2010 JUL 19 PM 2: 22
Name: Diwa Titus Daytime Telephone: 702, 387, 4941 U.S. I.C. Line Use Only)
Diwa Titus Daytime Telephone: 702, 387, 4941 Member of the U.S. State: NV Officer or Employing Office:
Di Ma Titus Daytime Telephone: 702,387,4941 Member of the U.S. State: NU Officer or Employing Office: Employee Employee Termination Date:
Diwa Titus Daytime Telephone: 702, 387, 4941 Member of the U.S. State: NV Employee Member of Representatives District: Employee Annual (May 17, 2010) Daytime Telephone: 702, 387, 4941 Employee Termination Date:
Diwa Titus Daytime Telephone: 702, 387, 4941 Member of the U.S. State: NV Officer or House of Representatives District: Employee Annual (May 17, 2010) Member of the U.S. State: NV Employee Employee Termination Date: INARY INFORMATION — ANSWER EACH OF THESE QUESTIONS
State: NV
State: NV Clifficer or Employing Office: District: MV Employee Constitution Date: - ANSWER EACH OF THESE QUESTIONS The (e.g., salaries or reporting period? Yes No Constitution Date: - ANSWER EACH OF THESE QUESTIONS VI. Did you, your spouse, or a dependent child reportable gift in the reporting period (i.e., aggreating period to charity in the reportable travel or reimbursements for travel in period (worth more than \$335 from one source)? VII. Did you, your spouse, or a dependent child reportable travel or reimbursements for travel in period (worth more than \$335 from one source)?
State: NV Employee Employing Office: District: Complete and attach Schedule VII. Plant In the period? Yes No In a dependent child reportable travel or reimbursements for travel in propose "unearmed" Yes No In the period? Yes No In the period? Yes No In the current calendar year? If yes, complete and attach Schedule VII. Did you hold any reportable positions on or of filing in the current calendar year? Difficer or Employing Office: Termination Date: Termination Termination Termination Date: Termination D
State: NU Cofficer or Employing Office: District: Mu Employee District: Mu Employee District: Mu Employee District: Mu Employee Termination Date: Termination D
State: NV Employee Employing Office: District: NV Implication Date: Termination Date: Ter
State: NV Difficer or Employing Office: District: Immendment EACH OF THESE QUESTIONS Te (e.g., salaries or eporting period? Yes No Monation to charity in or article in the Period? Yes No Monation to charity in or article in the period? Yes No Monation to charity in or article in the period? Yes No Monation to charity in our spouse, or a dependent child reportation by the first complete and attach Schedule VII. VIII. Did you, your spouse, or a dependent child reportation to charity in period (worth more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VII. VIII. Did you your spouse, or a dependent child reportation travel in period (worth more than \$335 from one source) if yes, complete and attach Schedule VIII. VIII. Did you hold any reportable positions on or of filling in the current calendar year? If yes, complete and attach Schedule VIII. X. Did you have any reportable agreement or a with an outside entity? If yes, complete and attach Schedule IX. X. Did you have any reportable agreement or a period? Yes No Structure of the period? Yes No Structure or a dependent child reportable positions on or of filling in the current calendar year? If yes, complete and attach Schedule VIII. Yes, complete and attach Schedule VIII. School of the period? Yes No Structure of the period? Yes No Structure or a with an outside entity? If yes, complete and attach Schedule IX. Sach question in this part may appropriate schedule attached entity? Sach question in this part may appropriate schedule attached entity? Sach question in this part may appropriate schedule attached entity? Sach question in this part may appropriate schedule attached entity? Sach question in this part may appropriate schedule attached entity? Sach question in this part may appropriate schedule attached entity? Sach question in this part may appropriate schedule attached entity? Sach question in this part may appropriate schedule attached entity? Sach question in this part may appropriate schedule vIII. S
State:NV
State: NV Chicer or Employing Office: District: State EACH OF THESE QUESTIONS Le (e.g., salaries or eporting period? Yes No Did you, your spouse, or a dependent child reporting period? Yes No Did you, your spouse, or a dependent child reporting period? Yes No Did you, your spouse, or a dependent child reporting period? Yes No Did you, your spouse, or a dependent child reportation to charity in receive "mearmed" Yes No Did you, your spouse, or a dependent child reportation to charity in receive "mearmed" Yes No Did you, your spouse, or a dependent child reportable travel or reimbursements for travel in reportable travel or reimbursements for travel in receive "mearmed" Yes No Did you hold any reportable positions on or of filing in the current calendar year? If yes, complete and attach Schedule VIII. With Did you have any reportable agreement or at with an outside entity? With Did you have any reportable agreement or at with an outside entity? If yes, complete and attach Schedule VIII. With Did you have any reportable agreement or at with an outside entity? If yes, complete and attach Schedule IX. Each question in this part may period? PENDENT, OR TRUST INFORMATION — ANSWER EACH OI rusts" approved by the Committee on Standards of Official Conduct and certain other "excepted on details of such a trust benefiting you, your spouse, or dependent child? Pendent any other assets, "uneamed" income, transactions, or liabilities of a spouse or dependent conduct and answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct and certain other "excepted on details of such a trust benefiting you, your spouse, or a spouse or dependent conduct and shades of Official Conduct and shades of Official Conduct and Standards of Official Conduct and Stand

