	hild thics. Yes ☐ No 🗹	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.	sets, "unearned" ir Do not answer "y	Exemptions Have you excluded from this report any other assets, "unearned" income, transactions, or list because they meet all three tests for exemption? Do not answer "yes" unless you have first	
	Yes ☐ No ✓	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?	ed by the Commit	Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain disclosed. Have you excluded from this report details of such a trust benefiting you, your s	
	STIONS	ATION ANSWER EACH OF THESE QUESTIONS	ST INFORM	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	, _
			6	If yes, complete and attach Schedule V.	
	and the appropriate	Each question in this part must be answered and the appropriate	Yes V No	Did you, your spouse, or a dependent child have any reportable liability V. (more than \$10,000) during the reporting period?	
		If yes, complete and attach Schedule IX.		If yes, complete and attach Schedule IV.	i
	outside Yes No	Did you have any reportable agreement or arrangement with an outside IX. entity?	Yes ✓ No	Did you, your spouse, or dependent child purchase, sell, or exchange any IV. reportable asset in a transaction exceeding \$1,000 during the reporting	
		If yes, complete and attach Schedule VIII.		If yes, complete and attach Schedule III.	
	lling in the Yes 🗸 No 🗆	Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?	Yes V No	Did you, your spouse, or a dependent child receive "unearned" income of III. 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 VII.		If yes, complete and attach Schedule II.	
	ble travel or han \$350 Yes 🗸 No 🗌	Did you, your spouse, or a dependent child receive any reportable travel or VII. reimbursements for travel in the reporting period (worth more than \$350 from one source)?	Yes No V	Did any individual or organization make a donation to charity in lieu of paying II. you for a speech, appearance, or article in the reporting period?	
		If yes, complete and attach Schedule VI.		If yes, complete and attach Schedule I.	i
	therwise Yes No	Did you, your spouse, or a dependent child receive any reportable gift in VI. the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)?	Yes 🗸 No 🗌	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?	
		QUESTIONS	OF THESE	PRELIMINARY INFORMATION ANSWER EACH	l
	late.	ation	☐ Termination	Type (Annual (May 15) Amendment	
	more than 30 days	Termination Date:		Report	-
	be assessed against	Employee		<i>(</i>)	
and F	A \$200 penalty shall-	Officer Or Employing Office:		Member of the U.S. State: CA	
((Office Use Only)	(Daytime Telephone)		(Full Name)	
<u>.</u>		(213) 489-4792		Maxine Waters	
5 ½					
	•	For use by Members, officers, and employees	MENT		
	Page 1 of 10 POSTIVIATA ILLEGIBLE	FORM A Page 1 of 10	TATIVES	UNITED STATES HOUSE OF REPRESENTATIVES	
ō n	- 11. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.				Į

SCHEDULE I - EARNED INCOME

Name Maxine Waters

Page 2 of 10

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	Туре	Amount
STATE OF CALIFORNIA	LEGISLATIVE PENSION	\$5,720
PRIME AUTOMOTIVE GROUP, INC/SOUTH BAY AUTO	SPOUSE CONSULTING FEE	N/A

Name Maxine Waters

Page 3 of 10

				_									
	SP	SP	P P	JT	SP	If you so choose, you may indispouse (SP) or dependent chik optional column on the far left.	Exclude: Your I (unless there was \$5,000 or less ir in, or income de Savings Plan.	For an ownership ir state the name of the location in Block A.	For rental or oth	For all IRAs and (i.e.,plans in whit investments), proporting threshonly the name of reporting period	Provide comple	ASS(Identify (a) each value exceeding reportable asse "unearmed" inci	
Congressional Federal Credit Union	American Golf Jt. Venture	American Golf Jt. Venture	701 W.Barstow;Palm Springs,CA	549 So.Lucerne Blvd.,L.A.	2201 Kirk St., Houston,TX	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.	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.	For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A.	For rental or other real property held for investment, provide a complete address.	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.	Provide complete names of stocks and mutual funds (do not use ticker symbols.)	Asset and/or income Source lidentify (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 "unearmed" income during the year.	BLOCK A
\$1,001 - \$15,000	\$100,001 - \$250,000	\$100,001 - \$250,000	\$1,001 - \$15,000	\$1,000,001 - \$5,000,000	\$1,001 - \$15,000					if an asset was sold and is included only because it is generated income, the value should be "None."	market value, please	Year-End Value of Asset At close of reporting year. If you use a valuation mother of the trian	вгоск в
INTEREST	O/Other: Profit Sharing	INTEREST	None	None	None	61 63 63 63 63 63				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.	(such as 401(k) plans or IRAs),	Type of income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income	вгоск с
\$1 - \$200	\$15,001 - \$50,000	NONE	NONE	NONE	NONE					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.	"None" column. For all other	Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax- deferred income (such as 401(k) plans or [RAs], you may check the	BLOCK D
											reporting year.	Transaction indicate if asset had purchases (P), sales (S), or exchanges (E) according \$1,000 in	BLOCK E

