

HAND
DELIVERED

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UNITED STATES HOUSE OF REPRESENTATIVES
2017 FINANCIAL DISCLOSURE STATEMENT

Form A
For Use by Members, Officers, and Employees

Name: DINA TITUS Daytime Telephone: 202-225-5965

LEGISLATIVE RESOURCE CENTER
SEP 13 PM 12:44
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
A \$200 penalty shall be assessed against any individual who files more than 30 days late.

FILER STATUS	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>NV</u> District: <u>01</u>	<input type="checkbox"/> Officer or Employee	Employing Office: _____	Staff Filer Type: (If Applicable) <input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant
REPORT TYPE	<input type="checkbox"/> 2017 Annual (Due: May 15, 2018)	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Date of Termination: _____	

PRELIMINARY INFORMATION - ANSWER EACH OF THESE 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?	Yes <input type="checkbox"/> No <input type="checkbox"/>	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?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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?	Yes <input type="checkbox"/> No <input type="checkbox"/>	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single source during the reporting period?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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?	Yes <input type="checkbox"/> No <input type="checkbox"/>	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$390 in value from a single source during the reporting period?	Yes <input type="checkbox"/> No <input type="checkbox"/>
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes <input type="checkbox"/> No <input type="checkbox"/>	I. 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?	Yes <input type="checkbox"/> No <input type="checkbox"/>
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes <input type="checkbox"/> No <input type="checkbox"/>	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	

IPO AND 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 during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.	Yes <input type="checkbox"/> No <input 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 that benefits you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 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 type="checkbox"/>

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: _____

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BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset													BLOCK C Type of Income							BLOCK D Amount of Income												BLOCK E Transaction		
SP, DC, JT	ASSET NAME	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, S(part), or 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*																																			
	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																																			
	Spouse/DC Asset with income over \$1,000,000*																																			
01	CHASED EMP FUNDS																																			
	WISDOM TREE																																			
	SHARES 6796																																			
	CERT OF DEP																																			
	COMMON BANK-ACA																																			
	MONEY MARKET UTAN																																			
	ETRADE FIN CORP																																			
	BBIT CORP																																			
	NATIONWIDE REALTY																																			

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

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SP, DC, JT	ASSET NAME	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, S(part), or 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*									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	Spouse/DC Asset with Income over \$1,000,000*		
	MORGAN STAN IEA																																			
	MONEY FUND																																			
	MFS INTERMED MKT																																			
	BANK DEP																																			
	SP MORGAN STAN IEA																																			
	MONEY FUNDS																																			
	BANK DEP																																			
	MFS INTERMED MKT																																			
	FRANKLIN US GOVT																																			
	ST MORGAN STANLEY IEA																																			
	BANK DEP																																			
	FRANKLIN INC FUND																																			
	FRANKLIN WB MUT FUND																																			
	MARSTAN ERP MUT FUND																																			