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UNITED STATES HOUSE OF REPRESENTATIVES 2016 FINANCIAL DISCLOSURE STATEMENT	Form A For Use by Members, Officers, and Employees 17 JUL 2	Page 1 of /2
Name: DINA TITUS DE	Daytime Telephone: 202-225-5965 A \$200 penalty shall be ass.	(Office Use Only) J.S. HUUUE OF REPRESENTATIVES alty shall be assessed against any
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_	Officer or Employing Office: Staff Filer Typ	Staff Filer Type: (If Applicable)
ntatives District:	3 Shared	Principal Assistant
REPORT 1 2016 Annual (Due: May 15, 2017)	Amendment Termination Date of Termination:	
PRELIMINARY INFORMATION - ANSWER EACH OF THESE O	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. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	No 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?	No
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?	No G. 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?	8
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?	No H. 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?	\$ \$
D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period?	No L 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?	\$ \[\sigma\]
E. Did you hold any reportable positions during the reporting period or Yes in the current calendar year up through the date of filing?	No Mattach the corresponding schedule if you answer "Yes"	ANSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR	TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS	ONS
IPO – Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? contact the Committee on Ethics for further guidance.	iffering during the reporting period? If you answered "yes" to this question, please Yes	No P
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics from this report details of such a trust that benefits you, your spouse, or dependent child?	thics and certain other "excepted trusts" need not be disclosed. Have you excluded Yes	
EXEMPTION – Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilitie all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	"uneamed" income, transactions, or liabilities of a spouse or your dependent child because they meet Yes	No CZ

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BLOCK A		DULE A - ASSETS
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	_			Г			Γ	T			H	Χ,	×	×			\$1-\$200	1		
					Г												\$201-\$1,000	1		
						1			T								\$1,001-\$2,500	₹	▶	
																	\$2,501-\$5,000		BLOCK D Amount of Income	
							Γ										\$5,001-\$15,000	5	BLOCK D	
							Γ										\$15,001-\$50,000		울의	
					Ι		Γ										\$50,001-\$100,000	<u> </u>	ᅙ	
							Γ											₹	តិ 💮	Page
			Ĭ						,								\$1,000,001-\$5,000,000	٠		
							Γ	Γ									Over \$5,000,000	s		14
																	Spouse/DC Asset with Income over \$1,000,000*	<u> </u>		<u>.</u>
																	P, S, S(part), or E		BLOCK E Transaction	Ŕ

Report any purchase, sale, or suchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you, your spource, 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 suit, please choose "partial scale" as the type of transaction. Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gain; box, unless it was an asset in a lax-deferred account, and disclose the capital gain income on Schedule A. SP. DC. JT · Column K is for assets solely held by your spouse or dependent child **SCHEDULE B - TRANSACTIONS** STOCK: YACK: N.K. BODS IN SYS HIGHER ED WITH STOCK = BOND: ILLUSOIS FIN AUTH REV A-1 BOND: LU NU GEN OBLIG REFA slack: Paninion Resources Example 410 3V Mega Corp Stock E TRADE FUL CORP POBLIC STARAGE V&RNADO BB .T CORF Asset < 7 Purchase Type of Transaction Sale Partial Sale Ехспанде Check Box of Capital Gain Exceeded \$200 4-14-16 4-1-16 (MODDAYR) or Quarterly, Monthly or Br-weekly, if applicable 3-22-16 7-01-16 1.29.16 8-24-16 7-29-16 6-26-16 Date 35/15 \$1,001-\$15,000 > 7 \$15,001 œ \$50.001-\$100,000 US c \$100.001 \$250.000 0 Amount of Transaction \$250,001m \$500,001-\$1,000,000 \$1,000,001-\$5,000,000 Page ଦ \$5,000,001-\$25,000,000 ı 00 \$25,000,001 \$50,000,000 9 Over \$50,000,000 Ç Over \$1,000,000°

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SCHEDULE C - EARNED INCOME

han the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list	Name: 17705
200 or more during the	
reporting period.	Page 9 of /
For a spouse, list	of 13

\$500 PER MONTH	PENSION	NEVADA LEGISLATURE
N/A	Spouse Selary	Ontario County Board of Education
\$1,000	Legislative Pension Spouse Sparech	Examples: State of Maryland Civil War Roundlable (Oct. 2)
\$6.000	Approved Teaching Fee	Keene State
Amount	Туре	Source (include date of receipt for honoraria)
ling \$200 or more during the reporting period. For a spouse, list rity Act. above the "senior staff" rate was \$27,225. In addition, certain libited.	nment) totaling \$200 or more during the slow. Social Security Act. Issated at or above the "senior staff" rate totally prohibited.	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 2015 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,225. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited.

SCHEDULE D - LIABILITIES

Name:	
TITUS	
Page 10 of 15	

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: 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 of the reporting 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.		
		•	NONE	Ехатріе			
				First Bank of Wilmington. DE	Creditor		
				5/98	Date Liability Incurred MO/YR		
				Mortgage on Rental Property, Dover, DE	Type of Liability		
					\$10,001- \$15,000	>	
					\$15,001- \$50,000	D)	
					\$50,001- \$100,000	0	
				×	\$100,001- \$250,000	6	 -
					\$250,001- \$500,000	Pn.	moun
	ſ	-			\$500.001- \$1.000.000	ħ	t of Li
	_				\$1,000,001- \$5,000,000	6	Amount of Liability
					\$5,000,001- \$25,000,000	r	
		-			\$25,000,001 \$50,000,000	-	
					Over \$50,000,000	-	
					Over \$1,000,000* (Spouse/DC Liability)	*	

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 hald in any refinition excitations and institution of an honorary nature.

				Пe
		NONE	Position	and in any religious, social, fratemal, or political entities (such
			Name of Organization	heid in any religious, social, tratemat, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

SCHEDULE F - AGREEMENTS

Name: TITUS Page 1 of 15

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.

		1989 SINCE	1986 30015	Date	
		NV LEGISLATURE CARSON CITY, NY	NN ONNY SSADO AN 40 MININ	Parties to Agreement	
		PENSION: \$ 500 PER MONTH FOR 20 YEARS SERVICE	ROYALTIES FOR BOMBS IN THE BACKYARD; 1986; Rev ed 2001	Terms of Agreement	

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, Arlangton, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400
ZMON		
•		

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name: 177US	
Page 2 of 13	

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$375 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: 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? (YIN)	Food? (Y/N)	Family Member Included? (YRI)
E various de la constant de la const	Government of China (MECEA)	11-9 Emy	Dc-Bejiyg, China-DC	٧	*	N
1	Habilal for Humanity (cherity fundralses)	Mar. 3-4	DC-Bessor-DC	₹		· ·
NONE	NE					
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				1.11411111		
		A CONTRACTOR OF THE CONTRACTOR				

SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name: 1770S	
Page 13 of 13	

ist 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 paying an honorarium to you. A	sor of an event to a charitable organ	sizalion in lieu of paying an	honorarium to you. A
Source	Activity	Date	Amount
Association of American Associations, Washington, DC	Speech	Feb. 2, 2015	\$2,000
X1 = magaznic	Disco.	709. 10, 2010	\$000
Novice			
	10 10 10 10 10 10 10 10 10 10 10 10 10 1		