| FOR INTERNAL USE ONLY |
|---|
| BEGA STAFF INITIALS _____ |
| BEGA ID# _____ |

# DISTRICT OF COLUMBIA
# BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY

## CONFIDENTIAL FINANCIAL DISCLOSURE STATEMENT

Each designated employee subject to the District of Columbia Board of Ethics and Government Accountability Establishment and Comprehensive Ethics Reform Act of 2011 (D.C. Official Code Section 1-1162.25 (2012 Supp.)), is required to complete and submit this Confidential Financial Disclosure Statement (CFDS) to his/her Agency Head annually, not later than May 15th of each year for the prior calendar year.

**All questions on this CDFS should be answered for the prior calendar year. If the form is submitted as an Amendment, answer only the question to which there is a change in information. Please read the General Instructions at www.bega-dc.gov.**

**Prior Calendar Year for Which Filing is Made** _____

**ORIGINAL** **AMENDMENT** **Date of Filing** _____

Name: _____
Last First Middle

Telephone: Home: _____ Business: _____

Home Address: _____
(Street) (City, State, Zip Code)

**Position for Which Filing* (See General Instructions)**

| Report Status (check Appropriate Box) | |
|---|---|
| Employee | Elected Official |
| Candidate | Final Report |

| Date of Appointment or Candidacy (Month, Day, Year) | Final Date (if applicable) (Month, Day, Year) |
|---|---|
| | |

Position: _____ Grade: _____

Name of Agency: _____

Agency Address: _____

Agency Telephone: _____

District E-mail Address: _____

| Position Held with the District Government During the Preceding 12 Months (If Not The Same As Above) | Title of Position and Date Held |
|---|---|
| | |

**BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY**
**441 4th Street NW, 830 South**
**Washington, D.C. 20001**

1. Please list each business, whether or not transacting any business with the District of Columbia government, in which you or your spouse, domestic partner, or dependent children have a beneficial interest, including, whether held in such person's own name, in trust, or in the name of a nominee, securities, stocks, stock options, bonds, or trusts, exceeding in the aggregate $1,000, or that produced income of $200. **If none, state none.**

   **(Does not include professionally managed collective investment vehicles that pool money from many investors to purchase securities, such as mutual funds, or professionally managed retirement accounts.)**

   Entity _____

   Affiliation with Entity _____

   Start Date _____ End Date _____

   Amount _____

   **Please provide additional information in the text box below**

   (**Attach a Supplemental Sheet if you have additional entries)**

2. Please list each business, whether or not transacting any business with the District of Columbia government, from which you or your spouse, domestic partner, or dependent children received honoraria for services rendered in excess of $200 during a calendar year, as well as the identity of any client for whom you performed a service in connection with your outside income if the client has a contract with the government of the District of Columbia or the client stands to gain a direct financial benefit from legislation that was pending before the Council during the calendar year. Include a narrative description of the nature of the service performed in connection with the official's outside income. **If none, state none.**

   Entity _____

   Affiliation with Entity _____

   Start Date _____ End Date _____

Narrative Description _____

Amount _____

**Please provide additional information in the text box below.**

(**Attach a Supplemental Sheet if you have additional entries)**

**3.** Please list each business, whether or not transacting any business with the District of Columbia government, from which you or your spouse, domestic partner, or dependent children earned income for services rendered in excess of $200 during a calendar year, as well as the identity of any client for whom you performed a service in connection with your outside income if the client has a contract with the government of the District of Columbia or the client stands to gain a direct financial benefit from legislation that was pending before the Council during the calendar year. Include a narrative description of the nature of the service performed in connection with the official's outside income. **If none, state none.**

Entity _____

Affiliation with Entity _____

Start Date _____ End Date _____

Narrative Description _____

Amount _____

**Please provide additional information in the text box below.**

(**Attach a Supplemental Sheet if you have additional entries)**

**4.** Please list each business, whether or not transacting any business with the District of Columbia government, in which you or your spouse, domestic partner, or dependent children served as an officer, director, partner, employee, consultant, contractor, volunteer, or in any other formal capacity or affiliation. **If none, state none.**

