#### PRELIMINARY INFORMATION — EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS Name: Diane **CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT 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. be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct and certain other "excepted trusts" need not V. Did you, your spouse, or a dependent child have any reportable If yes, complete and attach Schedule IV. \$1,000 during the reporting period? or exchange any reportable asset in a transaction exceeding IV. Did you, your spouse, or a dependent child purchase, sell If yes, complete and attach Schedule III. income of more than \$200 in the reporting period or hold any If yes, complete and attach Schedule I. 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? UNITED STATES HOUSE OF REPRESENTATIVES If yes, complete and attach Schedule V. reportable asset worth more than \$1,000 at the end of the period? III. Did you, your spouse, or a dependent child receive "unearned" If yes, complete and attach Schedule II. lieu of paying you for a speech, appearance, or article in the liability (more than \$10,000) during the reporting period? reporting period? Did any individual or organization make a donation to charity in Report Status Filer House of Representatives Annual (May 15) Member of the U.S. E. Watson District: State: **ANSWER EACH OF THESE** Amendment Yes Yes Yes Yes Yes Daytime Telephone: 202 225-7084 **₹** ĕ X z X N X <u>×</u> Employee Officer or IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX. reportable travel or reimbursements for travel in the reporting VII. Did you, your spouse, or a dependent child receive any of filing in the current calendar year? If yes, complete and attach Schedule VIII. If yes, complete and attach Schedule VII. VIII. Did you hold any reportable positions on or before the date period (worth more than \$335 from one source)? 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. For use by Members, officers, and employees QUESTIONS appropriate schedule attached for each "Yes" Employing Office: Each question in this part must be answered and the Termination Form A Termination Date: Z009 MAY 15 AM 9:58 against anyone who files more than 30 days late. \$200 penalty Bham's assessed HAND DELVERED ALVERESOURCE CENTER (Office Use Only) Yes Yes Yes Yes Yes Yes response

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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 hav (such as National Guard or Beserve hav) federal retirement programs, and henefits received under the Social Security Act

| Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. | its received under the Social Sec | curity Act.   |
|--|-----------------------------------|---------------|
| Source   | Туре                              | Amount        |
| Keene State  | Approved Teaching Fee             | \$6,000       |
| Framples: State of Maryland  | Legislative Pension               | \$9,000       |
|  | Spouse Speech Spouse Salary       | \$1,000<br>NA |
| State of Calif.  | Legislative Pension \$,000-       | -000'S U      |
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| 0 0 × 1   | Thrift Plan | of A       |   | SP, SP Mega Corp. Stock  Simon & Schuster | <b>Exclude:</b> Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by you or your spouse's child, parent, or sibling; any deposits totalling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. 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 (JT), in the optional column on the far left. | provide the value and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction backlet. |  |
|-----------|-------------|------------|---|---|--|--|--|
| X         | , x         | ×          | × | Indefinite X                              | None<br>\$1 - \$1,000<br>\$1,001 - \$15,000<br>\$15,001 - \$50,000<br>\$50,001 - \$100,000<br>\$100,001 - \$250,000<br>\$250,001 - \$500,000<br>\$500,001 - \$1,000,000<br>\$1,000,001 - \$5,000,000<br>\$5,000,001 - \$5,000,000<br>\$25,000,001 - \$50,000,000<br>\$25,000,001 - \$50,000,000  | A B C D E F G +  | Value of Asset Indicate value of asset 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 during the reporting year and is included only because it generated income, the value should be "None."   |
| Royalties | 2           | <b>x x</b> | × | X X Royalties                             | NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST  Other Type of Income (Specify: For Example, Partnership In  | ncome or Farm Income)  | Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA." For all other assets including all IRAs, indicate the type of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during calendar year. |
| ×         | >           | × <        | X | ×   | None<br>\$1 - \$200<br>\$201 - \$1,000<br>\$1,001 - \$2,500<br>\$2,501 - \$5,000<br>\$5,001 - \$15,000<br>\$15,001 - \$50,000<br>\$50,001 - \$100,000<br>\$100,001 - \$1,000,000<br>Over \$5,000,000   | - = = = = = = = = = = = = = = = = = = =  | Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, including all IRAs, indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was earned or generated.                   |
|           | 2           |            |   | S (partial)                               | See below for example.  P, S, E  | If only a portion of an asset is sold, please indicate as follows:  (S) (partial)  | Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1000 in reporting year.   |

### SCHEDULE V- LIABILITIES

Name Diane E. Watson

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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 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 cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

|                          |                                       | SP,<br>DC,<br>JT                    |           |
|--------------------------|---------------------------------------|-------------------------------------|-----------|
| 2.5                      | Example:                              |                                     |           |
| Eirst Premier Bank, Iowa | First Bank of Wilmington, Delaware    | Creditor                            |           |
| Credit Card              | Mortgage on 123 Main St., Dover, Del. | Type of Liability                   |           |
| ×                        |                                       | \$10,001-<br>\$15,000               |           |
|                          |                                       | \$15,001-<br>\$50,000               |           |
|                          | 1                                     | \$50,001-<br>\$100,000              | _         |
|                          | ×                                     | \$100,001-<br>\$250,000             | Amou      |
|                          | _                                     | \$250,001-<br>\$500,000             | 유         |
|                          | -                                     | \$500,001-<br>\$1,000,000           | 1 🖺       |
|                          | -                                     | \$5,000,000 = \$5,000,001 = _       | : ₹ <br>- |
|                          | +                                     | \$25,000,000<br><b>\$25,000,001</b> |           |
|                          | -                                     | \$50,000,000 Cover<br>\$50,000,000  | -         |

#### SCHEDULE VI— GIFTS

**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 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.

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

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

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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.

|                             |            |                                  |                  |      | Was a Family           |                      |
|-----------------------------|------------|----------------------------------|------------------|------|------------------------|----------------------|
| Source                      | Date(s)    | City of Departure—Destination— R | Lodging?<br>(Y/N | (Y/N | Member Included? (Y/N) | at sponsor's expense |
| Chicago Chamber of Commerce | Mar. 2     | DC—Chicago—DC                    | z                | z    | Z                      | None                 |
| Roycroft Corporation        | Aug. 6–11  | DC—Los Angeles—Cleveland         | γ                | Y    | γ                      | 2 Days               |
| Williams College            | Nor. 16-18 | L. AD. C Albony-D.C              | X                | ×    | 20                     | 2 Days               |
| Not. Foundation of Nomen    | Nov. 23    | BDA-Tampa-Sarasota               | z                | 7    | 20                     | 1 Day                |
| Intellectual Praperty       | March 20   | P.C - NYC-DC                     | z                | ソ    | <b>₹</b>               | 1 Day                |
| Black Children              | May2       | D. C-Rockville, MD-DC            | z                | *    | Z,                     | 1 Day                |
| Bennett College             | May 8      | D.C. C30- L.A.                   | ٧                | *    | X o                    | 2 Days               |
|                             |            |                                  |                  |      |                        |                      |
|                             |            |                                  |                  |      |                        |                      |
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