

HAND DELIVERED

July 17, 2013

Hon. Karen Lehman Haas
Clerk of the U.S. House of Representatives
U.S. Capitol
Room H154
Washington, D.C. 20515-6601

LEGISLATIVE RESOURCE CENTER

2013 JUL 17 PM 3:55

U.S. HOUSE OF REPRESENTATIVES

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MC

Dear Ms. Haas:

I am responding to a request for additional information relative to my 2012 Financial Disclosure Statement, which I filed on June 14, 2013. I am providing the additional information below, corresponding to the CY 2012 Form A checklist:

First/Signature Page: Alice Costandina "Dina" Titus

Schedule III. Assets and "Unearned" Income:

III-3a. Alpine Total Dynamic Dividend Fund.

Eaton Vance Tax Managed Dividend Diversified Equity Fund.

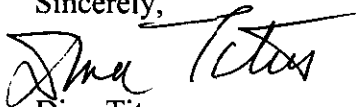
III-7. Assets held by the TIAA CREF qualified retirement plans covering myself and my husband are a matter of public record. TIAA CREF reports its assets and changes in those assets in semi-annual reports filed with the Securities and Exchange Commission: "Certified Shareholder Report of Management Investment Companies" reports. This is a managed portfolio and neither my husband nor I has any control over these investments.

I have a tax-deferred IRA with American Memorial Life Insurance Co., a division of publicly traded Assurant Solutions (ticker symbol AIZ), a large multi-line insurer in the U.S. American Memorial Life Insurance Co. which manages a portfolio of assets for its IRA clients, including stocks, bonds and commercial/residential mortgages. I make none of the investment decisions relating to this tax-deferred IRA. Assurant Solutions files required reports with the Securities and Exchange Commission on its assets and performance. In addition, American Memorial Life Insurance Co. files an annual statement with the Insurance Department of South Dakota reporting its holdings and changes in its investment portfolio, including sales and acquisitions of stock.

III-8. The insurance policy I have with Prudential Life Insurance and the policies held by my husband with Prudential Life Insurance and Equitable Life Insurance are whole life policies.

Please let me know if you have any further questions regarding the above.

Sincerely,



Dina Titus
Member of Congress

UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT

Form A
For use by Members, officers, and employees

HAND DELIVERED

Name: 117US

Daytime Telephone: 202-225-5965

2012 JUN 14 PM 3:23

J.S. HODGE (Office Use Only)

| | | | | | | | |
|--------------|---|------------------------------------|--------------------------------------|--|-------------------|-------------------|--|
| Filer Status | <input checked="" type="checkbox"/> Member of the U.S. House of Representatives | State: <u>NEVADA</u> | District: <u>61</u> | <input type="checkbox"/> Officer or Employee | Employing Office: | Termination Date: | |
| Report Type | <input checked="" type="checkbox"/> Annual (May 15, 2013) | <input type="checkbox"/> Amendment | <input type="checkbox"/> Termination | | | | |

A \$200 penalty shall be assessed against anyone who files more than 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 <input checked="" type="checkbox"/> No <input type="checkbox"/> | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)? If yes, complete and attach Schedule VI. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 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? If yes, complete and attach Schedule II. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$350 from one source)? If yes, complete and attach Schedule VII. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV. | Yes <input type="checkbox"/> No <input type="checkbox"/> | IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Each 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

| | |
|--|---|
| IPO—Did you purchase any shares that were allocated as a part of an Initial Public Offering? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| TRUSTS—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 benefiting you, your spouse, or dependent child? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| EXEMPTION—Have you excluded from this report any other assets, "unearned" 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 Ethics. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

Notes

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Source

Type

Amount

Keene State

State of Maryland

| | |
|-----------|---------------------------------|
| Examples: | State of Virginia |
| | Civil War Roundtable (Oct. 2nd) |

Ontario County Board of Education

UNIVERSITY OF NV-LAS VEGAS

SPOUSE SALARY

NA

AMERICAN MEMORIAL LIFE INSURANCE

ANNUITY ^{CASH}
DVT - SPOUSE

24

Page 3 of 8**Asset and/or Income Source**

Provide complete names of stocks and mutual funds (do not use ticker symbols.)

For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.

For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property," and a city and state.

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.

Exclude. Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving account; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.

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 with your spouse (JT), in the optional column on the far left.

For a detailed discussion of Schedule III requirements please refer to the instruction booklet.

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For additional assets and unearned income, use next page.

Continuation Sheet (if needed)

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SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Titus Page 5 of 8

| BLOCK A | | BLOCK B | | | | | | | | | | | | | BLOCK C | | | | | | | BLOCK D | | | | | | | | | | | | BLOCK E | | | |
|----------------------------|----|-------------------------|---------------|--------------------|---------------------|----------------------|-----------------------|-----------------------|-------------------------|---------------------------|----------------------------|-----------------------------|-------------------|-----------------------------------|----------------|-----------|------|----------|---------------|----------------------|--------------|---|---|----|-----|----|---|----|-----|------|----|---|----|-------------|---------|--|--|
| Asset and/or Income Source | | Year-End Value of Asset | | | | | | | | | | | | | Type of Income | | | | | | | Amount of Income | | | | | | | | | | | | Transaction | | | |
| SP | DC | 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, 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* | | | | | | | | | | | | | | | | | | | | | | | |
| JT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Continuation Sheet (if needed)

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SCHEDULE VIII—POSITIONS

Name

TTTS

Page

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Report all positions, compensated or uncompensated, held during the current 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, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions listed on Schedule I; 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 |
|----------|----------------------|
| NA | |
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SCHEDULE IX—AGREEMENTS

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 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 | Terms of Agreement |
|---------------------------------|--|---|
| VESTED 1999 SINCE 1986 | STATE OF NV PERS CARSON CITY, NV UNIV. OF NV PRESS RENO, NV | LEGISLATIVE PENSION THAT WILL PAY \$500 PER MONTH AT AGE 65 ROYALTIES FOR BOOK PUBLISHED IN 1986; REPRINTED REV. ED. IN 2001 |
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