

DIANE E. WATSON
CALIFORNIA



Congress of the United States
House of Representatives

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OVERSIGHT AND GOVERNMENT
REFORM COMMITTEE

Chair, Subcommittee on Government
Management, Organization, and Procurement
Subcommittee on Domestic Policy
Subcommittee on Information Policy, Census
and National Archives

FOREIGN AFFAIRS COMMITTEE

Subcommittee on Africa and Global Health
Subcommittee on Asia, the Pacific and
the Global Environment
Subcommittee on Terrorism, Nonproliferation
and Trade

DEMOCRATIC SENIOR WHIP

CHAIR, Congressional Entertainment
Industries Caucus

October 28, 2009

The Honorable Zoe Lofgren
Chairwoman
Committee on Standards of Official Conduct
HT-2, The Capitol
Washington, DC 20515

Dear Chairwoman Lofgren:

On my 2007 Financial Disclosure Statement, I inadvertently left out oil rights I received from property I owned in Oklahoma. I would like to amend Schedule III of my 2007 Financial Disclosure to include oil royalties that I received from the Plains Exploration & Production Company. I received \$1,001 - \$15,000 from that asset.

If you have any questions, please contact me at (202) 225-7084.

Sincerely,

DIANE E. WATSON
Member of Congress

U.S. HOUSE OF REPRESENTATIVES
2009 OCT 30 AM 11:36
HAND DELIVERED
PLAINS RESOURCE CENTER

**UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT**

Form A
For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER

2009 OCT 30 AM 11:36

U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Name: **DIANE E. WATSON**

Daytime Telephone: **202-225-7084**

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: CALIF	District: 33	<input type="checkbox"/> Officer or Employee	Employing Office:	A \$200 penalty shall be assessed against anyone who files more than 30 days late.
Report Type	<input type="checkbox"/> Annual (May 15)	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Termination Date:		

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? If yes, complete and attach Schedule I.	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)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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.	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)? If yes, complete and attach Schedule VII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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.	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? If yes, complete and attach Schedule VIII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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.	Yes <input checked="" type="checkbox"/> No <input 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 standards of Official Conduct 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"/>
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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Name DIANE E. WATSON Page 1 of 4

Source

Type

Amount

Examples:

Keene State
State of Maryland
Civil War Roundtable

Keene State
State of Maryland
Civil War Roundtable (Oct. 2nd)
Ontario County Board of Education

STATE OF CALIFORNIA

Approved Teaching Fee	\$6,000
Legislative Pension	\$6,000
Spouse Speech	\$1,000
Spouse Salary	NA
LEGISLATIVE PENSION	\$9,000

\$9,000

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Name **Diane E. Watson**

Page **2** of **4**

BLOCK A Asset and/or Income Source			BLOCK B Value of Asset													BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
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 asset or source of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). 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 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 booklet.			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."													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.						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.											Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
SP, DC, JT	SP, DC, JT	SP, DC, JT	A	B	C	D	E	F	G	H	I	J	K	L	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	P, S, E
			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	\$1 - \$200	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	\$1,000,001 - \$5,000,000	Over \$5,000,000	
SP	Mega Corp. Stock							X								X																	
DC, JT	Simon & Schuster																			Royalties													
SP	1st Bank of Paducah, KY Accounts																																
	BOFA IRA (CD)																																
	BOFA SAVINGS																																
	THRIFT PLAN																																
	PLAINS EXPLORATION																																
	PRODUCTION CO																																
	OKLAHOMA																																

SCHEDULE V— LIABILITIES

Name **DIANE E. WATSON**

Page **3** of **4**

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, DC, JT	Creditor	Type of Liability	Amount of Liability										
			A	B	C	D	E	F	G	H	I	J	K
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	\$10,000-\$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	
	FIRST PREMIER BANK, Iowa	CREDIT CARD					X						

SCHEDULE VI— GIFTS

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 relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold.

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

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

Name	DIANE E. WATSON
Page	4 of 4

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.

[illegible]