

# UNITED STATES HOUSE OF REPRESENTATIVES 2016 FINANCIAL DISCLOSURE STATEMENT

For Use by Members, Officers, and Employees

Form A

Name: DINA TITUS

Daytime Telephone: 202-225-5965

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

(Office Use Only)  
LEGISLATIVE RESOURCE CENTER  
U.S. HOUSE OF REPRESENTATIVES

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**HAND DELIVERED**

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FILER STATUS	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>NEVADA</u>	Officer or Employee	Employing Office:	Staff Filer Type: (If Applicable) Shared <input type="checkbox"/> Principal Assistant <input type="checkbox"/>
	Report Type: <input checked="" type="checkbox"/> 2016 Annual (Due: May 15, 2017)	District: <u>01</u>			
Amendment <input type="checkbox"/>			Termination <input type="checkbox"/> Date of Termination: _____		

## PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

<p><b>A.</b> Did you, your spouse, or your dependent child:</p> <p>a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <u>or</u></p> <p>b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p><b>F.</b> 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?</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p><b>B.</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?</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p><b>G.</b> Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single source during the reporting period?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p><b>C.</b> Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p><b>H.</b> Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p><b>D.</b> Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p><b>I.</b> 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?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p><b>E.</b> Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?</p>		<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	

## ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"

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

<p><b>IPO</b> - 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.</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p><b>TRUSTS</b> - 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?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p><b>EXEMPTION</b> - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

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Use additional sheets if more space is required.

# SCHEDULE A - ASSETS & "UNEARNED INCOME"

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					
SP, DC, JT	ASSET NAME	None	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	P, S, Spouse, or E			
	MARSH STANLEY IRA																																						
	MONEY FUND			X																		X																	
	BANK DEP			X																																			
	MPS VICTORIAN WCM			X																																			
	SP NORBANK STANLEY IRA																					X																	
	MONEY FUND			X																																			
	BANK DEP			X																																			
	MPS VICTORIAN WCM			X																																			
	FRANCOIS OS 6-01					X																																	
	ASTRA SAVINGS			X																																			
	ST NORBANK STANLEY IRA																					X																	
	BANK DEP			X																																			
	FRANCOIS VDC FUND					X																																	
	FRANCOIS INC RUT FUND			X																																			
	MARS STW GRD NOT FUND			X																																			

# SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: TTGS

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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			
SP, DC, JT	ASSET NAME	None	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	P, S, Spant, or E	
	CLOSED END FUNDS																																				
	WISDOM TREE																																				
	1 SHARE FTS																																				
	CRT OF DEP																																				
	COMPASS DMF-ACA																																				
	MONEY BAL E-UTM																																				
	COHMO STOCK																																				
	AMEREN																																				
	AMER ELEC POWER																																				
	DAWLER																																				
	NT CORKER PUBLIC UTIL																																				
	ATL GRID PCC																																				
	PINNACLE WEST																																				
	SEMPRA ENERGY																																				

# SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

TTUS

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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			
SP, DC, JT	ASSET NAME	None	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	P, S, Spant, or E	
	AO SMITH				X												X							X													
	SOUTHERN																X							X													
	TRAYVELLE																X							X													
	WELLS FARGO																X							X													
	VIACCH																X							X													
	DEMIAN RESOURCES																X							X													
	KRAFT FOODS																X							X													
	PROCTER & GAMBLE																X							X													
	GLAXO-SMITH-KLINE																X							X													
	HONEYWELL																X							X													
	MICROSOFT																X							X													
	POBIL STORE																X							X													
	VERIZON																X							X													
	CADETAC ONE																X							X													
	MORRIS STALEY																X							X													
	BOSTON PAPERTIES																X							X													

# SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Thas

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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		
SP, DC, JT	ASSET NAME	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	P, S, Spant, or 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																																			
	Spouse/DC Asset over \$1,000,000*																																			
	E TRADE FIN CORP																																			P
	ROBIT CORP																																			P
	BONDS:																																			
	OLD SAYBROOK																																			
	MASS COMMURBIC																																			
	JEH - FLA																																			
	BIRMINGHAM - ALA																																			
	WASHINGTON STATE																																			
	CAS VEGAS, NV																																			P
	AT SYE HIGHRE ED																																			P
	ILLINOIS FIN AUTH																																			P
	NATIONWIDE ANNUITY																																			
	TRM CREF PORT. MANAGER																																			

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**Use additional sheets if more space is required**

# SCHEDULE B - TRANSACTIONS

Name:

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Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you, your spouse, or your dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction.		Type of Transaction				Check Box if Capital Gain Exceeded \$200	Date MM/DD/YYYY or Quarterly, Monthly or Bi- weekly, if applicable	Amount of Transaction										
SP, DC, JT	Asset	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	3/5/15		X									
JT	BOND: ILLINOIS FIN AUTH REV A-1	✓					4-1-16		✓									
	BOND: NV SYS HIGHER ED UNIV. RE DTD	✓					4-14-16		✓									
	BOND: LV NV GEN OBIL4 REFA	✓					5-26-16		✓									
	STOCK: POSITION RESOURCES	✓					7-22-16		✓									
	STOCK: E TRADE FUW CORP	✓					8-29-16		✓									
	STOCK: PUBLIC STORAGE	✓					8-24-16		✓									
	STOCK: BBIT CORP	✓					9-29-16		✓									
	STOCK = VALUADO		✓				9-01-16		✓									



## Name:

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Source (include date of receipt for honoraria)

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# SCHEDULE D - LIABILITIES

Name:

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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 the 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	B	C	D	E	F	G	H	I	J	K
				\$10,001-\$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	Over \$1,000,000* (Spouse/DC Liability)
Example	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				X							
	NONE													

## 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 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
NONE	

# SCHEDULE F - AGREEMENTS

Name:

TITUS

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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
SINCE 1986	UNIV. OF NV PRESS, RENO, NV	ROYALTIES FOR BONDS IN THE BACKYARD; 1986; REV ed 2004
SINCE 1989	NV LEGISLATURE, CARSON CITY, NV	PENSION: \$500 PER MONTH FOR 20 YEARS SERVICE

## SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$375 received by you, your spouse, or your 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 \$150 or less need not be added towards the \$375 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 Smith, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400
NONE		

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**Use additional sheets if more space is required.**

Name: TTTOS

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