#### HAND DELIVER Form A UNITED STATES HOUSE OF REPRESENTATIVES EGISTATINE BECOMECE CENTER For Use by Members, Officers, and Employees 2023 FINANCIAL DISCLOSURE REPORT | 2024 HAY | 6(Office Aise Buly) Daytime Telephone: 202-225-5965 2 OF THE CHECK Name: DWA TITUS ar 1990 ponalticatial by spaced against any individual who files more than 30 days late. Staff Filer Type: (if Applicable) Officer or Employing Office: Member of the U.S. State: FILER **Employee** Shared Principal Assistant House of Representatives District: **STATUS** REPORT 2023 Annual (Due: May 15, 2024) Amendment Termination TYPE Date of Termination: PRELIMINARY INFORMATION - ANSWER <u>EACH</u>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 F. Did you have any reportable agreement or arrangement with an end of the reporting period? or outside entity during the reporting period or in the current calendar b. Receive more than \$200 in unearned income from any reportable year up through the date of filing? asset during the reporting period? B. Did you, your spouse, or your dependent child purchase, sell, or G. Did you, your spouse, or your dependent child receive any exchange any securities or reportable real estate in a transaction reportable gift(s) totaling more than \$480 in value from a single exceeding \$1,000 during the reporting period? source during the reporting period? C. Did you or your spouse have "earned" income (e.g., salaries, H. Did you, your spouse, or your dependent child receive any honoraria, or pension/IRA distributions) of \$200 or more during the reportable travel or reimbursements for travel totaling more than reporting period? \$480 in value from a single source during the reporting period? I. Did any Individual or organization make a donation to charity in D. Did you, your spouse, or your dependent child have any reportable lieu of paying you for a speech, appearance, or article during the liability (more than \$10,000) at any point during the reporting period? reporting period? E. Did you hold any reportable positions during the reporting period or Yes ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" in the current calendar year up through the date of filling? 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.

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	:	Kone	\$1-61,000	\$1,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	. 000 000 11-100 0051	\$1,000,001-45,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,000,000*	NONE	DIVIDENDS	RENT	MTEREST	CAPITAL GAINS	ехсечтерецко твият	TAXOETERRED	Obedy: a.g., Partnership income of Farm income)	Kora	\$1-5200	\$201-\$1,000	\$1,001-\$2,500	Z,501-55,000	5,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$190,001-\$1,000,000	* 000,001-\$5,000,000	Over \$5,000,000	Spotts eDC Asset with thomas over \$1,000,000		
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#### **SCHEDULE B - TRANSACTIONS**

Name: 1715 Page 7 of 12

Report any	purchase, sal	e, or exchange transactions that exceeded \$1,000 in the scurity or real property held by you, your spouse, or your	Ту	pe of Ti	ansacti	on	_	Date				An	nount	of Tra	nsacti	on			
dependent resulted in Exclude tra purchase of only a por transaction	child for investi a capital loss. ansactions bet ir sale of your tion of an ass	ment or the production of income. Include transactions that Provide a brief description of an exchange transaction, ween you, your spouse, or dependent children, or the personal residence, unless it generated rental income. If set is sold, please choose "partial sale" as the type of transaction resulted in a capital gain in excess of \$200, box, unless it was an asset in a tax-deferred account, and					Check Box If Capital Gain Exceeded \$300	(MODAYR) or Quarterly Monthly, or Si-	۸	В	c	D	£	F	G	н	l ÷e.	2000'00	0,000°
disclose in	e capital gain ir	ncome on Schedule:A.	Purchess	3	Parta Sale	Exchange	Charat Bos \$200	weekly, if applicable	\$1,00+ \$15,000	\$15,001	\$100,001	\$100,001- \$250,000	\$250,000 \$200,000	\$1,000,001-	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,0001- \$50,000,000	Over \$50,000,000	Over-81,000,000* (Spouse/DC Asset)
SP, DC, JT	18 H3. 188960 P	olely held by your spouse or dependent child. Asset					_											$\vdash$	
SP	Example	Mega Corp. Stock			X		x	3/9/23		x									
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#### SCHEDULE C - EARNED INCOME

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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 2023 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was\$31,815. The 2024 limit is \$31,815. 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
	Approved Teaching Fee	\$6,000
te of Maryland	Legislative Pension	\$18,000
	Spouse Speech	\$1,000
ario County Board of Education	Spouse Salary	N/A
GISLATORE	PENSION	\$510 per MONTH
· · · · · · · · · · · · · · · · · · ·		
		Wer Roundlable (Oct. 2)   Spouse Speech   ario County Board of Education   Spouse Satery   PENSION   PENSION

#### **SCHEDULE D – LIABILITIES**

Name:	TITUS	Page 9 of /2

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. 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 liabile); 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.

								- 1	Amour	nt of L	iability	/			
SP. DC, JT		Creditor	Date Liability Incurred MO/YR	Type of Liability	\$10,001-	\$15,081- \$50,080	\$50,001- \$100,000	\$100,001-	\$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* R (Spouse/DC Liebflity)
	Example	First Bank of Wilmington, DE	5/20	Mortgage on Rental Property, Dover, DE				×							
		NONE						<u> </u>							
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#### **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 refigious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Name of Organization

Position	Name of Organization
NONE	
	·

SCHEDULE F - AGREEI	MENT	S
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Name: 11705 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- 1989-	UNIV OF NV PRESS RENO, NY	BOOK ROYALTIES		
1989-	NV LEGIS, CARSON CITY NV	PENSION		
		·		

#### **SCHEDULE G - GIFTS**

Report the source (by name), a brief description, and the value of all gifts totaling more than \$480 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 \$192 or less need not be added towards the \$480 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.

Seurce		Description	Value
Example: Mr. Joseph Smith, Arlington, VA		Silver Platter (prior determination of personal friendship received from the Committee on Ethics)	\$500
		·	
	NONE		
	·		

#### SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name: T/-	TUC	Page /)	of 12
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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 \$480 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 Federal Section

	Sdurce	Date(a)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
Examples:	Government of Chine (MECEA)	Aug. 6-11	DC-Beijing, Chine-DC	Y	٧	N
Examples	Habitat for Humanity (Charity Fundraiser)	Mer. 3-4	DC-Boston-DC	Y	٧	Y
AS	PEN INSTITUTE	AUG 13-19		У	Y	У
NA	PEN INSTITUTE		LAS VEGAS-NAIROBI- LAS VEGAS			
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# SCHEDULE I - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name: //TUS	Page_/2_of_/2_

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.

Source		Activity	Date	Amount
nples:	Association of American Associations, Washington, DC	Speech	Feb. 2, 2023	\$2,000
прюз.	XYZ Magazine	Article	Aug. 13, 2023	\$500
	NONE			
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