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LEGISLATIVE RESOURCE CENTER

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U.S. HOUSE OF REPRESENTATIVES

UNITED STATES HOUSE OF REPRESENTATIVES
2013 FINANCIAL DISCLOSURE STATEMENT

Form A
For Use by Members, Officers, and Employees

Name: MAXINE WATERS

Daytime Telephone: _____

HW
(Office Use Only)

FILER STATUS	<input checked="" type="checkbox"/> Member of or Candidate for U.S. House of Representatives	State: <u>CA</u> District: <u>43</u>	<input type="checkbox"/> Officer or Employee	Employing Office: _____
REPORT TYPE	<input checked="" type="checkbox"/> 2013 Annual (Due: May 15, 2014)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination Date: _____	

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Make more than \$200 in unearned income from any reportable asset during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$350 in value from a single source during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$350 in value from a single source during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	

IPO, EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS

IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
TRUSTS - 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 that benefits 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 Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE A - ASSETS & "UNEARNED INCOME"

MAXINE WATERS
Name:

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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 and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income that generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use only ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds. For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts. For real and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or an investment in, a private equity or retirement program, including the Thrift Savings Plan. If you have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.		Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should be "None." *Column M is for assets held by your spouse or dependent child in which you have no interest.													Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period.							For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below (Dividends, Interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated). *Column XII is for assets held by your spouse or dependent child in which you have no interest.										Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in the reporting period. If only a portion of an asset was sold, please indicate as follows: (S (part)). Leave this column blank if there are no transactions that exceeded \$1,000.			
SP, DC, JT	EIF	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	(Sp/pt)
		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	Spouse/DC Asset over \$1,000,000*									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	Spouse/DC Asset with Income over \$1,000,000*	
																X						Royalties													
																						Partnership Income													

(SEE FOLLOWING PAGE)

Use additional sheets if more space is required.

SCHEDULE B - TRANSACTIONS

MAXINE WATERS
 Name: _____ Page 4 of 8

SP, DC, JT SP SP	Asset	Type of Transaction				Check Box if Capital Gain Exceeded \$200	Date (MO/DA/YR or Other day, Month, or Year, if applicable)	Amount of Transaction											
		Purchase	Sale	Partial Sale	Exchange			A \$1,001-\$15,000	B \$15,001-\$50,000	C \$50,001-\$100,000	D \$100,001-\$250,000	E \$250,001-\$500,000	F \$500,001-\$1,000,000	G \$1,000,001-\$5,000,000	H \$5,000,001-\$25,000,000	I \$25,000,001-\$50,000,000	J Over \$50,000,000	K Over \$1,000,000* (Spouse/DC Asset)	
SP	Example Mega Corp Stock			X		X	3/5/13		X										
SP	ML: Blackrock Global (IRA)		X				02/08/18	X											
SP	ML: Blackrock Balanced (IRA)		X				02/08/18	X											
SP	ML: Blackrock Global IRA		X				07/17/18	X											
SP	ML: Blackrock Balanced (IRA)		X				07/17/18	X											

Use additional sheets if more space is required.

SCHEDULE C – EARNED INCOME

Name: **MAXINE WATERS**

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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 reporting period. 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 pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.
INCOME LIMITS and PROHIBITED INCOME: The 2013 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited.

Source (include date of receipt for honoraria)	Type	Amount
Examples: Keene State State of Maryland Civil War Roundtable (Oct. 2) Ontario County Board of Education	Approved Teaching Fee Legislative Pension Spouse Speech Spouse Salary	\$8,000 \$14,000 \$1,000 N/A
PRIME AUTOMOTIVE GROUP, INC/SOUTH BAY AUTO	Spouse Consulting Fee	N/A
STATE OF CALIFORNIA	Legislative pension	\$5,893
NATIONAL FOOTBALL LEAGUE	Spouse Pension	N/A
MERCEDES-BENZ USA	Spouse Pension	N/A

Use additional sheets if more space is required.

