

**UNITED STATES HOUSE OF REPRESENTATIVES**

**2020 FINANCIAL DISCLOSURE STATEMENT**

Form A  
For Use by Members, Officers, and Employees

LITIGATIVE RESOURCE CENTER MC  
2021 AUG 10 (Revised 2020 Q3)

Name: DINA TITUS Daytime Telephone: 262-225-5965

FILER STATUS	Member of the U.S. House of Representatives		State: <u>NJ</u>	Officer or Employee	Staff Filer Type: (if Applicable) Shared <input type="checkbox"/> Principal Assistant <input type="checkbox"/>
REPORT TYPE	2020 Annual (Due: May 17, 2021)		<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Date of Termination:

A \$500 penalty shall be imposed against any individual who files more than 30 days late.

**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?
- b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?

Yes  No

- c. 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  No

- d. 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  No

- e. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?

Yes  No

- 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  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?

Yes  No

- h. Did you, your spouse, or your dependent child receive any reportable travel or reimbursement for travel totaling more than \$415 in value from a single source during the reporting period?

Yes  No

- 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  No

- j. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?

Yes  No

- k. Did you file a tax return during the reporting period?

Yes  No

**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.

Yes  No

Yes  No

Yes  No

## **SCHEDULE A – ASSETS & “UNEARNED INCOME”**

Name \_\_\_\_\_

908

**SCHEDULE A - ASSETS & "UNEARNED"**

Name:

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**SCHEDULE A – ASSETS & “UNEARNED”**

Name: *Titus*

Page *4* of *12*

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															
				A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
ST CLOSER AND FUND	None																		
WISDOM TREE	\$1-\$1,000																		
SHARES PTSE	\$1,001-\$15,000																		
CERT OF DEPOSIT	\$15,001-\$50,000																		
CORNER BANK-NY	\$50,001-\$100,000																		
MONKEY BANK-UTAH	\$100,001-\$250,000																		
CORNER STOCK	\$250,001-\$500,000																		
AMERICAN	\$500,001-\$1,000,000																		
AMER ELECT	\$1,000,001-\$5,000,000																		
WHITE GRID PLC	\$5,000,001-\$25,000,000																		
PWNUANCE WEST	\$25,000,001-\$50,000,000																		
SEPARATE ENERGY	Over \$50,000,000																		
AD SMITH	Spouse/DC Asset over \$1,000,000*																		
SO U T H E R N	NONE																		
DRIVING RESOURCES	DIVIDENDS																		
KRAFT	RENT																		
	INTEREST																		
	CAPITAL GAINS																		
	EXCEPTED/BLIND TRUST																		
	TAX-DEFERRED																		
	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)																		
	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*																		
	P.B., S.M.C., or E																		

Use additional sheets if more space is required.

**SCHEDULE A - ASSETS & "UNEARNED"**

Name:

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Use additional sheets if more space is required.

**SCHEDULE A - ASSETS & "UNEARNED"**

Name:

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## SCHEDULE B – TRANSACTIONS

Name: TITUS

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

\* Column K is for assets solely held by your spouse or dependent child.

SP, DC, J

SP	Example	Asset	Type of Transaction		(Indicate) Quantity or Value, if applicable	Date	Amount of Transaction										Check Box If Capital Gain Exceeded (\$200)	
			Purchase	Sale			A	B	C	D	E	F	G	H	I	J	K	
			X	X	X	X	\$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	Over \$1,000,000* (Spouse/DC Asset)	
JT	Mega Corp. Stock	REDEMPTION																
		CHIE STATE BOND																
		NY CITY TRANS. FUND AUTH																

Use additional sheets if more space is required.

**SCHEDULE C – EARNED INCOME**

Name: TITUS  
Page 8 of 12

**Let 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 2020 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,845. The 2021 limit is \$29,555. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.

List the source, type, and amount of earned income from any source (other than the filer's current employment) 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 2020 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,845. The 2021 limit is \$29,595. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.

Source (include date of receipt for honoraria)	Type	Amount
Kent State State of Mandated	Advanced Teaching Fee	\$8,000
Civil War Roundtable (Oct. 21)	Administrative Payment	\$1,000
Ontario County Board of Education	Scholarships	N/A
<b>NEVADA LEGISLATURE</b>	<b>PENSION</b>	<b>\$510 PER MO.</b>

**Use additional sheets if more space is required.**

**SCHEDULE D - LIABILITIES**

Katharina

Page 9 of 12

**Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period.** **Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Excluded:** Any mortgage on your personal residence (unless you own it 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.**

## 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

Name: Titus | Page 10 of 12

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.

Date	Parties to Agreement	Terms of Agreement
1986 -	UNIV OF NV PRESS, Reno, NV	BEST QUALITIES
1989 -	NV LEG., CARSON CITY, NV	PENSION: \$510 PER MONTH FOR 20 YEARS OF SERVICE IN NV. STATE SENATE

## 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 meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$166 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.

