

# UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A

Page 1 of 8

For use by Members, officers, and employees.

Debbie Wasserman Schultz

(Full Name)

202-225-7931

(Daytime Telephone)

2011 MAY 13 AM 11:07

ACTIVE RESOURCE CLIENT

**HAND DELIVERED**

(Office Use Only)

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

Officer Or Employee Employing Office:

Report Type ☒ Annual (May 15) ☐ Amendment

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?	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 \$335 and not otherwise exempt)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. If yes, complete and attach Schedule I. 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 \$335 from one source)?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
III. If yes, complete and attach Schedule II. 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"/>
IV. If yes, complete and attach Schedule III. 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?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. If yes, complete and attach Schedule IV. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

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 1 - 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) 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
Community Bank of Broward	Spouse Salary	N/A

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Debbie Wasserman Schulz

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
<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) 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 debt-financed investment; and any tax-exempt investment.</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>
<p>SP 12500 shs JBI Common Stock</p> <p>State of Florida Pension</p>	<p>\$1,001 - \$15,000</p> <p>See Sch IX</p>	<p>None</p> <p>/None</p>	<p>NONE</p> <p>NONE</p>	
<p>DC 500shs Community Bank of Broward Common stock</p>	<p>\$1,001 - \$15,000</p>	<p>None</p>	<p>NONE</p>	
<p>SP 13584shs Community Bank of Broward Common stock</p>	<p>\$100,001 - \$250,000</p>	<p>None</p>	<p>NONE</p>	
<p>JT Community Bank of Broward-Checking A/C</p>	<p>\$1,001 - \$15,000</p>	<p>None</p>	<p>NONE</p>	
<p>SP 401K Retirement Fund</p> <p>JH Energy Fund</p>	<p>\$1,001 - \$15,000</p>	<p>None</p>	<p>NONE</p>	<p>P</p>

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Debbie Wasserman Schultz

SP	401K Retirement Fund JH Mid-Cap Stock Fd	\$1,001 - \$15,000	None	NONE	P
SP	401K Retirement Fund JH Financial Services fund	\$1,001 - \$15,000	None	NONE	P
SP	401K Retirement Fund American Century Vista Fd	\$1,001 - \$15,000	None	NONE	P
SP	401K Retirement Fund JH Small Cap Growth Fund	\$1,001 - \$15,000	None	NONE	P
SP	401K Retirement Fund Inv Small Cap Gr Fd Formerly Aim small cap Gr Fd	\$1,001 - \$15,000	None	NONE	P
SP	401K Retirement Fund Franklin Small Mid-Growth Fund	\$1,001 - \$15,000	None	NONE	P

# SCHEDULE IV - TRANSACTIONS

Name Debbie Wasserman Schultz

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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 Aim Small Cap Growth Fund	P	N/A	4-15-10	\$1,001 - \$15,000
SP	401K Retirement Fund American Century Vista Fund	P	N/A	4-15-10	\$1,001 - \$15,000
SP	401K Retirement Fund Davis Financial	S	No	4-23-10	\$1,001 - \$15,000
SP	401K Retirement Fund Davis Financial Fund	P	N/A	4-15-10	\$1,001 - \$15,000
SP	401K Retirement Fund Franklin Small Mid Growth Fund	P	N/A	4-15-10	\$1,001 - \$15,000
SP	401K Retirement Fund JH Energy Fund	P	N/A	4-15-10	\$1,001 - \$15,000
SP	401K Retirement Fund JH Financial Services Fund	P	N/A	4-23-10	\$1,001 - \$15,000
SP	401K Retirement Fund JH Mid Cap Stock Fund	P	N/A	4-15-10	\$1,001 - \$15,000
SP	401K Retirement Fund JH Small Cap Growth Fund	P	N/A	4-15-10	\$1,001 - \$15,000
SP	401K Retirement Plan JH Money Market Fund	S	No	4-15-10	\$1,001 - \$15,000

# SCHEDULE V - LIABILITIES

Name Debbie Wasserman Schultz

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.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
JT	FIA	12/2010	Revolving Charge A/C	\$50,001 - \$100,000
JT	Wachovia Bank N A	12/2010	Revolving Charge A/C	\$15,001 - \$50,000
JT	Independent Bankers bank	05/2004	Personal Loan	\$100,001 - \$250,000

