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UNITED STATES HOUSE OF REPRESENTATIVES
2013 FINANCIAL DISCLOSURE STATEMENT

Form A
For Use by Members, Officers, and Employees

Name: Michelle Marie Bachmann Daytime Telephone: 202-225-2331

| | | | | |
|--------------|--|--|--|-------------------------|
| FILER STATUS | <input checked="" type="checkbox"/> Member of or Candidate for U.S. House of Representatives | State: <u>MD</u> District: <u>6</u> | <input type="checkbox"/> Officer or Employee | Employing Office: _____ |
| REPORT TYPE | <input checked="" type="checkbox"/> 2013 Annual (Due: May 15, 2014) | <input type="checkbox"/> Amendment | <input type="checkbox"/> Termination Date: _____ | |

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

| | | | |
|--|---|---|---|
| A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Make more than \$200 in unearned income from any reportable asset during the reporting period? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$350 in value from a single source during the reporting period? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$350 in value from a single source during the reporting period? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" | |

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

| | |
|--|---|
| IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 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 that benefits 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 A - ASSETS & "UNEARNED INCOME"

Name: **Bohman**

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| BLOCK A | | | BLOCK B | | | | | | | | | | | | | BLOCK C | | | | | | | BLOCK D | | | | | | | | | | | BLOCK E | | | |
|--|------------------------|-----|--|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|------|----------|---------------|----------------------|--------------|---|---|----|-----|----|---|----|-----|------|----|---|---|-----|----------------|--|
| Asset and/or Income Source | | | Value of Asset | | | | | | | | | | | | | Type of Income | | | | | | | Amount of Income | | | | | | | | | | | Transaction | | | |
| Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income that generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use only ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans), provide the value for each asset held in the account that exceeds the reporting thresholds. For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts. For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box. If you so choose, you may indicate that an asset or income source is part of your spouse (SP), or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet. | | | Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should be "None." *Column M is for assets held by your spouse or dependent child in which you have no interest. | | | | | | | | | | | | | Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period. | | | | | | | For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated. *Column XII is for assets held by your spouse or dependent child in which you have no interest. | | | | | | | | | | | Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in the reporting period. If only a portion of an asset was sold, please indicate as follows: (S (part)). Leave this column blank if there are no transactions that exceeded \$1,000. | | | |
| SP, DC, JT | SP | EIF | A | B | C | D | E | F | G | H | I | J | K | L | M | 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 | XII | (S(part)) or E | |
| | Simon & Schuster | | | | | | | | | | | | | | | | X | | | | | | | | | | | | | | | | | | | | |
| | ABC Hedge Fund | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Bohman + Associates | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Lake Elmo, MD Rydholm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Bohman Clinic Partners | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Lake Elmo, MD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Rahman Page 4 of 7

| BLOCK A Asset and/or Income Source | | BLOCK B Value of Asset | | | | | | | | | | | | | BLOCK C Type of Income | | | | | | BLOCK D Amount of Income | | | | | | | | | | | BLOCK E Transaction | | | | | | |
|---------------------------------------|-----------------------|---------------------------|------------------|-------------------|--------------------|---------------------|---------------------|-----------------------|-------------------------|--------------------------|---------------------------|-------------------|-----------------------------------|---|---------------------------|-----------|------|----------|---------------|----------------------|-----------------------------|--|-----------|---------------|-----------------|-----------------|------------------|-------------------|--------------------|-----------------------|-------------------------|------------------------|---|-----|--|--|--|--|
| SP, DC, JT | ASSET NAME | A | B | C | D | E | F | G | H | I | J | K | L | M | 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 | XII | | | | |
| | | \$1-\$1,000 | \$1,001-\$15,000 | \$15,001-\$50,000 | \$50,001-\$100,000 | \$100,001-\$250,000 | \$250,001-\$500,000 | \$500,001-\$1,000,000 | \$1,000,001-\$5,000,000 | \$5,000,001-\$25,000,000 | \$25,000,001-\$50,000,000 | Over \$50,000,000 | Spouse/DC Asset over \$1,000,000* | | | | | | | | | | \$1-\$200 | \$201-\$1,000 | \$1,001-\$2,500 | \$2,501-\$5,000 | \$5,001-\$15,000 | \$15,001-\$50,000 | \$50,001-\$100,000 | \$100,001-\$1,000,000 | \$1,000,001-\$5,000,000 | Over \$5,000,000 | Spouse/DC Asset with Income over \$1,000,000* | | | | | |
| | Fidelity Investments | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | FID ADV Utilities | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | FIA ADV GOLD | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Seahell/Penguin Group | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Uncle Sam | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Book Income | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Use additional sheets if more space is required.

