

UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

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HAND DELIVERED

DEBBIE WASSERMAN SCHULTZ
(Full Name)

202-225-7931
(Daytime Telephone)

LEGISLATIVE RESOURCE CENTER

2012 MAY 10 PM 4:57
(Office Use Only)

Filer Status: ☒ Member of the U.S. House of Representatives
State: FL District: 20
☐ Officer or Employee

U.S. HOUSE OF REPRESENTATIVES
A \$200 penalty shall be assessed against anyone who files more than 30 days late.

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination

Termination Date:

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?	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)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, complete and attach Schedule I.		If yes, complete and attach Schedule VI.	
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?	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)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, complete and attach Schedule II.		If yes, complete and attach Schedule VII.	
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$1,000 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?	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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, complete and attach Schedule III.		If yes, complete and attach Schedule VIII.	
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If yes, complete and attach Schedule IV.		If yes, complete and attach Schedule IX.	
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
If yes, complete and attach Schedule V.			

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 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"/>
Exemptions-- 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 INCOMEName **DEBBIE WASSERMAN SCHULTZ**

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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.

Source	Type	Amount
DEMOCRATIC NATIONAL COMMITTEE	SALARY	\$26,320
COMMUNITY BANK OF BROWARD	SPOUSE SALARY	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name DEBBIE WASSERMAN SCHULTZ

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BLOCK A		BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source		Year-End Value of Asset	Type of Income	Amount of Income	Transaction
<p>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 reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>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), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>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.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.</p> <p>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 with your spouse (JT), in the optional column on the far left.</p>		<p>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 and is included only because it is generated income, the value should be "None."</p>	<p>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.</p>	<p>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), 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. Check "None" if no income was earned or generated.</p>	<p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
SP	12500 shs JBI COMMON STOCK	None	CAPITAL GAINS	\$15,001 - \$50,000	S
SP	13584 SHS COMMUNITY BANK OF BROWARD COMMON STOCK	\$100,001 - \$250,000	None	NONE	
SP	401K RETIREMENT PLAN AMERICAN CENTURY VISTA FUND	None	Other: DIST FROM RETIREMENT PLAN (Please specify)	\$2,501 - \$5,000	S(part)
SP	401K RETIREMENT PLAN ENERGY FUND	\$1,001 - \$15,000	Other: DIST. FROM RETIREMENT PLAN (Please specify)	\$5,001 - \$15,000	S(part)

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name DEBBIE WASSERMAN SCHULTZ

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SP	401K RETIREMENT PLAN FINANCIAL SERVICES FUND	\$1 - \$1,000	Other: DIST. FROM RETIREMENT PLAN (Please specify)	\$5,001 - \$15,000	S(part)
SP	401K RETIREMENT PLAN FRANKLIN SMALL MID GROWTH	\$1 - \$1,000	Other: DIST. FROM RETIREMENT PLAN (Please specify)	\$2,501 - \$5,000	S(part)
SP	401K RETIREMENT PLAN INV SMALL CAP GROWTH FUND	None	Other: DIST. FROM RETIREMENT PLAN (Please specify)	\$2,501 - \$5,000	S(part)
SP	401K RETIREMENT PLAN LEGG MASON CLEARBR AGG GROWTH	\$1,001 - \$15,000	Other: DIST. FROM PLAN (Please specify)	\$201 - \$1,000	S(part)
SP	401K RETIREMENT PLAN MID CAP STOCK FUND	\$1,001 - \$15,000	Other: DIST. FROM RETIREMENT PLAN (Please specify)	\$5,001 - \$15,000	S(part)
SP	401K RETIREMENT PLAN SMALL CAP GROWTH FD	None	Other: DIST. FROM RETIREMENT FUND (Please specify)	\$2,501 - \$5,000	S(part)
DC	500 SHS COMMUNITY BANK OF BROWARD COMMON STOCK	\$1,001 - \$15,000	None	NONE	
JT	COMMUNITY BANK OF BROWARD CHECKING ACCOUNT	\$1,001 - \$15,000	None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name **DEBBIE WASSERMAN SCHULTZ**