# **SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS**

Name Debbie Wasserman Schultz

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 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 reimbursed or paid directly 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	Date(s)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Force-Facing Our Risk Of Cancer	Jun. 25- Jun. 27	DC-Orlando-Ft. Lauderdale	N	N	N	1 1/2 days

# SCHEDULE IX - AGREEMENTS

Name Debbie Wasserman Schultz

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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
11-1-2004	State of Florida	Defined Benefit Pension Plan. Monthly retirement benefit at age 62 to be determined





Original



Amendment

U.S. House of Representatives  
111<sup>th</sup> Congress

MEMBER / OFFICER  
POST-TRAVEL DISCLOSURE FORM

LEGISLATIVE RESOURCE CENTER  
2010 JUL -8 AM 10:13  
OFFICE OF THE CLERK  
U.S. HOUSE OF REPRESENTATIVES

This form is for disclosing the receipt of travel expenses from a private source for meetings, speaking engagements, fact-finding trips or similar events in connection with official duties. You need not disclose government-funded or political travel on this form, or travel that is unrelated to official duties. This form does not eliminate the need to report all privately-funded travel on the Member or officer's annual Financial Disclosure Statement. In accordance with clause 5 of House Rule 25, complete this form and file it with the Clerk of the House of Representatives, B-106 Cannon House Office Building, within 15 days after travel is completed. The Clerk is to make these forms available to the public as soon as possible after they are received.

1. Name of Traveler: Rep. Debbie Wasserman Schultz
2. a. Name of Accompanying Family Member (if any): \_\_\_\_\_
- b. Relationship to Member/Officer: ☐ Spouse ☐ Child ☐ Other (specify): \_\_\_\_\_
3. a. Date of Departure and Date of Return: June 25, 2010 - June 27, 2010
- b. Dates at personal expense (if any): June 26 (half-day) and June 27, 2010
4. Itinerary (cities of departure - destination - return): Washington, DC - Orlando, FL - Ft. Lauderdale, FL
5. Sponsor(s) (who paid for the trip): FORCE - Facing Our Risk of Cancer Empowered
6. Describe meetings and events attended (attach additional pages if necessary):  
Spoke at the conference regarding the EARLY Act and issues of hereditary cancer addressed by the EARLY Act
7. Attached to this form are EACH of the following (signify that each item is attached by checking the corresponding box):
- a. ☒ the Private Sponsor Travel Certification Form completed by trip sponsor, including all attachments;
  - b. ☒ the Traveler Form completed by the Member or officer; and
  - c. ☒ the Committee on Standards' letter approving my participation on this trip.
8. a. I represent that I participated in each of the activities reflected in the sponsor's agenda. (Signify that statement is true by checking box): ☒
- b. If not, explain: \_\_\_\_\_

COPY

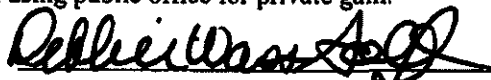
**9. TRIP EXPENSES:** Obtain actual dollar amounts from the sponsor. If exact dollar amounts are unavailable by the due date, provide a good faith estimate and file an amended form once the correct amounts are received.

	Total Transportation Expenses	Total Lodging Expenses	Total Meal Expenses
For Member or Officer:	\$330.70	0	0
For accompanying family member:	0	0	0

	Other Expenses (dollar amount)	Specific Nature of Expenses (e.g., taxi, parking, registration fee, etc.)
For Member or Officer:	0	0
For accompanying family member:	0	0

I certify that the information contained in this form is true, complete, and correct to the best of my knowledge. I have determined that all of the expenses listed above were necessary and that the travel was in connection with my duties as a Member or Officer of the U.S. House of Representatives and would not create the appearance that I am using public office for private gain.

SIGNATURE OF MEMBER:



DATE: July 8, 2010

U.S. House of Representatives  
Committee on Standards of Official Conduct

**PRIVATELY SPONSORED TRAVEL: TRAVELER FORM**  
**For Members, Officers, and Employees**

This form should be completed by House Members, officers, or employees seeking Committee approval of privately-sponsored travel or reimbursement for travel under House Rule 25, clause 5. The completed form should be submitted directly to the Committee by each invited House Member, officer, or employee, together with the completed and signed Private Sponsor Travel Certification Form and any attachments. A copy of this form, minus this initial page, will be made available for public inspection. Please type form. (and any attachments) may be faxed to the Committee at (202) 225-7392.

