11		X										
	Capital World Growth v Income	X				Quarterly	X											

**SCHEDULE V— LIABILITIES**

Name Nickel Marie Bachmann Page 6 of 8

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. NOTE: Pending legislation may require Members to report mortgages on personal residences.

SP, DC, JT	Creditor	Date Liability Incurred Mo/Year	Type of Liability	Amount of Liability																
				A \$10,001-\$15,000	B \$15,001-\$50,000	C \$50,001-\$100,000	D \$100,001-\$250,000	E \$250,001-\$500,000	F \$500,001-\$1,000,000	G \$1,000,001-\$5,000,000	H \$5,000,001-\$25,000,000	I \$25,000,001-\$50,000,000	J Over \$50,000,000							
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE				X													
	United Bank of Eau Claire	12/2005	Mortgage on Lake Elbow Property					X												
	United Bank of Mendocino	12/2004	Business Loan				X													

**SCHEDULE VI— GIFTS**

Report the source, a brief description, and the value of all gifts totaling more than \$350 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 \$140 or less need not be added towards the \$350 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 Ethics)	\$375

Use additional sheets if more space is required.

**SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS**

Name Michelle Marie Eachmann

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$350 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	Dates	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
Heritage Foundation Conservative Member Retreat	Jan 26-29 Jan 27-29 (Member)	DC to Los Angeles (Member) Minneapolis to Los Angeles to Minneapolis (Spouse)	Y	Y	Y	1 Day

This page may be copied if more space is required.

**SCHEDULE VIII—POSITIONS**

Name Michelle Marie Bachmann Page 8 of 8

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 nonprofit 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
Member Vice-President/Secretary	Bachmann Clinic Property, LLC
Limited Partner	Bachmann Farm Family Limited Partnership

**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

Use additional sheets if more space is required.



**Wysocki, Kevin**

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**From:** Bialke (Eastburn), Brooke  
**Sent:** Tuesday, August 14, 2012 1:10 PM  
**To:** Wysocki, Kevin  
**Subject:** For Delivery to B-106  
**Attachments:** doc20120814115155.pdf

Kevin,

Please print and get signature on cover page where it says "Signature of Reporting Individual"

Make three copies.

Keep one copy for our records (please put our copy in my overhead cupboard on the right hand side of my desk)

Put the original and two copies in a franked envelope (no need to seal it) and label it (you can handwrite it) "Committee on Ethics B106 CHOB"

Deliver it and get an Acknowledgement of Receipt

THANKS!

-----Original Message-----

**From:** Printer  
**Sent:** Tuesday, August 14, 2012 12:52 PM  
**To:** Harper, Barbara; Bialke (Eastburn), Brooke  
**Subject:** From TASKalfa 250ci

This is your recent scan from %printer %serial.

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TASKalfa 250ci  
[00:c0:ee:4b:6e:2c]  
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