

UNITED STATES HOUSE OF REPRESENTATIVES

2022 FINANCIAL DISCLOSURE STATEMENT

Form A

For Use by Members, Officers, and Employees

HAND DELIVERED
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LEGISLATIVE RESOURCE CENTER

2022 AUG 31 Office [Uspp Only]

Name: DINA TITUS

Daytime Telephone: 202-225-5965

FILER STATUS	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>VA</u>	Office or Employee	Staff Filer Type: (if Applicable)
REPORT TYPE	<input type="checkbox"/> 2022 Annual (Due: May 15, 2023)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Shared	<input type="checkbox"/> Principal Assistant
			<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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/RRA distributions) of \$200 or more during the reporting period? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$415 in value from a single source during the reporting period? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$415 in value from a single source during the reporting period? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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.

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?

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.

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: *TITUS*

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SCHEDULE A – ASSETS & “UNEARNED INCOME”

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
P. S. (Spouse), or E

Name: *T. T. T. T. T.*

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ASSET NAME EP. IT.	EP		BLOCK B Value of Asset												
			A	B	C	D	E	F	G	H	I	J	K	L	M
MAPLE STAR IRA MONEY FUND	X														None
MFS INTERESTED BANK DEP	X	X													\$1-\$1,000
EP MORE STAR IRA MONEY FUND	X	X													\$1,001-\$15,000
BANK DEP															\$15,001-\$50,000
MFS INTERESTED FRANKLIN FUND	X	X													\$50,001-\$100,000
EP MORE STAR IRA MONEY FUND	X	X													\$100,001-\$250,000
BANK DEP															\$250,001-\$500,000
MFS INTERESTED FRANKLIN FUND	X	X													\$500,001-\$1,000,000
EP MORE STAR IRA MONEY FUND	X	X													\$1,000,001-\$5,000,000
BANK DEP															\$5,000,001-\$25,000,000
MFS INTERESTED FRANKLIN FUND	X	X													\$25,000,001-\$50,000,000
EP MORE STAR IRA MONEY FUND	X	X													Over \$50,000,000
BANK DEP															Spouse/DC Asset over \$1,000,000*
MFS INTERESTED FRANKLIN FUND	X	X													NONE
EP MORE STAR IRA MONEY FUND	X	X													DIVIDENDS
BANK DEP															RENT
MFS INTERESTED FRANKLIN FUND	X	X													INTEREST
EP MORE STAR IRA MONEY FUND	X	X													CAPITAL GAINS
BANK DEP															EXCEPTED/BLIND TRUST
MFS INTERESTED FRANKLIN FUND	X	X													TAX-DEFERRED
EP MORE STAR IRA MONEY FUND	X	X													Other Type of Income (Specify: e.g., Partnership Income or Farm Income)
BANK DEP															None
MFS INTERESTED FRANKLIN FUND	X	X													\$1-\$200
EP MORE STAR IRA MONEY FUND	X	X													\$201-\$1,000
BANK DEP															\$1,001-\$2,500
MFS INTERESTED FRANKLIN FUND	X	X													\$2,501-\$5,000
EP MORE STAR IRA MONEY FUND	X	X													\$5,001-\$15,000
BANK DEP															\$15,001-\$50,000
MFS INTERESTED FRANKLIN FUND	X	X													\$50,001-\$100,000
EP MORE STAR IRA MONEY FUND	X	X													\$100,001-\$1,000,000
BANK DEP															\$1,000,001-\$5,000,000
MFS INTERESTED FRANKLIN FUND	X	X													Over \$5,000,000
EP MORE STAR IRA MONEY FUND	X	X													Spouse/DC Asset with Income over \$1,000,000*
BANK DEP															P. S. (Spouse), or E

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name _____

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SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: TITUS

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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SCHEDULE B – TRANSACTIONS

Report any purchase, sale, or exchange transactions that exceeded \$1 000 in the reporting period of any security or real property held by you, your spouse, or your 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. Exclude transactions between you, your spouse, or dependent children, 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 transaction.

Capital gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "captured gains" box, unless it was an asset in a tax-deferred account, and discuss the capital gain income on Schedule A.

THE JOURNAL OF CLIMATE

Evaluations

SP, DC, JT	Asset	Type of Transaction										Date	Amount of Transaction
		Purchase	Sale	Partial Sale	Exchange								
	Example Hepi Corp Stock	X	X	X	X								Check Box if Capital Gain Exceeded \$200
													(MONTH/YR) or Quantity Monthly or Bi-monthly if applicable
													A
													B
													C
													D
													E
													F
													G
													H
													I
													J
													K
													Over \$50,000,000
													Over \$1,000,000* (Spouse/DC Asset)

Name _____

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Use additional sheets if more space is required.

SCHEDULE C – EARNED INCOME

Name: Tyler
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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting 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 below.

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

INCOME LIMITS and PROHIBITED INCOME: The 2022 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$29,895. The 2023 limit is \$31,815. In addition, certain types of income (notably honoraria, director's fees, and payments for nonprofessional services involving a fiduciary relationship) are totally prohibited.

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

In general, there is a clear positive linear relationship between the number of hours worked per week and weekly income. The slope of the regression line is approximately 1.00, indicating that each additional hour worked is associated with an increase of about \$1.00 in weekly income. The intercept of the regression line is approximately \$10.00, suggesting that even if no one worked at all, there would still be an average weekly income of about \$10.00.

SCHOLARSHIP IN THE CLASSICAL WORLD

Kearns State

Examples:

Source (include date of receipt for honoraria)	Type	Amount
Kenne State	Approved Teaching Fee	\$8,000
State of Maryland	Legislative Pension	\$18,000
Civil War Roundtable (Oct. 2)	Spouse Speech	\$1,000
Otterbein County Board of Education	Spouse Safety	N/A
NEVADA LEGISLATURE	PENSION	\$510 per mo.

SCHEDULE D – LIABILITIES

Name: _____

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Report liabilities of over \$10,000 owed to any one creditor at any time 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 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.

Creditor <i>Sp. DC, Jr</i>	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability									
			A	B	C	D	E	F	G	H	I	K
None	First Bank of Wilmington, DE	5/20	Mortgage on Rental Property, Dover, DE		\$10,001- \$15,000							
					\$15,001- \$50,000							
					\$50,001- \$100,000							
				x	\$100,001- \$250,000							
					\$250,001- \$600,000							
					\$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							
					Over \$1,000,000* (Spouse/DC Liability)							

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

Use additional sheets if more space is required

SCHEDULE F – AGREEMENTS

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 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.

SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$415 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 (which may not include a registered lobbyist or foreign agent), local meets, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$165 or less need not be added towards the \$415 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.

Example:	Source	Description	Value
Mr. Joseph Smith, Arlington, VA	Silver Platter (prior determination of personal friendship received from the Committee on Ethics)		\$500

SCHEDULE H – TRAVEL PAYMENTS and REIMBURSEMENTS

Name: Titus

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$415 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.

Source	Date(s)	City of Departure-Destination-City of Return	Lodging?	Food?	Flight?	Family Member Included? (Y/N)
Government of China (MECEN)	Aug. 6-11	DC-Beijing, China-DC	Y	Y	N	
Habitat for Humanity (Charity Function)	Mar. 3-4	DC-Boston-DC	Y	Y	Y	
ASPIRE INSTITUTE	MAY 30-JUNE 6		Y	Y	Y	
VISITING TO GENEVA						
GENEVA TO ASPIRE						

Use additional sheets if more space is required.

SCHEDULE I - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

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 charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.

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Use additional sheets if more space is required.