**YOUR COMPLETED REQUEST MUST BE SUBMITTED TO THE COMMITTEE NO LESS THAN 14 DAYS BEFORE YOUR PROPOSED DEPARTURE DATE.** Absent exceptional circumstances, permission will not be granted for requests received less than 14 days before the trip commences.

Name of Traveler: Rep. Debbie Wasserman Schultz

I certify that the information contained on both pages of this form is true, complete, and correct to the best of my knowledge.

Signature: Debbie Wasserman Schultz

Name of Signatory (if other than traveler): \_\_\_\_\_

For staff, name of employing Member/Committee: \_\_\_\_\_

Office address: 118 Cannon House Office Building

Phone number: 202.225.7931

Email address of contact person: kate.houghton@mail.house.gov

- ☐ Check this box if the sponsoring entity is a media outlet and the traveler is a Member traveling to make a media appearance sponsored by that entity and these forms are being submitted to the Committee less than 14 days before the trip departure date.

**NOTE: You must complete the contact information fields above, as Committee staff may need to contact you if additional information is required.**

If there are any questions regarding this form please contact the Committee:

Committee on Standards of Official Conduct  
U.S. House of Representatives  
HT-2, The Capitol  
Washington, DC 20515  
(202) 225-7103 (phone)  
(202) 225-7392 (fax)

Version date 9/2008 by Committee on Standards of Official Conduct

RECEIVED  
2010 SEP 28 AM 11:42  
COMMITTEE ON STANDARDS OF OFFICIAL CONDUCT

U.S. House of Representatives  
Committee on Standards of Official Conduct

**PRIVATELY SPONSORED TRAVEL: TRAVELER FORM**

1. Name of Traveler: Rep. Debbie Wasserman Schultz
2. Sponsor(s) (who will be paying for the trip): Facing Our Risk of Cancer Empowered (FORCE)
3. Travel destination(s): Washington, DC (following votes) -- Orlando, FL (event location) -- Ft. Lauderdale (location of home)
4. a. Date of Departure and Date of Return: Thursday, June 25 - Sunday, June 27  
b. Will you be extending the trip at your personal expense? ☒ Yes ☐ No  
If yes, dates at personal expense: Sunday, June 27
5. a. Will you be accompanied by a family member at the sponsor's expense? ☐ Yes ☒ No  
b. If yes, name of accompanying family member: \_\_\_\_\_  
c. Relationship to traveler: ☐ Spouse ☐ Child ☐ Other (specify): \_\_\_\_\_
6. a. Did the trip sponsor answer "yes" to Question 9(c) on the Trip Sponsor form (i.e., the travel is being sponsored by an entity that employs a lobbyist)? ☐ Yes ☒ No  
b. If yes, check one of the following: ☐ N/A - Sponsor checked 9(a) or 9(b)  
(1) Approval for one-night's lodging and meals is being requested: ☐ or  
(2) Approval for two-nights' lodging and meals is being requested: ☐  
If "(2)" is checked, explain why the second night is warranted: \_\_\_\_\_
7. Private Sponsor Travel Certification Form is attached, including agenda, invitee list, and any other attachments (indicate that form is attached by checking box): ☒
8. Explain why participation in the trip is connected to your individual official or representational duties:  
To speak about the EARLY Act (which became law in March 2010) and other legislation  
pertaining to hereditary cancer which is addressed in the EARLY Act.
9. **FOR STAFF:**  
**TO BE COMPLETED BY YOUR EMPLOYING MEMBER:**

I hereby authorize the individual named above, an employee of the U.S. House of Representatives who works under my direct supervision, to accept expenses for the trip described in this request. I have determined that the above-described travel is in connection with my employee's official duties and that acceptance of these expenses will not create the appearance that the employee is using public office for private gain.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Employing Member

**NOTE:** This page must be submitted with your post-travel disclosure form within 15 days of your return, so you should maintain a photocopy of the completed form for your records.



