

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Diane E Watson For Congress

ADDRESS (number and street) 1212 S Victory Bl
 Check if different than previously reported. (ACC) Burbank CA 91502

2. **FEC IDENTIFICATION NUMBER** C00364331
CITY **STATE** **ZIP CODE**
3. **IS THIS REPORT** NEW (N) **OR** AMENDED (A) **STATE** **DISTRICT**
CA 33

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on _____ in the State of CA
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 04 01 2008 through 05 14 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Kinde Durkee

Signature of Treasurer Electronically Filed by Kinde Durkee Date 07 08 2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Diane E Watson For Congress

Report Covering the Period:

From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

To:

M	M
0	5

D	D
1	4

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	6500.00	140824.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	6500.00	140824.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	13154.81	100700.62
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	174.53
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	13154.81	100526.09
8. Cash on Hand at Close of Reporting Period (from Line 27).....	9653.06	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	34363.88	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name
Diane E Watson For Congress

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	5

D	D
1	4

Y	Y	Y	Y
2	0	0	8

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees	3000.00	47750.00
(i) Itemized (use Schedule A).....	0.00	9564.00
(ii) Unitemized.....	3000.00	57314.00
(iii) TOTAL of contributions from individuals..... ▶	0.00	0.00
(b) Political Party Committees.....	3500.00	83510.00
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	6500.00	140824.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	0.00	174.53
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	9.22
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	6500.00	141007.75

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	13154.81	100700.62
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	8625.00	36320.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	21779.81	137020.62

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	24932.87
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	6500.00
25. SUBTOTAL (add Line 23 and Line 24).....	31432.87
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	21779.81
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	9653.06

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 / 16

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Diane E Watson For Congress

A.

Full Name (Last, First, Middle Initial)
Thomas S Kim

Mailing Address 5525 Ajuga Ct

City State Zip Code
Centreville VA 20120

FEC ID number of contributing federal political committee. C

Name of Employer Scribe Strategies & Advisors
Occupation Senior Vice President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt 05 / 05 / 2008

Transaction ID: SA11ai00000000560965

Amount of Each Receipt this Period 200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Thomas S Kim

Mailing Address 5525 Ajuga Ct

City State Zip Code
Centreville VA 20120

FEC ID number of contributing federal political committee. C

Name of Employer Scribe Strategies & Advisors
Occupation Senior Vice President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt 05 / 05 / 2008

Transaction ID: SA11ai00000000556921

Amount of Each Receipt this Period 1300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Robert Lench

Mailing Address 5342 Kalein Dr

City State Zip Code
Culver City CA 90230

FEC ID number of contributing federal political committee. C

Name of Employer N/A
Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 05 / 02 / 2008

Transaction ID: SA11ai00000000556924

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 6 / 16	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Diane E Watson For Congress

A.	Full Name (Last, First, Middle Initial) Joseph Szlavik		Date of Receipt																					
	Mailing Address 2116 Kratz Station Rd		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	5		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	5		0	5		2	0	0	8														
	City	State	Zip Code		Transaction ID: SA11ai00000000556922																			
	Harleysville	PA	19438																					
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>		Amount of Each Receipt this Period																				
Name of Employer Hogan & M		Occupation Executive		<input type="text" value="500.00"/>																				
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																				
		<input type="text" value="500.00"/>																						

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="500.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="3000.00"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 16
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Diane E Watson For Congress

A. Full Name (Last, First, Middle Initial)
Amalgamated Transit Union COPE
Mailing Address 5025 Winsconsin Ave NW
City Washington State DC Zip Code 20016
FEC ID number of contributing federal political committee. **C** C00032995
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00
Date of Receipt 05 / 14 / 2008
Transaction ID: SA11c00000000559554
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
American Medical Assn PAC
Mailing Address 25 Massachusetts Av NW #600
City Washington State DC Zip Code 20001
FEC ID number of contributing federal political committee. **C** C00000422
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 05 / 13 / 2008
Transaction ID: SA11c00000000559550
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
The NEA Fund For Children & Public Education PAC
Mailing Address 1201 16th St NW #421
City Washington State DC Zip Code 20036
FEC ID number of contributing federal political committee. **C** C00003251
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1500.00
Date of Receipt 05 / 14 / 2008
Transaction ID: SA11c00000000559568
Amount of Each Receipt this Period 1500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 3500.00
TOTAL This Period (last page this line number only) ▶ 3500.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Diane E Watson For Congress

