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UNITED STATES HOUSE OF REPRESENTATIVES  
CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT

Form A  
For use by Members, officers, and employees

Name: Diwa Titus

Daytime Telephone: 702.387.4941

(Office Use Only)

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>NV</u>	District: <u>02</u>	<input type="checkbox"/> Officer or Employee	Employing Office:	Termination Date:
Report Type	<input type="checkbox"/> Annual (May 17, 2010)	<input checked="" type="checkbox"/> Amendment				

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 \$335 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 \$335 from one source)? If yes, complete and attach Schedule VII.	Yes <input checked="" type="checkbox"/> No <input 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 checked="" 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

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?	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 Standards of Official Conduct.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Name David T. T. T. Page 2 of 9

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

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**For additional assets and unearned income, use next page.**

Name Jana - Tena	Page 4 of 9
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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	DC	JT	A	B	C	D	E	F	G	H	I	J	K	L	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI			
															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																				
															NONE																				
															DIVIDENDS																				
															RENT																				
															INTEREST																				
															CAPITAL GAINS																				
															EXCEPTED/BLIND TRUST																				
															Other Type of Income (Specify)																				
															None																				
															\$1 - \$200																				
															\$201 - \$1,000																				
															\$1,001 - \$2,500																				
															\$2,501 - \$5,000																				
															\$5,001 - \$15,000																				
															\$15,001 - \$50,000																				
															\$50,001 - \$100,000																				
															\$100,001 - \$1,000,000																				
															\$1,000,001 - \$5,000,000																				
															Over \$5,000,000																				

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**  
Continuation Sheet (if needed)

Name John T. Jones Page 5 of 9

SP, DC, JT	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			
		A None	B \$1 - \$1,000	C \$1,001 - \$15,000	D \$15,001 - \$50,000	E \$50,001 - \$100,000	F \$100,001 - \$250,000	G \$250,001 - \$500,000	H \$500,001 - \$1,000,000	I \$1,000,001 - \$5,000,000	J \$5,000,001 - \$25,000,000	K \$25,000,001 - \$50,000,000	L Over \$50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	I None	II \$1 - \$200	III \$201 - \$1,000	IV \$1,001 - \$2,500	V \$2,501 - \$5,000	VI \$5,001 - \$15,000	VII \$15,001 - \$50,000	VIII \$50,001 - \$100,000	IX \$100,001 - \$1,000,000		X \$1,000,001 - \$5,000,000	XI Over \$5,000,000	
	FRANKLIN INCOME -A																																
	FRANKLIN FED TAX FREE																																
	ALPINE TOTAL DYNAMIC																																
	ENTON WASTE TREATMENT FUND																																
	UNIT INSURANCE TRUST # 31																																
	" " " " # 37																																
	" " " " # 142																																
	" " " " # 2007																																
	AMERICAN CORP																																
	AM. ELECT. POWER																																
	BP-PLC																																
	PRIMORSE AG																																
	LIBERTECORA																																
	AT. CARNEL PUB UTIL																																
	ATL. GRID PLC																																
	AV ENERGY																																
	PLANNED WEST																																
	SEMPRA ENERGY																																
	A.O. SMITH CORP																																
	SOUTHERN CO.																																
	TRAVELERS CO.																																

**SCHEDULE III — ASSETS AND "UNEARNED" INCOME**  
Continuation Sheet (if needed)

Name Shay T. [Signature] Page 6 of 9

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, JT		A	B	C	D	E	F	G	H	I	J	K	L	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	P, S, E	
	WELLS FARGO		None																														
	CONCAST		\$1 - \$1,000																														
	METRIC LUNCH		\$1,001 - \$15,000	X																													
	CBS CORP		\$15,001 - \$50,000																														
	VIACOM INC		\$50,001 - \$100,000	X																													
	DOMINION RESOURCES		\$100,001 - \$250,000																														
	KRAFT FOODS		\$250,001 - \$500,000																														
	PROCTOR & KEMBLE		\$500,001 - \$1,000,000	X																													
	VERIZON		\$1,000,001 - \$5,000,000	X																													
	SILVER STATE CREDIT UNION		\$5,000,001 - \$25,000,000																														
	SAVINGS		\$25,000,001 - \$50,000,000																														
	CHECKING		Over \$50,000,000																														
	CERT. OF DEP.																																
	EQUITABLE			X																													
	UNIV. OF W. PRES																																
	SP CHESAPEAKE OPER.																																

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**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.

**This page may be copied if more space is required.**

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# **SCHEDULE VIII -- POSITIONS**

Name

DINA TITUS

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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 non profit 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

# **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; continuing participation in an employee welfare or benefit plan maintained by a former employer; or publication of a book.

Date	Parties To	Terms of Agreement
12-18-08	UNIV OF NV - LAS VEGAS	TWO YEAR LEAVE OF ABSENCE WITHOUT PAY
		OF BENEFITS BEGINNING JAN 09
10-08-05	UNIV OF NV PRESS	Publishing Agreement