# Fax

To: Kate Houghton From: Sue Friedman  
Fax: 202-226-2052 Pages: 4  
Phone: \_\_\_\_\_ Date: 4/6/10  
Re: \_\_\_\_\_ CC: \_\_\_\_\_

☐ Urgent    ☐ For Review    ☐ Please Comment    ☐ Please Reply    ☐ Please Recycle

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U.S. House of Representatives  
Committee on Standards of Official Conduct

**PRIVATE SPONSOR TRAVEL CERTIFICATION FORM**  
(provide directly to each House invitee)

This form should be completed by private entities offering to provide travel or reimbursement for travel to House Members, officers, or employees under House Rule 25, clause 5. A completed copy of the form (and any attachments) should be provided to each invited House Member, officer, or employee, who will then forward it to the Committee together with a Traveler Form. The trip sponsor should NOT submit the form directly to the Committee. *You must answer every question on the form.*

1. Sponsor(s) (who will be paying for the trip): Facing Our Risk of Cancer Empowered
2. I represent that the trip will not be financed (in whole or in part) by a federally-registered lobbyist or a registered foreign agent (Signify that the statement is true by checking box): ☒
3. I represent that the trip sponsor(s) has not accepted from any other source funds earmarked directly or indirectly to finance any aspect of the trip (Signify that the statement is true by checking box): ☒
4. Is travel being offered to an accompanying family member of the House invitee(s)? ☐ Yes ☒ No
5. Provide names and titles of ALL House invitees; for each invitee, provide explanation of why the individual was invited (include additional pages if necessary): Requester: Rep. Wasserman  
Schultz
6. Dates of travel: Event is June 26, 2010 she can take an early am flight or arrive the night before
7. Cities of departure - destination - return: Ft. Lauderdale or Miami - Orlando -
8. Attached is a detailed agenda of the activities taking place during the travel (i.e., an hourly description of planned activities) (Signify "yes" by checking box): ☒
9. I represent that (check one of the following):
  - a. The sponsor of the trip is an institution of higher education within the meaning of section 101 of the Higher Education Act of 1965: ☐ or
  - b. The sponsor of the trip does not retain or employ a registered federal lobbyist or foreign agent: ☒ or
  - c. The sponsor employs or retains a registered federal lobbyist or foreign agent, but the trip is for attendance at a one-day event and lobbyist/foreign agent involvement in planning, organizing, requesting, or arranging the trip was *de minimis* under the Committee's travel regulations. ☐
10. If travel is for participation in a one-day event (i.e., if you checked Question 9(c)), check one of the following:
  - a. N/A - I checked 9(a) or (b) above: ☒
  - b. One-night's lodging and meals are being offered: ☒ or
  - c. Two-nights' lodging and meals are being offered: ☐  
If "c" is checked, explain why the second night is warranted: \_\_\_\_\_

11. Check one:

- a. I represent that a federally-registered lobbyist or foreign agent will not accompany House Members or employees on any segment of the trip (Signify that the statement is true by checking box): ☒ or  
b. N/A - trip sponsor is an institution of higher education. ☐

12. Private sponsors must have a direct and immediate relationship to the purpose of the trip or location being visited. Describe the purpose of the trip and the role of each sponsor in organizing and conducting the trip:

FORCE will be presenting Representative Wasserman-Schultz with an award for her advocacy efforts in the passage of the Energy Act.

13. a. Describe the mode of travel (air, rail, bus, etc.). For air travel, also indicate the type of aircraft (commercial, charter, or privately owned) and class of travel (coach, business class, first class, etc.):

Coach - airfare

- b. If travel will be first class or by chartered or private aircraft, provide an explanation describing why such travel is warranted: \_\_\_\_\_

14. I represent that the expenditures related to local area travel during the trip will be unrelated to personal or recreational activities of the invitee(s). (Signify that the statement is true by checking box): ☒

15. I represent that either (check one of the following):

- a. The trip involves an event that is arranged or organized *without regard* to congressional participation and that meals provided to congressional participants are similar to those provided to or purchased by other event attendees: ☒ or  
b. The trip involves events that are arranged *specifically with regard* to congressional participation: ☐  
If "b" is checked, detail the cost per day of meals (approximate cost may be provided): \_\_\_\_\_