SCHEDULE D - LIABILITIES

MAXINE WATERS
 Name: _____ Page 6 of 8

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability											
				A \$10,001-\$15,000	B \$15,001-\$50,000	C \$50,001-\$100,000	D \$100,001-\$250,000	E \$250,001-\$500,000	F \$500,001-\$1,000,000	G \$1,000,001-\$5,000,000	H \$5,000,001-\$25,000,000	I \$25,000,001-\$50,000,000	J Over \$50,000,000	K Over \$1,000,000* (Spouse/DC Liability)	
Example	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				X								
JT	Congressional Fed. Credit	Union	Revolving Charge		X										
JT	Chase	9/27/04	Mortgage: 549 S. Luce								X				
JT	Chase	10/25/07	Mortgage: 2105 1/2					X							
JT	Wells Fargo Bank	10/5/04	Mortgage: 1044 W. 82nd				X								

SCHEDULE E - POSITIONS

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

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

Use additional sheets if more space is required.

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name: **MAXINE WATERS**

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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, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE: Privately-sponsored travel approved by the Ethics Committee, if post-travel disclosure was filed with the Clerk; 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 (FGDA, 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 the filer.

Source	Date(s)	City of Departure - Destination - City of Return		Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
<i>Example:</i> Government of China (MECEA) Herald for Humanity (charity fundraiser)	Aug. 8-11 Mar. 3-4	DC-Berlin, China - DC DC-Berlin-DC		Y Y	Y Y	N Y
NY State Assoc. of Black Legislators	Feb. 17	DC-Albany-LA		Y	Y	N
St. Louis NAACP	June 7-8	DC-St. Louis-DC		Y	Y	N
No. Carolina Leg. Black Caucus Found	June 14	DC-Raleigh-LA		Y	Y	Y
Natl. Assoc. of Investment Companies	Nov. 4-5	LA-W. Palm Beach-New Orleans		Y	Y	Y

Use additional sheets if more space is required.

FILER NOTES
(Optional)

MAXINE WATERS
Name: _____
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NOTE NUMBER	NOTES
1	Liabilities: Not enough room on page for addresses: (See below)
	549 So. Lucerne Blvd; Los Angeles, CA 90020
	2105 1/2 S St. NW; Washington, DC 20008
	1044 W. 82nd St.; Los Angeles, CA 90044
1	<i>American Edg. : This one is an investment and is not a source of income</i>
2	<i>American Edg. Joint Venture; This one is in profit sharing, and is a source of income and is headquartered in California</i>
3	<i>ECI is a magazine publishing enterprise located in New York, New York</i>
4	<i>FIA is a cash holding account</i>
5	<i>One United Bank is headquartered in Boston, MA. It is listed twice</i>
	<i>Two because one is a check and the other is a bank account</i>
6	<i>This is located in Bakersville, GA</i>
7	<i>Robert Greenfield 401(K); see attachment Charles Schulz NY, NY</i>

* See gift disclosure on the following page

Use additional sheets if more space is required.

SCHEDULE F - AGREEMENTS

Name: **Maxine Waters** Page **9** of **9**

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement

SCHEDULE G - GIFTS

Report the source (including name, city, and state), a brief description, and the value of all gifts totaling more than \$350 received by you, your spouse, or a dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from 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 \$140 or less need not be added towards the \$350 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
<small>Example:</small> Mr. Joseph Smith, Arlington, VA	<small>Silver Platter (determination of personal friendship received from the Ethics Committee)</small>	\$400
En Private Technology trust Gardena, CA 90248	Contribution made to Marvin's Veterans Legal Expense Fund	\$5,000

1801 South
Figueroa St.

Use additional sheets if more space is required.

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U.S. HOUSE OF REPRESENTATIVES

November, 1 2013

Honorable K. Michael Conway, Chair
Honorable Linda T. Sanchez, Ranking Member
Committee on Ethics
1015 Longworth House Building
Washington, D.C. 20515

Re: Legal Expense Trust—Disclosure Report

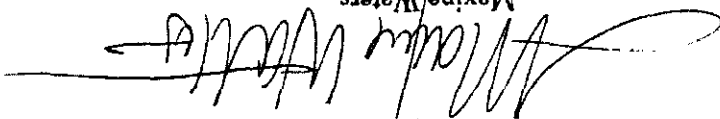
Dear Chairman Conway and Congresswoman Sanchez:

Pursuant to Regulation 4.2 of the Committee's Legal Expense Fund Regulations, I wish to disclose the following contribution deposited by the Maxine Waters Legal Expense Trust during the Third Quarter of 2013:

Contributor	Amount
En Pointe Technologies, Inc. 18701 S, Figueroa Street Gardena, CA 90248	\$5,000

There have been no expenditures and no other contributions since the last report. If you have any questions or need further information, please let me know.

Sincerely yours,



Maxine Waters

Member of Congress