

**DISTRICT OF COLUMBIA**  
**BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY**  
**PUBLIC FINANCIAL DISCLOSURE STATEMENT**

Each public official subject to section 224 of the District of Columbia Board of Ethics and Government Accountability Establishment and Comprehensive Ethics Reform Act of 2011 (D.C. Official Code § 1-1162.24 (2014 Supp.)), is required to complete and submit this Public Financial Disclosure Statement (PFDS) to the Board of Ethics and Government Accountability (BEGA) annually, not later than May 15th of each year for the prior calendar year. A public official must also complete and submit a PFDS within 90 days of the end of their appointment to office, if the filer ceases to serve prior to May 15th of any year.

**All questions on this PFDS 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 and Glossary attached to this form and the FDS FAQs available at [www.bega-dc.gov](http://www.bega-dc.gov).**

Prior Calendar Year for which Filing is made: 2014

ORIGINAL  AMENDMENT  Date of Filing: 5/14/2015

Name: Alexander Yvette  
 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)	Date of Appointment (Month, Day, Year)	Final Date (if applicable) (Month, Day, Year)
<input type="checkbox"/> Employee <input checked="" type="checkbox"/> Elected Official	<u>01/02/2007</u>	<u>12/31/2016</u>
<input type="checkbox"/> Board/Commission Member		

Position: COUNCILMEMBER Grade: \_\_\_\_\_

Name of Agency: Council of the District of Columbia

Agency Address: 1350 Pennsylvania Avenue, NW Washington, DC 20004

Agency Telephone: (202) 724-8000

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

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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 or more. **If none, state none.**

(Do 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 NONE

Affiliation with Entity \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Valuation of Assets/Income None (or less than \$1,001)

Additional Information

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2. Please list each business, whether or not transacting any business with the District of Columbia government, in or from which you or your spouse, domestic partner, or dependent children received an honorarium and/or income earned 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 NONE

Affiliation with Entity \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Valuation of Honoraria/Earned Income None (or less than \$1,001)

Narrative Description \_\_\_\_\_

Additional Information

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3. Please list each business, whether or not transacting any business with the District of Columbia government, in or from 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 NONE \_\_\_\_\_

Affiliation with Entity \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

**Additional Information**

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

Entity NONE \_\_\_\_\_

Affiliation with Entity \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

**Additional Information**

5. 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.**

(Do 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 the Creditor NONE \_\_\_\_\_

Type of Liability \_\_\_\_\_

End Date \_\_\_\_\_

Valuation of Outstanding Liability \_\_\_\_\_

**Additional Information**

6. 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 or more, 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   NONE  

Purchase Date \_\_\_\_\_

Date Sold \_\_\_\_\_

Valuation of Real Property \_\_\_\_\_

Additional Information

7. 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   NONE  

Issuing Entity \_\_\_\_\_

Additional Information

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

Identity of Gift Giver   NONE  

(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   0  

Additional Information

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**VERIFICATION**

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 Mayoral order. I certify that, to the best of my knowledge and belief, all of my statements are true, correct, and complete.

**ELECTRONICALLY CERTIFIED**

**By: Alexander, Yvette**

5/14/2015

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Signature

Name of Public Official

Date

**Additional Information**