16. Reason for selecting the location of the event or trip: This is the location of our annual conference

17. Name of hotel or other lodging facility: Buena Vista Palace Resort and Spa

18. Cost per night of hotel or other lodging facility (approximate cost may be provided): \$149/night

19. Reason(s) for selecting hotel or other lodging facility: This is our conference hotel

20. **TOTAL EXPENSES FOR EACH PARTICIPANT:**

<input type="checkbox"/> actual amounts <input checked="" type="checkbox"/> good faith estimates	Total Transportation Expenses per Participant	Total Lodging Expenses per Participant	Total Meal Expenses per Participant
For each Member, Officer, or employee	\$ 250	\$149/night	\$60/day
For each accompanying family member			

	Other Expenses (dollar amount)	Identify Specific Nature of "Other" Expenses (e.g., taxi, parking, registration fee, etc.)
For each Member, Officer, or employee		
For each accompanying family member		

21. I represent that all expenses connected to the trip will be for actual costs incurred and not a per diem or lump sum payment (signify that the statement is true by checking box): ☒

22. I certify that the information contained in this form is true, complete, and correct to the best of my knowledge.

Signature: [Signature]

Name and title: Sue Friedman, Executive Director

Organization: Facing Our Risk of Cancer Empowered

Address: 1605 7 Tampa Palms Blvd. W. # 373, Tampa, FL 33647

Telephone number: 954-255-8732

Fax number: 954-827-2200

Email Address: sueFriedman@facingourrisk.org

The Committee staff may contact the above individual if additional information is required.

If there are any questions regarding this form please contact the Committee at the following address:

Committee on Standards of Official Conduct  
U.S. House of Representatives  
HT-2, The Capitol  
Washington, DC 20515  
(202) 225-7103 (phone)  
(202) 225-7392 (general fax)

Version date 8/2008 by Committee on Standards of Official Conduct



## **Houghton, Kate**

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**From:** Sue Friedman [suefriedman@facingourrisk.org]  
**Sent:** Friday, April 09, 2010 11:26 AM  
**To:** Houghton, Kate  
**Subject:** RE: Introductions and Representative Wasserman's travel  
**Attachments:** 2010 with exhibiting times highlighted.doc; image002.jpg; image003.jpg

Hi Kate,

I've attached the agenda. We will be presenting the awards on Saturday, June 26 during the lunch. We will present several awards and the other recipients will say a few short words but we would really like the Congresswoman to speak for about 20 minutes if possible.

Thanks!

Warm regards,

Sue

Sue Friedman, DVM  
Executive Director  
FORCE: Facing Our Risk of Cancer Empowered  
16057 Tampa Palms Blvd. W. #373  
Tampa, FL 33647

<http://www.facingourrisk.org>  
Ph: 954-255-8732  
Fax: 954-827-2200  
Toll-free (866) 288-7475  
[suefriedman@facingourrisk.org](mailto:suefriedman@facingourrisk.org)

Join us June 24-26 in Orlando, Florida for the 5th annual Joining FORCEs Conference—the largest annual conference by and for people and families facing hereditary cancer: [www.facingourrisk.org/conference](http://www.facingourrisk.org/conference).

# Agenda

Friday, June 25, 2010

9:00 - 10:15 General Session I	<p>Welcome--England/Ireland ABC</p> <p>Sue Friedman, DVM   Tom Sellers, PhD   Rebecca Sutphen, MD   Christine Laronga, MD   Barbara Pfeiffer Karen Hurley, PhD</p>					
10:15 am - 11:00 am	Break					
Room	Ireland A-B	Ireland C	Westminster	England	Diamond - Emerald	Sapphire (networking)
Breakout Session I 11:00 am - 12:30 pm	<p>How do I get motivated? Changing your lifestyle and diet</p> <p>Bob Wright</p>	<p>Finding Dr. Right</p> <p>Kathy Steligo</p>	<p>Genetics 101</p> <p>Rebecca Sutphen, MD</p>	<p>What's New for young previvors</p> <p>Mark Robson, MD</p>	<p><i>Dear Talula</i> Documentary and discussion</p> <p>Lori Benson Ellen Matloff, CGC</p>	<p>Networking: Ovarian cancer survivor networking</p> <p>Robin Zarel, MSW</p>
12:30 pm - 1:30	Networking Lunch - Great Hall North					
Breakout Session II 1:30 pm - 3:00 pm	<p>BRCA in men</p> <p>Mary Daly, MD</p>	<p>Reconstruction options</p> <p>Kathy Steligo</p>	<p>Nonsurgical approaches to breast cancer risk management/surveillance</p> <p>Margaret Szabunio, MD Victoria Seewaldt, MD</p>	<p>Focus on BRCA and triple-negative breast cancers</p> <p>Judy Garber, MD</p>	<p><i>In the Family</i></p>	<p>Networking After surgery, now what?</p> <p>Karen Hurley, PhD</p>
3:00 - 4:00	Afternoon Break					
Breakout Session III 4:00 pm - 5:30 pm	<p>Does ovarian cancer start in the fallopian tubes? Does this affect screening and prevention?</p> <p>Noah Kauff, MD</p>	<p>Reaching out to underserved communities</p> <p>Tuya Pal, MD Susan Vadaparampil, PhD Chanita Hughes Halbert, PhD</p>	<p>Early menopause and hormones</p> <p>Carol Fabian, MD</p>	<p>New treatments for hereditary ovarian cancer</p> <p>Dr. Elise Kohn</p>	<p>Reconstruction panel Q &amp; A 1</p> <p>Scott Sullivan, MD Gerard Mosiello, MD Loren Eskenazi, MD Joshua Levine, MD</p>	<p>Networking: Men's networking</p> <p>Paul Kredow, PsyD</p>

