

00000622172

UNITED STATES SENATE FINANCIAL DISCLOSURE REPORT FOR ANNUAL AND TERMINATION FILERS

Amendment

| | | | | | |
|---|--|--|--|--|--|
| Last Name | | First Name and Middle Initial | | Annual Report | |
| Baldwin | | Tammy S. G. | | Calendar Year Covered by Report 2012 | |
| Senate Office Address (Number, Street, City, State, and ZIP Code) | | Senate Office Telephone Number (Include Area Code) | | Senate Office / Agency in Which Employed | |
| 717 Hart Senate Office Building, Washington, DC 20510 | | 202-224-0156 | | Senator Tammy Baldwin | |
| | | Termination Report | | | |
| | | Termination Date (mm/dd/yy) | | Prior Office / Agency in Which Employed | |
| | | | | | |

AFTER READING THE INSTRUCTIONS – ANSWER EACH OF THESE QUESTIONS AND ATTACH THE RELEVANT PART

| | YES | NO | | YES | NO |
|--|-------------------------------------|-------------------------------------|---|-------------------------------------|-------------------------------------|
| 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 PART I. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Did you, your spouse, or dependent child receive any reportable travel or reimbursements for travel in the reporting period (i.e., worth more than \$350 from one source)? If Yes, complete and attach PART VI. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Did you or your spouse have earned income (e.g., salaries or fees) or non-investment income of more than \$200 from any reportable source in the reporting period? If Yes, complete and attach PART II. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Did you, your spouse, or dependent child have any reportable liability (more than \$10,000) during the reporting period? If Yes, complete and attach PART VII. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Did you, your spouse, or dependent child hold any reportable asset worth more than \$1,000 at the end of the period, or receive unearned or investment income of more than \$200 in the reporting period? If Yes, complete & attach PART IIIA and/or IIIB. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Did you hold any reportable positions on or before the date of filing in the current calendar year? If Yes, complete and attach PART VIII. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than \$1,000 in the reporting period? If Yes, complete and attach PART IV. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Do you have any reportable agreement or arrangement with an outside entity? If Yes, complete and attach PART IX. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Did you, your spouse, or 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 PART V. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | If this is your <u>FIRST</u> Report: Did you receive compensation of more than \$5,000 from a single source in the <u>two</u> prior years? If Yes, complete and attach PART X. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Each question must be answered and the appropriate PART attached for each "YES" response.

**FOR OFFICIAL USE ONLY
Do Not Write Below this Line**

RECEIVED,
 CLERK OF THE SENATE
 MAY 15 PM 4:15

3

Reporting Individual Name **Tammy Baldwin** Amendment

Page Number

Tammy Baldwin

PART VII. LIABILITIES

4

Report liabilities over \$10,000 owed by you, your spouse, or dependent child (See p.3, CONTENTS OF REPORTS, Part B of Instructions), to any one creditor at any time during the reporting period. Check the highest amount owed during the reporting period. Exclude: (1) mortgages on your personal residences unless rented (**except for Senators**); (2) loans secured by automobiles, household furniture or appliances; and (3) liabilities owed to certain relatives listed in Instructions. See Instructions for reporting revolving charge accounts.

| Name of Creditor | Address | Type of Liability | Date Incurred | Interest Rate | Discount Points Paid for Mortgage (Senators Only) | Term if Applicable | Category of Amount of Value (x) | | | | | | | | | | |
|-----------------------------|--------------------------|-------------------|---------------|---------------|---|--------------------|---------------------------------|---------------------|----------------------|-----------------------|-----------------------|-------------------------|---------------------|---------------------------|----------------------------|-----------------------------|-------------------|
| | | | | | | | \$10,001 - \$15,000 | \$15,001 - \$50,000 | \$50,001 - \$100,000 | \$100,001 - \$250,000 | \$250,001 - \$500,000 | \$500,001 - \$1,000,000 | Over \$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 |
| <i>Example:</i> S, DC, or J | First District Bank | Wash., DC | 1992 | 13% | 1 pt | 25 yrs | | | X | | E | X | A | M | P | L | E |
| | (J) John Jones | Wash., DC | 2000 | 10% | n/a | On dmd | | | | X | E | X | A | M | P | L | E |
| 1 | Johnson Bank, Racine, WI | Madison, WI | 2010 | 4% | | 15 yrs | | | | X | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | | | | |
| 0 | | | | | | | | | | | | | | | | | |
| 1 | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | |

EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.
 *** This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

