### PRELIMINARY INFORMATION - ANSWER EACH OF PO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS **EXEMPTION** – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics from this report details of such a trust that benefits you, your spouse, or dependent child? 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. C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the exceeding \$1,000 during the reporting period? exchange any securities or reportable real estate in a transaction B. Did you, your spouse, or your dependent child purchase, sell, or Name: 2017 FINANCIAL DISCLOSURE STATEMENT UNITED STATES HOUSE OF REPRESENTATIVES TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded reporting period? A. Did you, your spouse, or your dependent child: REPORT TYPE FILER STATUS a. Own any reportable asset that was worth more than \$1,000 at the Receive more than \$200 in unearned income from any reportable end of the reporting period? or asset during the reporting period DINA TITUS X X 2017 Annual (Due: May 15, 2018) House of Representatives Member of the U.S. District: State: THESE QUESTIONS Yes Yes Yes Ύes Yes 😾 No VV 0 × $\times$ Daytime Telephone: 202-225-5965 Amendment Š S Š 중 For Use by Members, Officers, and Employees $\times$ $\times$ 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? Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reportable travel or reimbursements for travel totaling more than \$390 in value from a single source during the reporting period? ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" H. Did you, your spouse, or your dependent child receive any source during the reporting period? G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single Form Employee Officer or Employing Office: Termination Date of Termination: A \$200 penalty shall be assessed against any individual who files more than 30 days late. DELIVERED L.S. (Kluddelsn938) 2.1 HAND Shared Staff Filer Type: (If Applicable) **8** Yes Yes Yes Yes Yes Yes Principal Assistant 몽 Ş Š 중 ĕ Ş 중 Page 1 of 12 $\times$ X × X X $\times$

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	44		Ø	TIAA. CREE	77		Examples:		For a detailed discussion of Schedule A requirements please refer to the instruction booklet.	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.	If you report a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.	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 income derived from, a federal retirement program, including the Thrift Savings Plan.	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.	For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state.	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.	the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	and (b) any other reportable asset or source of income that generated more than \$200 in 'unearned' income during the year.	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,	Ass	
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SCHEDULE B - TRANSACTIONS

						i	MASS. STATE	MT CARMEL PUB. UTIL.	TRAVELERS	VIACOM	DAIMLER AG	JT WELLS FARGO	SP Example Mega Corp. Stock	SP, DC, JT Asset	* Column K is for assets solely held by your spouse or dependent child.	Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless! it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A.	transaction.	Exclude transactions between you, your spouse, or dependent continuer, 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	dependent child for investment or the production of income, include transactions that 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, resulted in a capital loss.	Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the
							×								Pi	rchase				Ϋ́Γ
								×	ヾ	×	×	×			Sa	le				Type of Transaction
													×		Pa	rtial Sale				ansact
															Б	change				ion
													×		CI \$2	neck Box it	f Capita	al Gain I	Exceede	đ
						-	41/6/1	41/8/11	16/24/13	10/24/17	1/42/0	1/45/01	3/9/17			applicable	Quarterly, Monthly, or Bi-	(MO/DAYR)		Date
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																ver \$1,000 pouse/DC		1)	*	

## **SCHEDULE C - EARNED INCOME**

Page S of 12

		101			
List the source time and amount of council income from any source father than the filedy surrent and	Normant but the II		more during the re-	position posited For	
List the source, type, and amount or earned income from any source (other than the filet's current employment by the c.s. govern	ployment by the U.	Tient)	totaling \$200 or more during the reporting period. For a spouse, its	porting 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 be	ng\$1,000. Seeex	amples below.			

**EXCLUDE**: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

## SCHEDULE D - LIABILITIES

Name: Page\_ 앜

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. 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

				SP. DC, JT		
		/√⁄	Example			
		NONE	First Bank of Wilmington, DE	Creditor		
			5/15	Date Liability Incurred MO/YR		
			Mortgage on Rental Property, Dover, DE	Type of Liability		
				\$10,001- \$15,000	*	
				\$15,001- \$50,000	Φ.	
				\$50,001- \$100,000	c	
			×	\$100,001- \$250,000	0	
				\$250,001- \$500,000	m	moun
				\$500,001- \$1,000,000	71	t of Li
				\$1,000,001- \$5,000,000	ഗ	Amount of Liability
				\$5,000,001- \$25,000,000	I	
				\$25,000,001- \$50,000,000		
				Over \$50,000,000	<u>-</u>	
				Over \$1,000,000* (Spouse/DC Liability)	<b>~</b>	

### 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, fratemal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Position Name of Organization
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## SCHEDULE F - AGREEMENTS

Name: TTUS	Page 10 of 17
it that you have with respect to: future employment; a leave of absence during the period of government service;	of government service:

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 services 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
1986 21NCE	UNIV OF NV PRESS : RENO NV	ROYALTIES FOR BOYLBS IN THE BACKYLED. 1986 REVIED 2001
SINCE 1989	NV LEGISLATURE. CARSON CITY, NV	PENSION: 500 PER MO. FOR ZO YES, SERVICE
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### SCHEDULE G - GIFTS

some gifts require prior approval of the Committee on Ethics. Report the source (by name), a brief description, and the value of all gifts totaling more than \$390 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 \$156 or less need not be added towards the \$390 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and

Source	Description	Value
Example: Mr. Joseph Smith, Arlington, VA	Silver Platter (prior determination of personal friendship received from the Committee on Ethics)	\$400
NONE		

# **SCHEDULE H – TRAVEL PAYMENTS and REIMBURSEMENTS**

Name: 1/70/S	
Page // of ()	

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$390 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.

are mer.						
	Source	Date(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
	Government of China (MECEA)	Aug. 6-11	DC-Beijing, China-DC	Υ	*	Z
Examples:	Habitat for Humanity (chanty fundraiser)	Mar. 3-4	DC-Bestor-DC	*	*	Y
λſι	NONE					,
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SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA	Name: TTUS	Pa	Page 7 of 7
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 confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.	r of an event to a charitable organization	in lieu of paying an hon	charitable organization in lieu of paying an honorarium to you. A separate
Source	Activity	Date	Amount
Association of American Associations, Washington, DC  XYZ Magazine	Speech Article	Feb, 2, 2017 Aug. 13, 2017	\$2,000 \$500
NONE			