Entity _____

Affiliation with Entity _____

Start Date _____ End Date _____

**Please provide additional Information in the text box below.**

(**Attach a Supplemental Sheet if you have additional entries)**

**5.** Please list each business, whether or not transacting any business with the District of Columbia government, in which you or your spouse, domestic partner, or dependent children had an agreement or arrangement for a leave of absence, future employment, including date of agreement, or continuation of payment by a former employer. **If none, state none.**

Entity _____

Affiliation with Entity _____

Start Date _____ End Date _____

**Please provide additional Information in the text box below.**

(**Attach a Supplemental Sheet if you have additional entries)**

**6.** Please provide each outstanding individual liability in excess of $1,000 for borrowing by you or your spouse, domestic partner, or dependent children. Do not include liabilities to a federal or state insured or regulated financial institution, including any revolving credit and installment accounts from any business enterprise regularly engaged in the business of providing revolving credit or installment accounts, or a member of your immediate family. **If none, state none.**

**(Does not include home loans, student loans, or any credit card debt because most credit cards are issued by federal or state insured or regulated financial institutions. In addition, credit card companies are in the business of providing revolving credit or installment accounts.)**

Name of Creditor _____

Type of Liability _____

End Date _____

Amount _____

**Please provide additional Information in the text box below.**

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|---|
| |

(**Attach a Supplemental Sheet if you have additional entries)**

**7.** Please provide all real property located in the District (and its actual location) with a fair market value in excess of $1,000, or that produced income of $200 in which you or your spouse, domestic partner, or dependent children, have an interest. Do not list **personal residences** occupied by you or your spouse, or domestic partner. **If none, state none.**

Location of Real Property _____

Purchase Date _____

Date Sold _____

Amount _____

**Please provide additional Information in the text box below.**

(**Attach a Supplemental Sheet if you have additional entries)**

**8.** Please list all professional or occupational licenses issued by the District of Columbia government held by you or your spouse, domestic partner, or dependent children. **If none, state none.**

License Issued _____

Issuing Entity_____

**Please provide additional Information in the text box below.**

(**Attach a Supplemental Sheet if you have additional entries)**

**9.** Please list all gifts you received from a prohibited source in an aggregate value of $100 in a calendar year. **If none, state none.**

Identity of Gift Giver_____

**(If Gift Giver is an individual, please provide the identity of the entity associated with the individual Gift Giver)**

Gift Giver's Entity_____

Description of Gift _____

Purpose of Gift _____

Date of Gift _____ Amount or Estimated Value _____

**Please provide additional Information in the text box below.**

(**Attach a Supplemental Sheet if you have additional entries)**

By signing this affidavit before a witness, I hereby swear (or affirm) that to the best of my knowledge and belief, I have not caused title to property to be placed in another person or entity for the purposes of avoiding disclosure;

I further swear (or affirm) that I have:

- Filed and paid my income and property taxes;
- Diligently safeguarded the assets of the taxpayers and the District;
- Reported known illegal activity, including attempted bribes, to the appropriate authorities;
- Not been offered or accepted any bribes;
- Not directly or indirectly received government funds through illegal or improper means;
- Not raised or received funds in violation of federal or District law; and
- Not received or been given anything of value, including a gift, favor, service, loan gratuity, discount, hospitality, political contribution, or promise of future employment, based on any understanding that my official actions or judgment or vote would be influenced.

**YOU MUST SIGN THIS FORM**. Read the following carefully before you sign. I understand that the making of a false statement on this form or materials submitted with this form is punishable by criminal penalties pursuant to D.C. Official Code § 22-2405 *et seq*. (2001). I understand that any information I give may be investigated as allowed by law or regulation. I certify that, to the best of my knowledge and belief, all of my statements are true, correct, and complete.

_____

Signature Name of Person Date

**Please use the text box below if you need to include any additional information.**

# GENERAL INSTRUCTIONS

## WHO MUST FILE

A Confidential Financial Disclosure Statement (CFDS) shall be completed by all designated employees who make decisions or participate substantially in areas of contracting, procurement, administration of grants or subsidies, developing policies, land use planning, inspecting, licensing, policy-making, regulating, or auditing, or act in areas of responsibility.

## WHERE AND HOW TO FILE

All designated employees are required to file a CFDS with the appropriate agency head. The appropriate head of each agency will provide further instructions on where and how to file CFDS forms.

## WHEN TO FILE

The CFDS shall be submitted to the appropriate agency head not later than May 15th of each year for the prior calendar.