10
Ω.
Ω
I
Ш
Ē
7
m
,
ш
'
~
<u></u>
<u>~</u>
Ш
\Box
_
Z
\circ
Ö
\preceq
\simeq
m

Name > Page 2 of 9

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.

in a particular serior	STACE OFFICE FIRE COCKE CO.	outly not.
Source		Amount
Keene State	Approved Teaching Fee	\$6,000
Examples: State of Maryland	Legislative Pension	39,000
Civil War Roundlable (Oct. 2nd)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
UNIV. OF NEVADA-LAS VEGAS	SPOUSE SALARY	NA
	The state of the s	
	,	

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

IEARNED" INCOME
Name NMM TUTAL Pag
ge 3

CREF STOCKS	TIMA TRAD	SP TIAN CREF RETIREMENT:	CREF STOCKS	TIAN TRAD	TIMA CAEF RETIREMENT:	JT 1st Bank of Paducah, KY Accounts	DC, Examples: Simon & Schuster	SP, Mega Corp. Stock	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 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; and 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.	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 lang, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For all IFAs 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).	Asset and/or Income Source	BLOCK A
X	X						Indefinite		None	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."	Value of Asset	всоск в
NR	NA	NA	NA	MA	NA	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify For Example, Partnership Income or Parm 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 'RAs, 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.	Type of Income	BLOCK C
						×	X	×	None - \$1 - \$200 = \$201 - \$1,000 ≡ \$1,001 - \$2,500 ≥ \$2,501 - \$5,000 ≥ \$5,001 - \$15,000 ≤ \$15,001 - \$30,000 ≤ \$50,001 - \$1,000,000 ≤ \$100,001 - \$1,000,000 × Over \$5,000,000 ×	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 IRAs, inducate the category or accome by checking the appropriate was below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was earned or generated.	Amount of Income	BLOCK D
	DA SECUPELANA	MOCH APPRICATE	Table and the same					S (partial)	portion of an asset is sold, please indicate as follows: (S) (partial) See below for example	Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.	Transaction	BLOCK E

