<u>2</u>	Yes	child because duct.	isactions, or liabilities of a spouse or dependent child because with the Committee on Standards of Official Conduct.	" income, tran	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee or	EXEMPT they mee
§ ∑	Yes	trusts" need not	of Official Conduct and certain other "excepted trusts" need not pouse, or dependent child?	on standards	TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct a be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent	TRUSTS be disclos
S	UESTION	F THESE Q	MATION — ANSWER EACH OF THESE QUESTIONS	TINFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	EXCLU
the onse.	wered and 'Yes" respo	must be ans ed for each '	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	No	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.	V. Did you liability (m
No V	Yes	arrangement with	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	No U	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.	IV. Did yo or exchar \$1,000 du
S S	Yes	or before the date	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.		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.	III. Did yo income o reportable If yes, co
<u>چ</u> ک	Yes	receive any the reporting	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.	₹ <u>\</u>	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.	II. Did any individ lieu of paying you reporting period? If yes, complete
No No	Yes	receive any regating more	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.		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? Yes Yes	I. Did you fees) of \$
			E QUESTIONS	OF THESE	PRELIMINARY INFORMATION - ANSWER EACH	PRELIN
ייטים ייומו	ne who mes n	30 days late.	Termination Date:		Annual (May 15)	Report Type
assessed	A \$200 penalty shall be assessed	A \$200 pena	or Employing Office:	Officer or Employee	Member of the U.S. State: 1/6 VADA House of Representatives District: CD-3	Filer Status
: 09	ZPO9 JUN - 9 AM II: 09	Me 20.29 Ji	Daytime Telephone:	Daytime 7	DIWA TITUS	Name:
TÉÉ!	HAND DELIVÉRÉI	=	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT	CALE

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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 pay (such as National Guard or Reserve pay), federal retirement programs, and bene	benefits received under the Social Security Act.	curity Act.
Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
Examples: State of Maryland	Legislative Pension	\$9,000
Ontario County Board of Education	Spouse Salary	NA
UNIVERSITY OF NEVADA- LAS VEGAS	SALARY	45 504.95
NEVADA STATE SENATE	SALARY	2206.40
UNIVERSITY OF NEVADA PRESS	BOOK ROVALTY	66.39
UNIVERSITY OF NEVADA - LAS VEGAS	SPOUSE SALARY	MA

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SCHEDULE II—PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. A green envelope for transmitting the list is included in each Member's filing package.

	_					 			_			_
								MA	Examples: XYZ Magazine		Source	
									Article	Speech	Activity	
									Aug. 13, 2008	Feb. 2, 2008	Date	
									\$500	\$2,000	Amount	

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JMA ENERGY	MERIT ENERGY	AMER. MEM. WEE INS	AMER. MEM. LIFE INS.	TIARCREF RETIREMENT	TIMACREF RETIREMENT		Examples:	SP Mega Corp. Stock	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. Exclude: 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	BLOCK A Asset and/or Income Source 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 sources 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).
×	×	×	X	X	×	×	Indefinite	×	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$500,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$5,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000	A B C D E F G H I J K L	BLOCK B 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	RoYALTIES	X ANNUTY	X ANNUITY	NA	NA	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership Income or Farm In	ncome)	BLOCK C Type of 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	X	*			×	×	×	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		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 IFAs, 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.
								S (partial)	asset is sold, please indicate as follows: (S) (partial) See below for example.	If only a portion of an	BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1000 in reporting year.

ငတ္ SC	SCHEDULE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)	ئے	Z	Ę,	ź	Z	Ü	7	Z	ŏ		111								Name	(l	(ļ	ļ		(l	1		Page 6 of 1
	BLOCK A Asset and/or Income Source				.≲ I	ا _→ کے ا	e c	BLOCK B Year-End ue of As	BLOCK B Year-End Value of Asset	2								1 ,	BLOCK C Type of Incom	c me		,,,	§	ے ا	BLOCK D Amount of Income	9	ກດ	ğ	6		BLOCK E Transaction
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ង			1,000	1 - \$15,000	01 - \$50,00	01 – \$100,0	001 - \$250,	001 – \$500,	001 - \$1,00	0,001 – \$5,0	0,001 – \$25	00,001 – \$5	\$50,000,000		ENDS	•	REST	TAL GAINS	PTED/BLIN	Type of Inco (Specify)			- \$1,000	- \$2,500	- \$5,000	1 - \$15,000)1 - \$50,000	01 - \$100,000	001 – \$1,000, 0,001 – \$ 5,00	5,000,000	
		None	\$1 - \$	\$1,00	\$15.00	\$50,00		\$250,0	\$500,0	\$1,000	\$5,000	\$25,00	Over 9	NONE	DIVID	RENT	INTER		EXCE	Other	None	\$1 \$									
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SCHEDULE III—ASSETS AND "UNEARNED" INCOME