Source	Description	Value
Example: Mr. Joseph Smith, Arlington, VA	Silver Plate (prior determination of personal friendship received from the Committee on Ethics)	\$500
<b>NONE</b>		

Use additional sheets if more space is required.

## **SCHEDULE H – TRAVEL PAYMENTS and REIMBURSEMENTS**

Name: TITUS  
Page 11 of 12

**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? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
Government of China (MECEA)	AUG 6-11	DC-BEIJING, CHINA-DC	Y	Y	N
Elanplus: Habitat for Humanity (Charity Foundation)	MAR 3-4	DC-Bethesda-DC	Y	Y	Y
<b>NONE</b>					

**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.**

Name: TiTiS Page 12 of 12

**Use additional sheets if more space is required.**



FRESNO CA 93888-0034

OMB Clearance No.: 1545-0074

In reply refer to: 1025671273  
Mar. 23, 2021 LTR 12C O R  
680-68-7672 202012 30

00006118  
BODC: SB

DIANELLA APOLAYA & JAIME ROSENFELD  
2201 FRONTIER AVE  
LAS VEGAS NV 89106

052198

Social Security number: 680-68-7672  
\_\_\_\_\_  
BATCH00000000 90221-448-41936-1

Dear Taxpayer:

We received your Dec. 31, 2020, Form 1040 federal individual income tax return, but we need more information to process the return accurately. Unless required otherwise, send us your reply within 20 days from the date of this letter.

Enclose only the information we requested and any forms, schedules or other information required to support your entries and a copy of this letter. Don't send a copy of your return unless we ask you to do so. Don't respond with a Form 1040X, Amended U.S. Individual Income Tax Return. We'll issue any refund due to you in 6 to 8 weeks from the time we receive your response. If we don't receive a response from you, we may have to increase the tax you owe or reduce your refund.

Find tax forms or publications by visiting [www.irs.gov/forms](http://www.irs.gov/forms) or calling 800-TAX-FORM (800-829-3676).

According to our records, advance payments of the premium tax credit were made for health care coverage from the Health Insurance Marketplace for you or someone listed on your return. If this is the case, you must use Form 8962, Premium Tax Credit (PTC), to reconcile the advance credit payments with the amount of the premium tax credit you are allowed for the year.

You should have received a Form 1095-A, Health Insurance Marketplace Statement, from the Health Insurance Marketplace. Refer to the Form 1095-A and Form 8962 instructions to help you complete Form 8962. If you didn't receive a Form 1095-A, visit [www.healthcare.gov](http://www.healthcare.gov) or your state Marketplace website.

Send us the following documents:

- a completed Form 8962
- a copy of your Form 1095-A

If you don't reconcile, you won't be eligible for advance payments of the premium tax credit or cost-sharing reductions to help pay for your Marketplace health insurance coverage and other medical expenses in future years. You may also be required to pay back all or part of the

1025671273  
Mar. 23, 2021 LTR 12C O R  
680-68-7672 202012 30  
00006119

DIANELLA APOLAYA & JAIME ROSENFELD  
2201 FRONTIER AVE  
LAS VEGAS NV 89106

advance payments, which could result in an additional tax due or a reduction of your refund.

If you have questions, visit [www.irs.gov/ltr0012C](http://www.irs.gov/ltr0012C) or call 866-682-7451, extension 568.

If you have questions about this letter, call the appropriate telephone number listed below:

- 800-829-0922 (Individual-Wage Earners)
- 800-829-8374 (Individual-Self Employed/Business Owners)
- 800-829-4059 (Telecommunication Device for the Deaf, TDD)
- +1-267-941-1000 (Outside of the United States), not toll-free

If you prefer, you can write to us at the address at the top of the first page of this letter.

If you want to send the information by fax, our fax number is 844-254-2833. Due to the high volume, we can't acknowledge receipt of your fax. Your faxed signatures will become a permanent part of your filing. Don't send another copy by mail. Doing so could delay the processing of your return. Be sure to put your taxpayer identification number on each page faxed. Include a cover sheet with the following information:

Date: 03/26/2021

Attention: Malissa Ordoñez

Name: ERS REJECTS

Control number: 90221-448-41936-1

Phone Number: 800-829-1040

Your name: Diane Apolaya

Your taxpayer ID: 680-68-7672

(Social Security or individual taxpayer identification number)

Tax period: 2020

Number of faxed pages: 4

If you didn't file your tax return electronically and your filing requirements allow you this option, please consider this in the future. The e-file program will guide you through the steps of completing your tax return, so that you can help to avoid correspondence delays. For more information about electronic filing, ask your tax preparer or visit [www.irs.gov](http://www.irs.gov).

When you write, include a copy of this letter, and write your telephone number and the hours we can reach you.

1025671273  
Mar. 23, 2021 LTR 12C O R  
680-68-7672 202012 30  
00006120

DIANELLA APOLAYA & JAIME ROSENFELD  
2201 FRONTIER AVE  
LAS VEGAS NV 89106

Keep a copy of this letter and any documents you send us with this  
response for your records.