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Page Lot

	SP.	ĴŢ		50	92	95	25						2							27	H S	700
BLOCK A Asset and/or Income Source			AMER MEM LIFE INS	AMER MEN CIFE INS	MCPIT ENCRGY	JMX ENERGY	KAISER YRANCIS	SAITH BREJIEY IRA	Moxey FUND	BAKK DEP. PROG.	MPS LATERHED LACAL	FRANKLIN US GOVT SEC	SMITH BARKEY IRA	MONEY FUND	BANK DEP PROG	MKS INTERMED INCM	PRANKLIN US GOVT SEC	PRUDENTIAL	PRUDENTIAL	SMITH BARNEY RES. ACCT	BANK BEP. PROG.	CERT OF THE
	Α	None						<u> </u>														
		\$1 \$1,000	2						- 1		_		<u> </u>					317				_ 4. z
	<u> </u>	\$1,001 \$15,000			<u>×</u>	\times	$ \sim$	-	×	\succeq	ゝ		ļ.,	\succeq	~		<u> </u>	\leq	<u> </u>		\times	
BLOCK B Year-End Value of Asset		\$15,001 - \$50,000	\times		<u> </u>			-	<u> </u>	-		×	-				<u> </u>					
BLOCK B Year-End ue of As		\$50,001 - \$100,000 \$100,001 - \$250,000	77	×		-	┼	-	1. [.	 		-		-							-	
BLOCK B ear-En		\$250,001 - \$500,000					+	-	 		}	-	-	-	-		-			<u> </u>		
As:		\$500,001 - \$1,000,00				 	 -	-	 		0.			 	11.			1.			- (-)	\times
set		\$1,000,001 - \$5,000,0				-	 	-	-		-	 	<u> </u>	 	<u> </u>		ļ					
		\$5,000,001 - \$25,000	2.8	3	11	100		1					75.	<u> </u>	1.1			71.0			7, 7	
ĺ		\$25,000,001 - \$50,00				_	<u> </u>	1	 	-	 		 	 	ļ	-						
		Over \$50,000,000	45	11.3				A.			111	100			124	377		3.10	# X			1 3 1 1
	***************************************	NONE										-					-				_	
		DIVIDENDS	1211	19.37		1 15	1 3		1		2 15		-			25.7	1 1 1	3	10.2	37	72.7	1,31
	· · · · · · · · · · · · · · · · · · ·	RENT									<u> </u>											
0		INTEREST	×	\times		1.			\prec	*	><	*	1	×	X	~	~	~	×		×	×
- J E		CAPITAL GAINS										<u> </u>		ļ								
BLOCK C Type fincon	TRUST	EXCEPTED/BLIND TF																			_	7
BLOCK C Type of Income	ne	Other Type of Income (Specify)			BMR HUS	Robaltais	Royalties	C										147.00.00m				1
		None				<u></u>		<u> </u>											<u>-</u>			
A		\$1 - \$200					><		~<	\leq	\sim							~_	\times		\times	
BLOCK D Amount of Income	= = = = = = = = = = = = = = = = = = = =	\$201 - \$1,000	<u>~ </u>	\simeq	×	\times	<u> </u>															
Ĕ m		\$1,001 - \$2,500					*			<i>،</i> ،							\sim					
BLOCK D		\$2,501 - \$5,000													<u> </u>							<u></u>
→ ∺	····· <u>≤</u>	\$5,001 - \$15,000					<u> </u>					<u>-</u> -	!									
हुँ।	VIIV IIIV	315.001 - \$50,000		!	-	; 	ļ	/ 		!		[!		- }					! !
ğ	1	\$50,001 - \$100,000 \$100,001 - \$1,000,000	1										-				أ					
i i		\$1,000,001 - \$5,000,000							-													
ļ	-000 <u>∧</u>	Over \$5,000,000															ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ					
BLOCK E Transaction	πιουσ								;													

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)	ONERONED INCOME.	Name 📈	ha tities	Page 5 of
BLOCK A Asset and/or income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
SP,	C D E S S S S S S S S S S S S S S S S S S	ST .		7 <u>,</u> ro
· S	0 000 000 000 0,000 000,000 0,000,00	D TRUS	ეებ	m o
JŢ	\$15,000 \$50,00 \$100,0 - \$250, - \$500, - \$1,000 1 - \$5,0 1 - \$25	r GAINS D/BLIN	2,500 5,000 15,000 650,000 1100,000 51,000,0	group parameter and de la group parameter an
	None \$1 - \$1, \$1,001 - \$15,001 \$50,001 \$250,00 \$500,00 \$1,000,0 \$5,000,0 \$25,000,0 \$250,000	NONE DIVIDEN RENT INTERES CAPITAL EXCEPT Other Ty	None \$1 - \$200 \$201 - \$1 \$1,001 - 3 \$2,501 - 3 \$5,001 - 3 \$15,001 - 3 \$100,001 \$1,000,000 Over \$5,00	
FRANKLIN INCOME -A		二	X	
745 DAY	X S	×.		
ALPINE TOTAL DYNAMIC	X		000	
EATON VANCE TAX MIT GLOSAL	X	*		
INIT INST MUN INCM #31	1	X	X	
" " #35		X		
		*		
LOOZ ASBINDA NOMMOJNA "	*			
AMEREN CORP		*	× .	
AM. ELEC. POWER	X	×	~	
BP-PLC		*	X .	
DAIMLER AG	**X	X		
0				
MT. CARMEL PUB UTIL		X	X .	72
NATL GRID PLC			× .	
NV ENERGY		X	× (
PINNACLE WEST		X	X	
ځا			×	1
A.O. SMITH CORP	X 2	*		
SOUTHERN CO.		X	×	
TRAVELLERS CO.	XI Si	*	×	