	/ I)
ľ	1	ı
		=
•		_
•		_
i	í	`
	í	'n
ì	í	į
	_	i
	J	j
•	Ŀ	
1	į	,
•	_	_
1	-	=
3	5	,
i	ī	٦
	Ė	
	Ź	J
į	Ž	,
i	Ï	1
į	C	j
	Ī	į
	7	ï
:	2	
		•
:: ((::		֓֡֜֜֜֜֜֜֜֜֜֜֜֜֜֜֓֜֓֜֓֜֓֜֓֜֓֜֜֜֜֜֓֓֓֓֜֜֜֓֓֓֜֜֜֜
)

SCHEDUL	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	ME Name Maxine Waters	Vaters		Page 4 of 10
SP	DWS CA Tax Free Fund	\$15,001 - \$50,000	INTEREST	\$1,001 - \$2,500	
SP	ECI Holding, Inc	\$1,001 - \$15,000	INTEREST	NONE	
SP	FIA CARD SERVICES NA RASP (IRA)	\$1,001 - \$15,000	INTEREST	NONE	ס
SP	Global Allocation Fund- Blackrock Balanced	None	DIVIDENDS	NONE	Ø
SP	Global Allocation Fund- Blackrock Global	None	DIVIDENDS	NONE	Ø
SP	Merill Lynch Money Market	None	INTEREST	NONE	S
SP	Merrill Lynch Cap Fund- American Small Cap World (IRA)	None	DIVIDENDS	NONE	Ø
SP	Merrill Lynch Cap Fund- Blackrock Balanced (IRA)	\$100,001 - \$250,000	DIVIDENDS	\$2,501 - \$5,000	
SP	Merrill Lynch Global Allocation Fund-Blackrock Global (IRA)	\$100,001 - \$250,000	DIVIDENDS	\$2,501 - \$5,000	
SP	Merrill Lynch Money Mkt. (IRA)	\$1 - \$1,000	DIVIDENDS	NONE	
SP	OneUnited Bank	\$100,001 - \$250,000	DIVIDENDS	NONE	
SP	OneUnited Bank	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	
SP	Siebert Brandford	\$1,001 - \$15,000	Other: 401K	NONE	
SP	Tract Unit 3357, Lot 96, CA	\$1,001 - \$15,000	None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME	Name Maxine Waters	Vaters		Page 5 of 10
SP Wells Fargo Bank	\$1,001 - \$15,000	INTEREST	\$1 - \$200	

SCHEDULE IV - TRANSACTIONS

Name Maxine Waters

Page 6 of 10

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 out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below. 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

SP, DC,	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
SP	FIA CARD SERVICES NA RASP (IRA)	ס	N/A	02-18-11	\$1,001 - \$15,000
SP	Merrill Lynch Cap Fund-American Small Cap World (IRA)	Ø	N _O	05-13-11	\$1,001 - \$15,000
SP	Merrill Lynch Cap Fund-Blackrock Balanced (IRA)	S(part)	No	11-09-11	\$1,001 - \$15,000
SP	Merrill Lynch Cap Fund-Blackrock Balanced (IRA)	S(part)	Z _o	08-11-11	\$1,001 - \$15,000
SP	Merrill Lynch Global Allocation Fund- Blackrock Global (IRA)	S(part)	N _O	11-09-11	\$1,001 - \$15,000
SP	Merrill Lynch Global Allocation Fund- Blackrock Global (IRA)	S(part)	No	08-11-11	\$1,001 - \$15,000

SCHEDULE V - LIABILITIES

Name Maxine Waters

Page 7 of 10

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 mortgates on personal residences.

		SP, DC, JT
Chase	Congressional Federal Credit Union	Creditor
		Date Liability Incurred
Mortgage on 549 S. Lucerne Bl.,Los Angeles, CA	Revolving Charge Account	Type of Liability
\$1,000,001 - \$5,000,000	\$15,001 - \$50,000	Amount of Liability

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Maxine Waters

Page 8 of 10

spouse or dependent child that is totally independent of his or her relationship to you. sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$350 received by you, 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 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 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

Source	Date(s)	Point of Departure DestinationPoint of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Lodging? Food? Member Included? (Y/N) (Y/N) (Y/N)	Days not at sponsor's expense
HomeFree-USA	March 28	LAX-Las Vegas-LAX	Z	~	Z	None
United Teachers Los Angeles	August 19	August 19 LAX-La Quinta-LAX	~	~	z	None
Chicago Crusader Newspaper Group	October 20	October 20 LAX-Chicago-St.Louis	~	~	Υ	None
Eastern Washtenaw NAACP	November 19	DC-Detroit-LAX	~	~	Z	None

SCHEDULE VIII - POSITIONS

Name Maxine Waters

Page 9 of 10

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any honorary nature; and positions listed on Schedule I. educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an

Position	Name of Organization
President	Black Women's Forum
Director	Gourmet Services
Director	Minority AIDS Project
Director	African American 2000 and Beyond

FOOTNOTES	ES		Name Maxine Waters	Page 10 of 10
Number	Section / Schedule		Footnote	This note refers to the following item
1	Schedule III	Rollover to IRA		Global Allocation Fund-Blackrock Global
2	Schedule III	Rollover to IRA		Global Allocation Fund-Blackrock Balanced
ယ	Schedule III	Less than reportable amount	e amount	Merrill Lynch Money Market