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UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

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LEGISLATIVE RESOURCE CENTER

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DEBBIE WASSERMAN SCHULTZ

(Full Name)

(Daytime Telephone)

U.S. HOUSE
OF REPRESENTATIVES

REF ID: A893848

Member of the U.S. House of Representatives
State: FL District: 23

Officer Or Employee

Employing Office:

Termination Date:

Annual (May 15) Amendment Termination

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? Yes No

If yes, complete and attach Schedule I.

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 No

If yes, complete and attach Schedule II.

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? Yes No

If yes, complete and attach Schedule III.

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 No

If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes No

If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$300 and not otherwise exempt)? Yes No

If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$300 from one source)? Yes No

If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes No

If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? Yes No

If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

IPO and 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? Yes No

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 No

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 No

SCHEDULE I - EARNED INCOME

Name 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) 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.

Source	Type	Amount
DEMOCRATIC NATIONAL COMMITTEE	SALARY	\$26,185
COMMUNITY BANK OF BROWARD	SPOUSE SALARY	N/A

SCHEDULE II - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name DEBBIE WASSERMAN SCHULTZ

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List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. A green envelope for transmitting the list is included in each Member's filing package. Employees may request a green envelope from the Clerk or use a plain envelope that is appropriately labeled.

Source	Activity	Date	Amount
Real Time with Bill Maher	TV appearance fee	Jan 13, 2012	\$800

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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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	
					<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 source 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) provide the value for each asset held in the account that exceeds the reporting thresholds.</p> <p>For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property," and a city and state.</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 to jointly held with your spouse (J). In the optional column on the far left, For a detailed discussion of Schedule III requirements, please refer to the Instruction booklet.</p>					
SP	13584 SHS COMMUNITY BANK OF BROWARD COMMON STOCK	\$100,001 - \$250,000	None	NONE						
SP	401K RETIREMENT PLAN ENERGY FUND	\$1,001 - \$15,000	TAX-DEFERRED	NONE						
SP	401K RETIREMENT PLAN FINANCIAL SERVICES FUND	\$1,001 - \$15,000	TAX-DEFERRED	NONE						
SP	401K RETIREMENT PLAN FRANKLIN SMALL MID GROWTH	\$1,001 - \$15,000	TAX-DEFERRED	NONE						
SP	401K RETIREMENT PLAN LEGG MASON CLEARBR AGG GROWTH	\$1,001 - \$15,000	TAX-DEFERRED	NONE						

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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SP	401K RETIREMENT PLAN MID CAP STOCK FUND	\$1,001 - \$15,000	TAX-DEFERRED	NONE
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
JT	COMMUNITY BANK OF BROWARD SAVINGS ACCOUNT	\$1,001 - \$15,000	INTEREST	NONE
	DNC 401K PLAN AMERICAN FUNDS MONEY MARKET	None	TAX-DEFERRED	NONE
	DNC 401K PLAN SSGA CASH SERIES US GOVT FUND CLASS L	\$1,001 - \$15,000	TAX-DEFERRED	NONE
DC	SECTION 529 PLAN FLORIDA PREPAID COLLEGE PLAN	\$1,001 - \$15,000	TAX-DEFERRED	NONE
DC	SECTION 529 PLAN FLORIDA PREPAID COLLEGE PLAN	\$1,001 - \$15,000	TAX-DEFERRED	NONE
DC	SECTION 529 PLAN FLORIDA PREPAID COLLEGE PLAN	\$1,001 - \$15,000	TAX-DEFERRED	NONE
	STATE OF FLORIDA PENSION	SEE SCHX	None	NONE

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 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., "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.

* This column is for assets solely held by your spouse or dependent child.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	DNC 401K PLAN AMERICAN FUNDS MONEY MARKET	S	No	5-30-12	\$1,001 - \$15,000
	DNC 401K PLAN SSGA CASH SERIES US GOVT FUND CLASS L	P	N/A	5-30-12	\$1,001 - \$15,000
SP	JBI INC	P	N/A	1-06-12	\$1,001 - \$15,000
SP	JBI INC	P	N/A	01-20-12	\$1,001 - \$15,000
SP	JBI INC	S	No	01-12-12	\$1,001 - \$15,000
SP	JBI INC	S	No	2-09-12	\$1,001 - \$15,000

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. Members: 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 it is rented out or you 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 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. This column is for liabilities held solely by your spouse or dependent child.

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	UNITED BANK	5-19-11	PERSONAL LOAN	\$100,001 - \$250,000
JT	BANK OF AMERICA	12-12	CREDIT CARD ACCOUNT	\$50,001 - \$100,000

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
4	Schedule V	<p>Bank of America acquired this liability from the previous creditor FIA</p> <p>Bank of America</p>