**Saturday June 26, 2009**

Room	Ireland A-B	Ireland C	Westminster	England	Diamond-Emerald	Sapphire
7:30 am – 9:30 am	<b>"Ask the experts" Roundtable and networking breakfast – Great Hall North</b>					8:00 – 9:00 am Gentle yoga JoEllen Warnke RN, BSN
Breakout Session IV 9:30 am – 11:00 am	Mastectomy options  Christina Laronga, MD	Complementary and integrative medicine  Diljeet Singh, MD	Exercise and fitness: the effects on cancer risk, recurrence, lymphedema, and health  Kathryn Schmitz, PhD	Body image and sexuality issues after surgery or cancer  Sharon Bober, PhD		Networking: Young Women's Group  Lauren Coyle, PsyD  Allison Pollich
11:00 am – 12:15 pm	<b>Lunch—Great Hall North</b>					
Breakout Session V 12:15 pm – 1:45 pm	Screening after surgery  Elsie Levin, MD Robert Burger, MD	Turning passion into advocacy and action  Barbara Pfeiffer Cheryl Jernigan, CPA, FACHE	Fertility options  Jimmy Mayer, MD Kutluk Oktay, MD	Ovarian cancer prevention  Diljeet Singh, MD	Reconstruction with Implants: Sponsored by LifeCell	Networking: Parents of BRCA children  Paul Kredow, PsyD Ziva Green-Kredow, MSEd
Breakout Session VI 1:45 pm – 3:15 pm	How do I decide? Making decisions surrounding hereditary cancer  Karen Hurley, PhD, Ora Gordon, MD	Uninformative test results  Rebecca Sutphen, MD	Diet and nutrition  Nagi Kumar, PhD	Sharing risk with family members  Ellen Matloff, CGC Lora Thompson, PhD	Reconstruction Panel Q & A 2 Hilton Becker, MD Richard Kline, MD  Steven Davison, DDS, MD Andrew Salzberg, MD	BRCA and pancreatic cancer  Mokenge Malafa, MD
3:15 – 4:00	<b>Break</b>					
General Session II 4:00- pm - 5:15 pm	<b>Hereditary Cancer Research Updates: Steven Narod, MD   Timothy Rebbeck, PhD   Melinda Telli, MD</b>					
5:15 pm -5:50 pm	<b>Conference Q &amp; A Panel Rebecca Sutphen, Christine Laronga, Timothy Rebbeck, Melinda Telli, Steven Narod, Victoria Seewaldt, Robert Burger</b>					
5:50 pm – 6:00 pm	<b>Conference Closing</b>					

ZOE LOFGREN, CALIFORNIA  
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June 17, 2010

The Honorable Debbie Wasserman Schultz  
U.S. House of Representatives  
118 Cannon House Office Building  
Washington, DC 20515

Dear Colleague:

Pursuant to House Rule 25, clause 5(d)(2), the Committee on Standards of Official Conduct hereby approves your proposed trip to Orlando, Florida, scheduled for June 25 to 27, 2010, sponsored by Facing Our Risk of Cancer Empowered (FORCE). We note that this trip includes one day at your personal expense. We also note that you will be accepting one-way airfare from Washington, DC, to Orlando, Florida, and one night's lodging on June 25, 2010, and meals on June 25 and 26, 2010, from FORCE.