052198  
Thank you for your cooperation.

Sincerely yours,

*Melissa Avila*

MELISSA AVILA  
OPERATIONS MANAGER INPUT CORRECTION

BATCH 0000000  
90221-448-41936-1

Enclosures:  
Copy of this letter  
Envelope

Form 1095-A

## Health Insurance Marketplace Statement

 VOID

OMB No. 1325-0222

Department of the Treasury  
Internal Revenue Service

> Do not attach to your tax return. Keep for your records.  
 > Go to [www.irs.gov/Form1095A](http://www.irs.gov/Form1095A) for instructions and the latest information.

 CORRECTED

2020

**Panel I Recipient Information**

1 Marketplace identifier <b>Nevada</b>	2 Marketplace-assigned policy number <b>032622</b>	3 Policy issuer's name <b>Health Plan of Nevada, Inc.</b>
4 Recipient's name <b>Jalma Rosenfeld</b>	5 Recipient's SSN <b>***-**-0428</b>	6 Recipient's date of birth
7 Recipient's spouse's name	8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth
10 Policy start date <b>01/01/2020</b>	11 Policy termination date <b>01/31/2020</b>	12 Street address (including apartment no.) <b>2201 Frontier Ave</b>
13 City or town <b>Las Vegas</b>	14 State or province <b>NV</b>	15 County and ZIP or foreign postal code <b>89106</b>

**Panel II Covered Individuals**

A. Covered individual status	B. Covered individual SSN	C. Covered individual date of birth	D. Coverage start date	E. Coverage termination date
10 Jalma Rosenfeld	***-**-0428		01/01/2020	01/31/2020
11				
12				
13				
14				
15				

**Panel III Coverage Information**

Month	A. Monthly premium payments	B. Monthly second lowest cost silver plan (SLCSP) premium	C. Monthly advance payment of premium tax credit
20 January	0.00	0.00	382.00
21 February			
22 March			
23 April			
24 May			
25 June			
26 July			
27 August			
28 September			
29 October			
30 November			
31 December			
32 Annual Totals	0.00	0.00	382.00

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

OMB No. 1370-0202

Form 1095-A 2020

2201 T2

## Premium Tax Credit (PTC)

OMB No. 1545-0074

2020

Attachment  
Sequence No. 73Department of the Treasury  
Internal Revenue Service

Name shown on your return

DIANELIA AROLAYA

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to [www.irs.gov/Form8962](http://www.irs.gov/Form8962) for instructions and the latest information.Your social security number  
680-68-7672You cannot take the PTC if your filing status is married filing separately unless you qualify for an exception. See instructions. If you qualify, check the box **Annual and Monthly Contribution Amount**

1 Tax family size. Enter your tax family size. See instructions	1	4
2a Modified AGI. Enter your modified AGI. See instructions	2a	22,992
b Enter the total of your dependents' modified AGI. See instructions	2b	
3 Household income. Add the amounts on lines 2a and 2b. See instructions	3	22,992
4 Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3. See instructions. Check the appropriate box for the federal poverty table used. a <input type="checkbox"/> Alaska b <input type="checkbox"/> Hawaii c <input checked="" type="checkbox"/> Other 48 states and DC	4	25,750
5 Household income as a percentage of federal poverty line (see instructions)	5	89%
6 Did you enter 401% on line 5? (See instructions if you entered less than 100%)		
<input checked="" type="checkbox"/> No. Continue to line 7.		
<input type="checkbox"/> Yes. You are not eligible to take the PTC. If advance payment of the PTC was made, see the instructions for how to report your excess advance PTC repayment amount.		
7 Applicable Figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions	7	0.0206
8a Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount	8a	474
b Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount	8b	40

**Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit**

9 Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage? See instructions.	
<input type="checkbox"/> Yes. Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage.	<input type="checkbox"/> No. Continue to line 10.
10 See the instructions to determine if you can use line 11 or must complete lines 12 through 23.	
<input type="checkbox"/> Yes. Continue to line 11. Compute your annual PTC. Then skip lines 12-23 and continue to line 24.	<input checked="" type="checkbox"/> No. Continue to lines 12-23. Compute your monthly PTC and continue to line 24.

Annual Calculation							
11 Annual Total							
Monthly Calculation							
12 January	0	0	40	0	0	0	382
13 February							
14 March							
15 April							
16 May							
17 June							
18 July							
19 August							
20 September							
21 October							
22 November							
23 December							

24 Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here	24	
25 Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here	25	382
26 Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Schedule 3 (Form 1040), line 5. If line 24 equals line 25, enter -0-. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27	26	

Repayment of Excess Advance Payment of the Premium Tax Credit				
27 Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here	27	382		
28 Repayment limitation (see instructions)	28	650		
29 Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2 (Form 1040), line 2	29	382		

For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8962 (2020)