A. Full Name (Last, First, Middle Initial) AT & T Wireless <hr/> Mailing Address PO Box 78225 <hr/> City Phoenix State AZ Zip Code 85062 <hr/> Purpose of Disbursement Phone Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17000000000560719 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 8
	Amount of Each Disbursement this Period 97.27
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type 001
B. Full Name (Last, First, Middle Initial) AT & T Wireless <hr/> Mailing Address PO Box 78225 <hr/> City Phoenix State AZ Zip Code 85062 <hr/> Purpose of Disbursement Phone Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17000000000560720 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 8
	Amount of Each Disbursement this Period 60.03
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type 001
C. Full Name (Last, First, Middle Initial) Bank Of America <hr/> Mailing Address PO Box 15731 <hr/> City Wilmington State DE Zip Code 19886 <hr/> Purpose of Disbursement Hotel for Convention Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17000000000560635 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 323.20
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type 002

SUBTOTAL of Disbursements This Page (optional) ▶	480.50
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Diane E Watson For Congress

<p>A. Full Name (Last, First, Middle Initial) Marriott-San Jose</p> <p>Mailing Address 301 S Market St</p> <p>City San Jose State CA Zip Code 95013</p> <p>Purpose of Disbursement Hotel for Convention</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17000000000017667</p> <p>Date of Disbursement 04 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 323.20</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) Buford Public Relations</p> <p>Mailing Address 15412 Valley Vista Bl</p> <p>City Sherman Oaks State CA Zip Code 91403</p> <p>Purpose of Disbursement Political consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB170000000000560623</p> <p>Date of Disbursement 04 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Richard Butcher</p> <p>Mailing Address 533A Harcourt</p> <p>City Los Angeles State CA Zip Code 90008</p> <p>Purpose of Disbursement Hotel and transportation for convention</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB170000000000560678</p> <p>Date of Disbursement 04 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 674.31</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2674.31

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 10 / 16

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Diane E Watson For Congress

<p>A. Full Name (Last, First, Middle Initial) California Democratic Party Convention</p> <p>Mailing Address 1507 21st St #204</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement Registration Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17000000000017672</p> <p>Date of Disbursement 04 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 150.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) Marriott-San Jose</p> <p>Mailing Address 301 S Market St</p> <p>City San Jose State CA Zip Code 95013</p> <p>Purpose of Disbursement Hotel for convention Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17000000000017669</p> <p>Date of Disbursement 04 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 492.91</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) Durkee & Associates</p> <p>Mailing Address 1212 S Victory Bl</p> <p>City Burbank State CA Zip Code 91502</p> <p>Purpose of Disbursement Accounting Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB170000000000560625</p> <p>Date of Disbursement 04 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 10000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

10000.00

TOTAL This Period (last page this line number only) ▶

13154.81

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Diane E Watson For Congress

<p>A. Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S Capitol St</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Political Contribution Candidate Name Democrati Category/Type 011</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB21000000000560626 Date of Disbursement: 04 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Andre Carson For Congress</p> <p>Mailing Address 1 Capitol Av #200</p> <p>City Indianapolis State IN Zip Code 46204</p> <p>Purpose of Disbursement Political Contribution Candidate Name Andre Carson Category/Type 011</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IN District: 07</p>	<p>Transaction ID: SB21000000000560643 Date of Disbursement: 04 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Friends Of Jim McDermott</p> <p>Mailing Address PO Box 21786</p> <p>City Seattle State WA Zip Code 98111</p> <p>Purpose of Disbursement Political Contribution Candidate Name Jim McDermott Category/Type 011</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WA District: 07</p>	<p>Transaction ID: SB21000000000560660 Date of Disbursement: 04 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)	6500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 12 / 16