You must complete a Member Travel Disclosure Form and file it with the Clerk of the House within 15 days after your return from travel. As part of that filing, you are required to attach a copy of this letter and both the Private Sponsor Travel Certification Form (including attachments) and Member travel approval form you previously submitted to the Committee. You must also report all travel expenses totaling more than \$335 from a single source on Schedule VII of your annual Financial Disclosure Statement.

If you have any further questions, please contact the Committee's Office of Advice and Education at extension 5-7103.



Zoe Lofgren  
Chair

Sincerely,



Jo Bonner  
Ranking Republican Member

ZL/JB:slo

## Houghton, Kate

---

**From:** Pearson, Melissa E. [Melissa.Pearson@moffitt.org]  
**Sent:** Thursday, July 08, 2010 9:58 AM  
**To:** Houghton, Kate  
**Subject:** FW: PLEASE REVIEW invoice - DEBBIE WASSERMAN SCHULTZ traveling on 06/25/10  
**Attachments:** MyTravelPlans.pdf

Kate,

Attached is a copy of the airline ticket with the price. This is the only expense the conference incurred.

Melissa Pearson

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

**From:** American Express Business Travel [mailto:airweb@trondent.com]  
**Sent:** Friday, June 25, 2010 9:38 AM  
**To:** Pearson, Melissa E.  
**Subject:** PLEASE REVIEW invoice - DEBBIE WASSERMAN SCHULTZ traveling on 06/25/10

Thank you for choosing American Express Business Travel

\*\*\*\*\*

### IMPORTANT 24-HOUR NOTICE

Please check your travel details IMMEDIATELY to make sure they are correct.

IF YOUR TRAVEL ARRANGEMENTS ARE INCORRECT, please contact American Express at within 24 hours to avoid any associated fees.

\*\*\*\*\*

Click on the link below to view your trip details.

<http://www.aeairweb.com/default.asp?uname=melissa.pearson@moffitt.org>

\*\*\*\*\*

Amex Record Locator: FTLPDI  
Traveler: DEBBIE WASSERMAN SCHULTZ

Invoice detail:  
Ticket Number: A 050032  
Ticket Amount: 295.70

This ticket information applies to the following itinerary:

**Flight Information:**

**Reserved: SOUTHWEST AIRLINES 2874**

**Class: Economy**

**Seat: Unassigned**

**Departs: Baltimore Washington, MD - BWI**

**Date: Jun 25,2010 Time: 6:05 PM**

**Arrives: Orlando Intl, FL - MCO**

**Date: Jun 25,2010 Time: 8:25 PM**

**Airline Confirmation Numbers:**

**SOUTHWEST AIRLINES QD4QLX**

For First Time users, you will receive a **SECOND** email containing your temporary password. You will be prompted to change this password and answer a secret question when you access the site for the first time.

We are delighted to serve you. Have a pleasant trip.

**American Express Business Travel**

**\*\* This is an automatically generated e-mail which cannot receive replies. \*\***

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Generated: June 25, 2010 8:37 AM

Travel Arrangements for **DEBBIE WASSERMAN SCHULTZ**

**Record Locator** FTLPDI  
**Trip ID** 10956714166  
H LEE MOFFITT CANCER CENTER  
12902 MAGNOLIA DRIVE  
TAMPA, FL 33612  
888-663-3488

**Agent ID:** VN

## Invoice Details

## Ticket Information

**Ticket Number** Ticketless Invoice 0501987  
Electronic Yes  
**Billing Code** 11121-69766

## Charges

Ticket Base Fare	265.12
Ticket Tax Fare	30.58
Total (USD) Ticket Amount	295.70
Transaction Fee	35.00
Airfare charged to American Express	
Billing Account:	AX XXXXXXXXXXXX1003
<b>Total</b>	<b>330.70</b>