SCHEDUI Continuation

ation Sheet (if needed)	"UNEARNED" INCOME	Name X	ne Tita	Page 6 of
BLOCK A	вгоск в	BLOCK C	3 20016	BLOCK E
set and/or Income Source	YearEnd	Time	Amount of Income	Transaction

As		SP,	DC,	С П				J. J.	5	Me	0	11/1	20	Z	PR		V	27 51				6 8	6 C	6. 51	200	0 0 0	6 8	17 ST
BLOCK A Asset and/or Income Source								WELLS FAPERO	COMCAST	MERRICL LYNCH	Þ	VIACOM INC	DOMINION RESOURCES	KRAFT FOODS	PROCTOR & GAMBUE	(CELEON	ILVER STATE CREDIT		igs.	K136	KING T. OF DO	KING T. OF DI ABLE	T. OF DO	PLINGS ECRING PLING OF DI TABLE OF NU. 1	ECRIMG ECRIMG ET. OF DI TABLE OF NV. 1	PLICARUE LIARUE OF NV. 1	ECRIMG ECRIMG TABLE OF NV. 1	ECRING ECRING DI. OF DI OF NV. 1
		Α			in agent o		No	30		33.5	13.	-	3, 4			7.75	2	S	- 5		2			2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
			y M			\$1,0		6, s		×	ϫ	_		~		; /	UNION	1	11/2	1	-	\sim						
	_	0	-,,, -			001 - :		_	×			×	~		$\widehat{}$	\times	•	12.7			1.19	1		3.77 2.9745		70.1	. 1 2.1	41.4
~	Value of Asset	. О. П),001 –),001 –		\dashv		-								<u> </u>	-	-		D				_		
ea ।	Je (्रे लेक				0,001		7		v. 23							N				1,300	77	1	1	Ī	1.3	4.0	300
BLOCK B Year-End	7 JC	ត				0,001	~	1														7						
nd B	SS	Œ				0,001											- :		, 1	1		2				_		- 1 - 1
	et		000	.000,	1 – \$5,	000,00	\$1,														 -	3			4			
		\ <u>.</u>	,000	5,000	- \$2	00,00	\$5,				3 1		;					$\Delta \tilde{\omega}$	1, 1,		. Y		9 13			_	-4	- 1 T T
						,000,0	1		_		_					10.50	547.51		2010.7	2,200.0	323.2	2300	3.7.74		i Jen			
		300		0 💥	00,00	r \$50,							1.	(34)	X				(5/4) (5/4)	3.5	-	85.0	4,2				33	연구 소설
		-35.50	- No. 14.00	ya ya	<u> </u>		NO			_	-		ا مر		ادر	_	-		<u>~</u>	11 1, 4	25.00	$\tilde{\sigma}$	127.1	3.3	.1	_	+	1 3 1
		1000			Sage	IDENE		\$			<u> </u>		\cong	<u> </u>		\leq			<u> </u>			0 0 0		\dashv	+	-	-	
	_	an Paria	. es 10 (A)	(. g	Reg 15	eres	RE	-	+	<u>ر</u> >		- 1	i.,	11.	-	111	110	><	: (, 1	ا برد	×	_ 1	1,55		+	, f	13. 3	77 KS 10
-1 8	¥=					PITAL (+	+	\dashv	_	\dashv		-						\rightarrow				-	+		_	11
вьоск с Туре	of Income		RUST			CEPTE		1	+	_		-		-	$\neg \uparrow$	7		-:	'-	14.7	2.12.1 V	9			-:			
C	me			ome	of Inc	er Type (Sp	Oth												-			ROYALTIES						
							Non			_ -		_			_			<u>ح</u>	\leq				_	Ĺ	_			— <u> — </u>
> (\$200		-		<u>.</u>	×.	× -	×	\leq	<u> </u>	<u> </u>	-17	\rightarrow			\sim	\leq	-		-+	<u>.</u> + -		
BLOCK D Amount of Income		=				- \$1,0		<u> </u>	<u> </u>		-						-				+				_	+		
E 22		\exists				01 – \$2 01 – \$5		+				<u> </u>	_											_				
BLOCA		<u>`</u>	·			01 - \$5 01 - \$1		+	_!_	+		+	 -	+														
<u>ች</u> 3 ፡		=======================================				001 - 8 	· · · · · · · · · · · · · · · · · · ·		- :		!						!-	!		>4		<u>-</u>	L		!	-		F
100		- - 		 !		001 – 8 001 – 3		+						!.	, ,			1		<u>4</u>		-	- !				. !	' . !
me		× ×				221777 2001 -			~ {		} -	-	. :	1	- 1	:		/	•	! 		<u> </u>	····i		+		! }	-: ;
		×				CO,CO1		1	l j	†-	 :	i.	i	 -		- i	- †		\		i			<u>;</u>	<u></u>	-	 	·
Parket Street	raniki in ina	×				\$5,000		_	1	- ; -	1-											_					:	'i
BLOCK E		ט	ı Ö ï	П									7	0	0	2							 					

