Image# 29932226756 FEC FORM 2 STATEMENT OF CANDIDACY

| 1. (a) Name | of Candidate | (in full) | | | | | | | | | | |
|---|------------------------|-----------|------------------|--------------------------|--|-----------------------------------|-----------------------|--|----|---|----------------|--|
| DIANE E | E WATSON | | | | | | | | | | | |
| (b) Address (number and street) | | | | Check if address changed | | | | 2. Identification Number | | | | |
| | ictory Blvd. | 2 Codo | | | | H2CA32099 3. Is This New Amended | | | | | | |
| (c) City, State and ZIP Code Burbank | | | CA 91502 | | | | Statemen | $\operatorname{nt} \square_{(N)}^{New}$ | OR | Х | Amended (A) | |
| 4. Party Affiliation | | | 5. Office Sought | | | | vistrict of Candidate | | | | | |
| DEMOCRATIC PARTY House | | | | oug | | 3 | | | | | | |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE 7. I hereby designate the following named political committee as my Principal Campaign Committee for the | | | | | | | | | | | | |
| 7. Thereby designate the following named political committee as my Principal Campaign Committee for the | | | | | | | | | | | | |
| NOTE: This designation should be filed with the appropriate office listed in the instructions. | | | | | | | | | | | | |
| (a) Name of Committee (in full) | | | | | | | | | | | | |
| DIANE E WATSON FOR CONGRESS | | | | | | | | | | | | |
| (b) Address (number and street) | | | | | | | | | | | | |
| 1212 S. Victory Blvd | | | | | | | | | | | | |
| (c) City, State and ZIP Code | | | | | | | | | | | | |
| Burbank | | | | CA 91502 | | | | | | | | |
| 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) | | | | | | | | | | | | |
| (b) Address (number and street) (c) City, State and ZIP Code | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only) 9. I intend to expend personal funds exceeding the threshold amount (see 11 C.F.R. 400.9) by | | | | | | | | | | | | |
| 9A | | | | | | for the prim | nary election, a | and | | | | |
| 9B 0.00 | | | | | | | | for the general election. | | | | |
| If you do not intend to expend personal funds exceeding the threshold amount for either election, you | | | | | | | | • | | | | |
| I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct, and complete. | | | | | | | | | | | | |
| Signature o | Signature of Candidate | | | | | | | | | | | |
| DIANE E E WATSON | | | | | | | | 12/10/2008 | | | | |
| NOTE: Submission of false, erroneous or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C.§437g. | | | | | | | | | | | | |
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