## Travel Details

Friday June 25, 2010

SOUTHWEST AIRLINESTICKETLESS-A

## Flight Information

<b>Airline</b>	SOUTHWEST AIRLINES	<b>Estimated time</b>	2 hours 20 minutes
<b>Flight</b>	2874	<b>Distance</b>	787 Miles
<b>Origin</b>	Baltimore Washington, MD	<b>Meal Service</b>	No Meal Service
<b>Destination</b>	Orlando Intl, FL	<b>Plane</b>	Boeing 737-300
<b>Departing</b>	6:05 PM		
<b>Arriving</b>	8:25 PM		
<b>Seat</b>	Unassigned		
<b>Class</b>	Economy		

## Travel Details

Saturday October 23, 2010

THANK YOU FOR CHOOSING AMERICAN EXPRESS

## Airline Record Locators

<b>Airline Reference</b>	<b>Carrier</b>
QD4QLX	SOUTHWEST AIRLINES

## Additional Messages

FOR CHANGES AND CANCELLATIONS CONTACT 800-872-9954  
IF CALLING OUTSIDE US/CANADA PLEASE CALL 336-291-0102  
AND USE CODE S-9FYA

SOUTHWEST CONFIRMATION QD4QLX  
PLEASE REVIEW THIS ITINERARY/INVOICE. CHANGES OR  
CANCELLATIONS MUST BE REPORTED TO AMERICAN EXPRESS



WITHIN 24 HOURS TO MINIMIZE/AVOID PENALTIES.  
A VALID GOVERNMENT ISSUED PHOTO ID IS REQUIRED.  
PLEASE CHECK IN 90 MINUTES PRIOR TO DEPARTURE.  
CONTACT THE ABOVE NUMBER FOR COMPLETE  
TICKET RESTRICTIONS.  
TICKETS MAY BE NON-REFUNDABLE, NON-ENDORSEABLE,  
NON-CHANGEABLE OR REQUIRE ADVANCE NOTICE TO CHANGE,  
SUBJECT TO PENALTY/TRANSACTION FEE, AND ONLY VALID ON  
SAME CARRIER

ADVISORY Effective August 15, based on your itinerary, you may be subject to the U.S. Transportation Security Administrations Secure Flight requirements to provide your name, date of birth and gender before the airline can issue your boarding pass.



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For customers purchasing travel in the state of Oregon: Transportation, lodging, meals, entertainment and all other services are sold to you to you either on a refundable or non-refundable basis. If all or part of the transportation or services are canceled by any person, we shall, within 2 working days of learning of the cancellation, request on your behalf that the service suppliers or wholesalers provide a refund of all sums sent them on your behalf. We shall send any refund received from the service suppliers or wholesalers to you within 2 working days after the refund received by us has cleared the bank.

For customers purchasing travel in the state of Washington: Our Washington State Seller of Travel Registration Number is: UB1#600469694. If transportation or other services are canceled by the seller of travel, all sums paid to the seller of travel for services not performed in accordance with the contract between the seller of travel and the purchaser will be refunded within thirty days of receiving the funds from the vendor with whom the services were arranged, or if the funds were not sent to the vendor, the funds shall be returned within fourteen days after cancellation by the seller of travel to the purchaser unless the purchaser requests the seller of travel to apply the money to another travel product and/or date.

Cancellation and change penalties may apply to these arrangements. Details will be provided upon request.

**Intermediary Disclosure.** Amex helps manage your company's travel expenses and assists you in finding travel suppliers and making arrangements that meet your individual needs. We consider various factors in identifying travel suppliers and recommending specific itineraries. In this role, we are acting as an independent third party and not as a fiduciary. We want you to be aware that certain suppliers pay us commissions as well as incentives for reaching sales targets or other goals, and from time to time may also provide incentives to our travel counselors. Certain suppliers may also provide compensation to us for various marketing and administrative services that we perform for them, such as granting them access to our marketing channels, participating in marketing programs and supporting technology initiatives. In addition, we receive compensation from suppliers when customers use the American Express® Card or other American Express products to pay for supplier products and services. From time to time we may enter into other business relationships with suppliers and these arrangements, including levels and types of compensation and incentives we receive, are subject to change. In identifying suppliers and recommending itineraries, we may consider a number of factors, including supplier availability, your preferences, and any agreements we have to book travel in accordance with your company's travel policy. The relationships we have with suppliers may also influence the suppliers we identify and the itineraries we recommend.

Rhode Island Registration Number: ML#1192; Nevada Seller of Travel Registration No.: NV#2001-0126; Iowa: TA# 002 Registered Iowa Travel Agency