This page may be copied if more space is required.

SCHEDULE IV- TRANSACTIONS

Name Page Tor C

											SP CHESAPEAKE OPERATING	VERIZON CON. STOCK	PROCTOR : GAMBLE COM. STOCK I	KRAFT FOODS CON. STOCK	JT DOMINION RESOURCES COM. STOCK	SP Example: Mega Coporation Common Stock (partial sale)	SP, DC, JT Asset	Capital Gains — If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.	dren, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate if A. "nartial sale". See example below	resulted in a capital loss. Provide a brief description of any exchange trans- action. Exclude transactions between you, your spouse or dependent chil-	Roport any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000, include transactions that
					1						1	7	7		7			PURCH	IASE		Type of Transaction
w 6.0	2.5%	7 7 2	1.477	100		Life times	1,457	100000					-	34. 1	1, 1, 1, 1, 2, 2	×		SALE	<u> </u>	- <u>- </u> -	Type ansact
					1 (A)							44 (V) 3 35 (L) 3						EXCHA	NGE	3, 1	ion
:													1				ļ	Check Bo Gain Exc	x if Ca	apital \$200	
											2-12-09	7-1-09	20-1-6	7-1-04	7-1-09	10-12-09		Monthly, or Bi-weekly, if applicable	or Quarterly,	(MO/DAY/YR)	Date
:											×	Ж,	><	×	X			\$1,001- \$15,000		D)	
																×		\$15,001- \$50,000		0	
						·												\$50,001- \$100,000		U	Amı
													 					\$100,001- \$250,000		m	Amount of
	!					,		 				, .:		{ 				\$250,001- \$500,000	~//···	ग 	
											,,	· -						\$500,001- \$1,000,000	<u> </u>	<u>.</u>	rans
				ļ					<u> </u>									\$1,000,001 \$5,000,000)	I .	Transaction
																	_	\$5,000,001 \$25,000,00	00		ĭ
		j)								·						\$25,000,00 \$50,000,00		<u>د</u>	
											,					 	-+	Over			

	·
Name	
MMA	\$
1 COM	
Page X_of_	<i>(</i>

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

a spouse or dependent child that is totally independent of his or her relationship to you. 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

This page may be copied if more space is required.

SCHED
F
Ш
\leq
ī
1
T
\circ
7
~
=
\mathbf{C}
Z
ī
· ·

	Name
7	
	1
,	Page for of

proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any non-profit organization, any labor organization, or any educational or other institution other than the United States. 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	

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

Terms of Agreement Two YEAR LEAVE OF ABSENCE WITHOUT PAY OR BENEFITS BEENWING, JAN 09