HAND DELIVERED

DAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT For under the property of the pro
Filer Status  Member of the U.S. State: NV Status  House of Representatives District: 0.3  Employee Employee Employee Employee Type  Annual (May 17, 2010)  Annual (May 17, 2010)  Officer or Employee Employee Employee Employee Employee Termination Date: Termination Date:  Item 30 days late.
PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS
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?  If yes, complete and attach Schedule I.  Yes  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.
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?  No VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period?  No 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.
hild receive "unearmed" period or hold arry the end of the period?  Yes
N. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding Yes V No With an outside entity? \$1,000 during the reporting period? If yes, complete and attach Schedule IX.
V. Old you, your spouse, or a dependent child have any reponsible hability (more than \$10,000) during the reporting period?  Yes   No   Health question in this part must be answered and the ability (more than \$10,000) during the reporting period?  Yes   No   Health question in this part must be answered and the appropriate schedule attached for each "Yes" response.
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
EXEMPTION—Have you excluded from this report any other assets, "uneamed" 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 Standards of Official Conduct.

Name They Tetras	
Page 2	

#### 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 benefits received under the Social Security Act.

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Source	Туре	Amount
	Approved Teaching Fee	\$6,000
State of Maryland	Legislative Pension	39,000
	Spousa Spesch	\$1,900
Ontario County Board of Education	Spouse Salary	NA
UNIV. OF NEVADA-LAS VEGAS	SPOUSE SALARY	MA

For payments to charity in lieu of honoraria, use Schedule II.

# SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Page Z of 9

each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the 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 achitiles, 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 spouses child, parent, or skilling; any deposits booklets, g50,000 or less in personal savings accounts; and any financial interest in or income derived from U.S. Government retherment 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.	BLOCK A  Asset and/or income Source blentily (a) each asset held for investment or pro- duction of income with a fair merket value exceeding \$1,000 at the end of the reporting pari- ot, and (b) any other asset or sources of income which generated more then \$200 in "unearned" income during the year. For rental property or lands, provide a complete address. Provide full mannes of stocks and mutual funds (so not use bider symbols). For all fif4As and other retinement plans (such as 407(k) plans) that are self-directed (i.e., plans in which you have the power, even if not such as 407(k) plans in the power, even if our such as 407(k) as the power, even if our such as 407(k) as the power in the power of the power in the power of
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\$1 - \$1,000 · · · · · · · · · · · · · · · · · ·	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."
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EXCEPTED/BLIND TRUST	BLOCK C and inc but inching the ching of and the ching of and
Other Type of Income (Specify: For Example, Partnersh-p Income or Farm Income)	ome at apply. For ounts that do oose specific wite "NA." For ling all IRAs, ame by check- box below. I, even if rein- ad as income. did not gener- salendar year.
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\$201 - \$1,000 =	BLOCK D  Amount of Income  hierment plans or accounts that do low you to choose specific invests, you may write "NA" for income by it category of income by ding the category of income by the appropriate box below, the should be listed as income, it, should be listed as income, k. "Nors" if no income was earned negated.
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if only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example.  P, S, E	BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in raporiting year.

For additional assets and unearned income, use next page

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME
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## SCHEDULE IV- TRANSACTIONS

Name

resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental moome, if only a portion of an asset is sold, please so include the full provided sale. See example below.  Capital Gains — If a sales transaction resulted in a capital cain is excess.	Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property field for investment that exceeded \$1,000, Include transactions that
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Page 2 of 7	

# SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

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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 or were paid by you and relimbursed 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.

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											None	2 Days	None	Number of days not at sponsor's expense

### SCHEDULE VIII—POSITIONS

Name DINA TITUS Page 1 of 1

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 1; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organi-

Position	Name of Organization

## SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer; or publication of a book. government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; 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

Date	Parties To	Terms of Agreement
12,16.08	UNIV OF NV - LAS VEGAS	TWO YEAR LEAVE OF ABSENCE WITHOUT PAY
-		OF BENEFITS BEGINNING JAN 09
10.08.05	UNIV OF NV PRESS	Publishina Agreement