ĕ	hild because Yes	sactions, or liabilities of a spouse or dependent child with the Committee on Standards of Official Conduct.	d" income, tran first consulted	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 Standards of Official Conduct.
N _o	trusts" need not Yes	sof Official Conduct and certain other "excepted trusts" need not spouse, or dependent child?	e on Standard	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and ce be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
S	ANSWER EACH OF THESE QUESTIONS	ı	T INFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
the onse.	tion in this part must be answered and the schedule attached for each "Yes" response.	Each question in this part must be answered and the appropriate schedule attached for each "Yes" responsi	Š	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.
No No	rrangement Yes	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	8 ⊠	IV. 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? If yes, complete and attach Schedule IV.
NoN	before the date	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	No No	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? If yes, complete and attach Schedule III.
S S	receive any the reporting Yes 2	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)? If yes, complete and attach Schedule VII.	₹	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? If yes, complete and attach Schedule II.
§ ⊠	receive any sgating more Yes	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)? If yes, complete and attach Schedule VI.	No U	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? If yes, complete and attach Schedule I. Yes
		SE ODESTIONS	OF THES	PRELIMINARY INFORMATION — ANSWER EACH OF THESE
assessec les more	A \$200 penalty shall be assessed against anyone who files more than 30 days late.	Employing Office: Termination Jav 2, 20 11	Officer or Employee	Filer Status Member of the U.S. State: CA House of Representatives District: 33 Report Annual (May 17, 2010) Amendment
7	보호 S。 (Office Use Only)			
\$:	2011 JAN 21 65 10: 52	Daytime Telephone: (323)291-1250	Daytime]	Name: DIANE F. WATSON
		Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAF 2010 FINANCIAL DISCLOSURE STATEMENT
`				

Name DIANF E. WATSON

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SCHEDULE I — EARNED INCOME

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. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

							STATE OF CALIFORNIA	Ontario County Board of Education		State of Maryland	Keene State	Source
							LEGISLATIVE PENSION	Spouse Salary				Туре
							\$9,000	NA	\$1,000	\$9,000	\$6,000	Amount

BLOCK A

Asset and/or income Source

of its activities, and its geographic location in reporting threshold. For retirement plans that are provide the value and income information on ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self directed od, and (b) any other asset or sources of income exceeding \$1,000 at the end of the reporting periduction of income with a fair market value instruction booklet. Block A. For additional information, see the traded, state the name of the business, the nature period. For an active business that is not publicly account and its value at the end of the reporting not self-directed, name the institution holding the each asset in the account that exceeds the not exercised, to select the specific investments), (i.e., plans in which you have the power, even if land, provide a complete address. Provide full income during the year. For rental property or which generated more than \$200 in "unearned" names of stocks and mutual funds (do not use Identify (a) each asset held for investment or pro->

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Government retirement programs. cial interest in or income derived from U.S your spouse, or by you or your spouse's child less in personal savings accounts; and any finanparent, or sibling; any deposits totalling \$5,000 or there is rental income); any debt owed to you by Exclude: Your personal residence(s) (unless

dependent child (DC) or is jointly held (JT), in the optional column on the far left or income source is that of your spouse (SP) or If you so choose, you may indicate that an asset None

\$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

NONE

DIVIDENDS RENT

INTEREST

CAPITAL GAINS

×

DC, Examples

B of A SAVINGS

THRIFT PLAN

PRODUCTION CO. OKLAHOMA PLAINS EXPLORATION BOFA

IRA (Cb.

1st Bank of Paducah, KY Accounts

Indefinite

Ş,

Mega Corp. Stock Simon & Schuster

Value of Asset **BLOCK B**

please specify the method used. reporting year. If you use a valuation method other than fair market value, Indicate value of asset at close of

> retirement plans Check all colum

generated income, the value should be year and is included only because it If an asset was sold during the reporting "None."

> Check "None" if Dividends and ir

ate any income d vested, should b ing the approp indicate the type all other assets investments, you not allow you

Type of Income BLOCK C

Amount of Income BLOCK D Transaction BLOCKE

		-	 -				EXCEPTED/BLIND TRUST		nns th or acc to ch may v inclus of ince of ince priate nteres be liste be liste asset asset asset
ROYACTIES	NA				Royalties		Other Type of Income (Specify: For Example, Partnership Income or Fa	arm Income)	nns that apply. For or accounts that do to choose specific may write "NA." For including all IRAs, of income by check-priate box below. mterest, even if reinbe listed as income. asset did not generaturing calendar year.
							None	_	For ind character or
			<u> </u>				\$1 – \$200	=	For retirement not allow you ments, you re ments, you re for all other indicate the checking the Dividends a vested, sho Check "None or generated
							\$201 – \$1,000	=	oth oth oth oth oth oth oth oth oth oth
\geq			<u> </u>	L		×	\$1,001 - \$2,500	V	For retirement pl not allow you to ments, you may For all other ass indicate the ca checking the a Dividends and vested, should Check "None" if or generated.
		\times					\$2,501 - \$5,000	<	play v ay v sset cate apl d if n
				×			\$5,001 - \$15,000	≤	rement plans or accounts w you to choose specifit you may write "NA" for other assets, <i>including</i> as the category of incurs of the appropriate box nds and interest, even should be listed as it "None" if no income was grated.
							\$15,001 - \$50,000	≅	or accoses space (NA) the "NA) of including or accompany of the printer state of the printer
							\$50,001 - \$100,000	≦	e b and a spec
					×		\$100,001 - \$1,000,000	×	ounts that ounts that ecific inv. ecific inv. ecific inv. ecific inv. ecific income income box bel byen if reas income as income as income
							\$1,000,001 \$5,000,000	×	For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, <i>including all IRAs</i> , indicate the category of income below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was earned or generated.
							Over \$5,000,000	×	t do est-me. As, by ow. sin-me.
	AN					S (partial)	please indicate as follows: (S) (partial) See below for example. P, S, E	If only a portion of an asset is sold,	Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

SCHEDULE V- LIABILITIES

Name DIANE E. WATSON

SON Page 4 of 5

cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. 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 it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit

				DC, JT	3	
	•	FIRST PREMIER BANK, IOWA	Example: First Bank of Wilmington, Delaware	Creditor		
			Mortgage on 123 Main St., Dover, Del.	Type of Liability		
		X		\$10,001- \$15,000	8	\dashv
				\$15,001- \$50,000	0	
				\$50,001- \$100,000	Q	
			×	\$100,001- \$250,000	Е	Amo
				\$250,001- \$600,000	Ä	unto
				\$500,001- \$1,000,000	D	Amount of Liability
				\$1,000,001 \$5,000,000	*	ŧ
				\$5,000,001- \$25,000,000	_	
				\$25,000,001 \$50,000,000		
4				Over \$50,000,000		l

SCHEDULE VI - GIFTS

relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

Source Value Example: Mr. Joseph H. Smith, Anytown, Anystate Silver Platter (determination on personal friendship received from Committee on Standards) \$345 \$345					
			Example: Mr. Joseph H. Smith, Anytown, Anystate	Source	
Value \$345			Silver Platter (determination on personal friendship received from Committee on Standards)	Description	
			\$345	Value	

Name
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SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor 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 Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by

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)	City of Departure—Destination— City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days <u>not</u> at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2		z		Z	None
Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Υ	Υ	γ	2 Days
WATL FOUNDATION OF WOMEN LEGISLATORS	NoV 21-22	NOU 21-22 DC -ORLANDO-LOS ACHELES Y	1 As	7	No	NONE
		1				
				L.		