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JT	COMMUNITY BANK OF BROWARD SAVINGS ACCOUNT	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
	DNC 401K PLAN AMERICAN FUNDS MONEY MARKET	\$1,001 - \$15,000	DIVIDENDS	NONE	P
DC	SECTION 529 PLAN FLORIDA PREPAID COLLEGE PLAN	\$1,001 - \$15,000	Other: TAX DEFERRED (Please specify)	NONE	
DC	SECTION 529 PLAN FLORIDA PREPAID COLLEGE PLAN	\$1,001 - \$15,000	Other: TAX DEFERRED(Please specify)	NONE	
DC	SECTION 529 PLAN FLORIDA PREPAID COLLEGE PLAN	\$1,001 - \$15,000	Other: TAX DEFERRED (Please specify)	NONE	
	STATE OF FLORIDA PENSION	SEE SCH IX	None	NONE	

SCHEDULE IV - TRANSACTIONS

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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	Asset	Type of Transaction	Capital Gain In Excess of \$200?	Date	Amount of Transaction
SP	401K RETIREMENT FUND ENERGY FUND	S(part)	No	2-4-11 & 2-9-11	\$1,001 - \$15,000
SP	401K RETIREMENT PLAN AMERICAN CENTURY VISTA FUND	S(part)	No	2-4-11&2-9-11	\$1,001 - \$15,000
SP	401K RETIREMENT PLAN FINANCIAL SERVICES FUND	S(part)	No	2-4-11&2-9-11	\$1,001 - \$15,000
SP	401K RETIREMENT PLAN FRANKLIN SMALL MID GROWTH	S(part)	No	2-4-11&2-9-11	\$1,001 - \$15,000
SP	401K RETIREMENT PLAN INV SMALL CAP GROWTH FUND	S(part)	No	2-4-11&2-9-11	\$1,001 - \$15,000
SP	401K RETIREMENT PLAN MID CAP STOCK FUND	S(part)	No	2-4-11&2-9-11	\$1,001 - \$15,000
SP	401K RETIREMENT PLAN SMALL CAP GROWTH FUND	S(part)	No	2-4-11&2-9-11	\$1,001 - \$15,000
	DNC 401K PLAN AMERICAN FUNDS MONEY MARKET	P	N/A	12-31-11	\$1,001 - \$15,000
SP	JB1 COMMON STOCK	S	Yes	5-17-11	\$15,001 - \$50,000

SCHEDULE V - LIABILITIES

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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 all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; 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	Type of Liability	Amount of Liability
JT	SUNTRUST MORTGAGE INC.	12-05	MORTGAGE ON PERSONAL RESIDENCE WESTON, FL	\$500,001 - \$1,000,000
JT	SUNTRUST BANK	3-05	HOME EQUITY LINE OF CREDIT ON PERSONAL RESIDENCE WESTON, FL	\$250,001 - \$500,000
JT	WELLS FARGO BANK N.A.	11-10	MORTGAGE ON PERSONAL RESIDENCE NEWBURY, NH	\$250,001 - \$500,000
JT	INDEPENDENT BANKERS BANK	6-04	PERSONAL LOAN	\$100,001 - \$250,000
JT	UNITED BANK	5-19-11	PERSONAL LOAN	\$100,001 - \$250,000
JT	FIA	12-11	CREDIT CARD ACCOUNT	\$15,001 - \$50,000

SCHEDULE IX - AGREEMENTS

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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
11-1-04	MYSELF & THE STATE OF FLORIDA	DEFINED BENEFIT PENSION PLAN. MONTHLY RETIREMENT BENEFIT AT AGE 62 TO BE DETERMINED

FOOTNOTES

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Number	Section / Schedule	Footnote	This note refers to the following item
15	Schedule III	ANNUAL TRANSACTION AMOUNT LESS THAN \$1,000	FLORIDA PREPAID COLLEGE PLAN
16	Schedule III	ANNUAL TRANSACTION AMOUNT LESS THAN \$1,000	FLORIDA PREPAID COLLEGE PLAN
17	Schedule III	ANNUAL TRANSACTION AMOUNT LESS THAN \$1,000	FLORIDA PREPAID COLLEGE PLAN