SCHEDULE B - TRANSACTIONS

Name: Bahman

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Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period for investment or real property held by you, your spouse, or your dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose partial sale as the type of transaction.

Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the capital gains box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A.

* Column K is for assets solely held by your spouse or dependent child.

| SP, DC, JT | Asset | Type of Transaction | | | | Check Box if Capital Gain Exceeded \$200 | Date (MM/YY) or Quarterly, Monthly, or Bi-weekly, if applicable | Amount of Transaction | | | | | | | | | | | |
|------------|--------------------------|---------------------|------|--------------|----------|--|---|-----------------------|------------------------|-------------------------|--------------------------|--------------------------|----------------------------|------------------------------|-------------------------------|--------------------------------|------------------------|--|--|
| | | Purchase | Sale | Partial 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 | K Over \$1,000,000* (Spouse/DC Asset) | |
| | Example Mega Corp. Stock | | | X | | X | 3/6/13 | | X | | | | | | | | | | |
| | Reinvested Dividends: | | | | | | | | | | | | | | | | | | |
| | Capital World G+I | | | | X | | | X | | | | | | | | | | | |
| | Growth Fund Americas | | | | X | | | X | | | | | | | | | | | |
| | Fidelity Adv Utilities | X | | | | | 6/1/13 | X | | | | | | | | | | | |
| | Fidelity Adv Bond | X | | | | | 8/1/13 | X | | | | | | | | | | | |

SCHEDULE D - LIABILITIES

Name: Bachmann Page 7 of 7

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); 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 you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

| SP, DC, JT | Creditor | Date Liability Incurred MO/YR | 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 | K Over \$1,000,000* (Spouse/DC Liability) | |
| Example | First Bank of Wilmington, DE | 5/98 | Mortgage on Rental Property, Dover, DE | | | | X | | | | | | | | |
| | Lake Elmo Bank | 8/2012 | Mortgage on Lake Elmo Property | | | | | | X | | | | | | |
| | Lake Elmo Bank | 2/2013 | Small Business Loan | | | X | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior 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, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions listed in Schedule C; 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 Limited Partner | Bachmann Clinic Properties LLC Bachmann Farm Family Limited Partnership |
| | |
| | |
| | |

U.S. HOUSE OF REPRESENTATIVES
COMMITTEE ON ETHICS

MEMBER/OFFICER/EMPLOYEE
FINANCIAL DISCLOSURE EXTENSION REQUEST FORM

Name of Requestor: Michele Bachmann Date: 5/9/14
Please type or print legibly

Employing Member/Committee/Office: Congresswoman Michele Bachmann

Financial Disclosure Statement Report Type (check one):

Annual (CY 2013) Amendment New Employee Termination

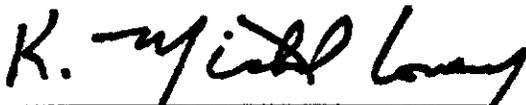
The length of time for which extension is requested (check one):

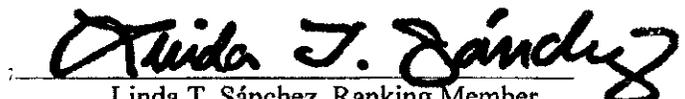
30 days 60 days 90 days Other _____
Specify number of days or specific date

For Ethics Committee Use Only

Your request for an extension of time in which to file the Financial Disclosure Statement referenced above is hereby granted. Your report must be filed on or before 6/16/14. The Ethics Committee may grant additional requests, which may not, in the aggregate, exceed 90 days from the original due date.

Date: 5/13/14


K. Michael Conaway, Chairman


Linda T. Sánchez, Ranking Member

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