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Continuation Sheet (if needed)		F : VI / 10 /
Asset and/or Income Source	BLOCK B Year-End Type Value of Asset of Income	BLOCK D Amount of Income Transaction
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DC,	00 000 000 00,000 000,000	
JT	50,000 100,000 \$250,00 \$500,00 \$1,000, - \$5,00 - \$25,00 - \$50,00 0,000	0 000 000 000 0,000 00,000 1,000,000 \$5,000,0
	None 11 - \$1,000 11,001 - \$1 15,001 - \$ 150,001 - \$ 10	(Spe None 61 - \$200 5201 - \$1,00 51,001 - \$2,9 52,501 - \$5,5001 - \$15,001 - \$5 650,001 - \$1 6100,001 - \$ 61,000,001 - \$0 Over \$5,000,
NIV ENERGY (SIERRAPAC)	X	×
ACLE	X	×:
SEMPRA ENERGY	×	×
1_7	×	
SOUTHERN CO		×
TRAJECERS CO	X	×
VIACOM INC	×	X
WELLS KARGO	×	~
(A)	X X	*
CBS CORP	×	×
2116	X	X
UTS EFT STATEGIC	× ×	X
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O A MAKE	× .	X
CHECKING	X	×
CERTS OF DEPOSIT	X	X
	X	×

SCHEDULE IV— TRANSACTIONS

Name DINA TITUS

Page 8 of 11

											1AS VEGAS NV 89120	JT HOUSE: 3394 BROOKFIELD DR	JT UTS-EFT STRATEGIC	Example: Mega Coporation C	SP, DC, JT Asset	amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.	Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks hands commodifies futures or other securities when the
							3.43 1-35 4.75。				×			11 mm		PURCHASE	Ty of Tran
													X	×		SALE EXCHANGE	Type of Transaction
										· ·	N-22.08		80-20-8	10-12-08		(MO/DAY/YR) or Quarterly, Monthly, or Bi-weekly, if applicable	Date
À													15.			\$1,001- \$15,000 ໝ	
- 1		14.		1									×	×		\$15,001- \$50,000	
														L		\$100,000	Amo
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																\$1,000,000 \$1,000,001 \$5,000,000	Amount of Transaction
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		, (1) , (2) , (3)				111111111111111111111111111111111111111										\$25,000,001- \$50,000,000	13.4
																Over \$50,000,000	

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SCHEDULE V— LIABILITIES

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Page 4 of

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

				[7
] 			70,5	2	
				MA	Example: First Bank of Wilmington, Delaware	Creditor		
					Mortgage on 123 Main St., Dover, Del.	Type of Liability	-	
 -						\$10,001- \$15,000	8	
						\$15,001- \$50,000	ဂ	
		ļ			<u> </u>	\$50,001- \$100,000	D	
			<u> </u>		×	\$100,001- \$250,000	m	Amou
		<u> </u>		ļ		\$250,001- \$500,000	1	int of
					_	\$500,001- \$1,000,000	G	Amount of Liability
	ļ	<u> </u>	<u> </u>	<u></u>	_	\$1,000,001- \$5,000,000 \$5,000,001-	I	Ţ
					-	\$25,000,000 \$25,000,001		
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<u></u>		<u> </u>			<u></u>	\$50,000,000	, ~	L

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.

 	 		_	_	
		NA	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. 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 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 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

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.

Source	Date(s)	City of Departure—Destination— City of Return	Lodging? (Y/N	Food? (Y/N	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
	Mar. 2	DC—Chicago—DC	Z		Z	None
Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Υ	Υ	γ	2 Days
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organization, or any educational or other institution other than the United States proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any non profit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

zations); and positions solely of an honorary nature. Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organi-

Position	Name of Organization
asgram astronomic	CA-NIV SUDER SPEED TRAIN COMISSION
	NV TEST SITE HISTORICAL FOUNDATION BOARD

SCHEDULE IX—AGREEMENTS

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

_	 	_			
				80-81-21	Date
				12-18-08 UNINCERSITY OF NEVADA - CAS 1/66AS	Parties To
			OR BENEFITS BEGINNING JAN 09	Two YEAR CEAVE OF ABSENCE WITHOUT PAY	Terms of Agreement