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Diane E Watson For Congress

A. Full Name (Last, First, Middle Initial) Emily's List Mailing Address 805 15th St NW #400 City Washington State DC Zip Code 20005 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21000000000560708 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Full Name (Last, First, Middle Initial) Hillary Clinton For President Mailing Address PO BOX 77593 City Washington State DC Zip Code 20013 Purpose of Disbursement Political Contribution Candidate Name Hillary Clinton Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21000000000560696 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	8500.00

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 13 / 16
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
 Diane E Watson For Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Bank Of America	Nature of Debt (Purpose): Hotel for convention
Mailing Address PO Box 15731	
City State ZIP Code Wilmington DE 19886	

Outstanding Balance Beginning This Period 323.20	Transaction ID: SD100000000000006724	
Amount Incurred This Period 0.00	Payment This Period 323.20	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Buford Public Relations	Nature of Debt (Purpose): Political Consulting
Mailing Address 15412 Valley Vista Bl	
City State ZIP Code Sherman Oaks CA 91403	

Outstanding Balance Beginning This Period 2000.00	Transaction ID: SD100000000000006004	
Amount Incurred This Period 0.00	Payment This Period 2000.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Butcher, Richard	Nature of Debt (Purpose): Hotel for Convention
Mailing Address 533A Harcourt	
City State ZIP Code Los Angeles CA 90008	

Outstanding Balance Beginning This Period 674.31	Transaction ID: SD100000000000006733	
Amount Incurred This Period 0.00	Payment This Period 674.31	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional).....	0.00
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 14 / 16
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Diane E Watson For Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Durkee & Associates	Nature of Debt (Purpose): Accounting
Mailing Address 1212 S Victory Bl	
City Burbank State CA ZIP Code 91502	

Outstanding Balance Beginning This Period 2000.00	Transaction ID: SD100000000000003077	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Durkee & Associates	Nature of Debt (Purpose): Accounting
Mailing Address 1212 S Victory Bl	
City Burbank State CA ZIP Code 91502	

Outstanding Balance Beginning This Period 4000.00	Transaction ID: SD100000000000003721	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Durkee & Associates	Nature of Debt (Purpose): Accounting Postage Fax Copies Messenger
Mailing Address 1212 S Victory Bl	
City Burbank State CA ZIP Code 91502	

Outstanding Balance Beginning This Period 26270.61	Transaction ID: SD100000000000002660	
Amount Incurred This Period 0.00	Payment This Period 10000.00	Outstanding Balance at Close of This Period 16270.61

1) SUBTOTALS This Period This Page (optional).....	22270.61
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Diane E Watson For Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Durkee & Associates	Nature of Debt (Purpose): Accounting
Mailing Address 1212 S Victory Bl	
City Burbank State CA ZIP Code 91502	

Outstanding Balance Beginning This Period 2000.00	Transaction ID: SD100000000000003075	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Durkee & Associates	Nature of Debt (Purpose): Accounting
Mailing Address 1212 S Victory Bl	
City Burbank State CA ZIP Code 91502	

Outstanding Balance Beginning This Period 2000.00	Transaction ID: SD100000000000003076	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Printco Graphics Inc	Nature of Debt (Purpose): Invitations
Mailing Address 2943 Supply Av	
City Commerce State CA ZIP Code 90040	

Outstanding Balance Beginning This Period 3093.27	Transaction ID: SD100000000000001409	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3093.27

1) SUBTOTALS This Period This Page (optional).....	7093.27
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 16 / 16
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
 Diane E Watson For Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Silverberg & Associates			Nature of Debt (Purpose): Political Fundraising
Mailing Address 110 D St SE #109			
City Washington	State DC	ZIP Code 20003	

Outstanding Balance Beginning This Period		Transaction ID: SD100000000000006916	
5000.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	5000.00	

1) SUBTOTALS This Period This Page (optional).....	5000.00
2) TOTALS This Period (last page this line number only).....	34363.88
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	34363.88