

THIS FORM MAY BE FILED  
ELECTRONICALLY AT:  
www.bega.dc.gov

**DISTRICT OF COLUMBIA  
BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY  
CONFIDENTIAL FINANCIAL DISCLOSURE STATEMENT FOR  
ADVISORY NEIGHBORHOOD COMMISSION COMMISSIONERS**

Each Advisory Neighborhood Commission (“ANC”) Commissioner is 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.)), and is required to complete and submit this Confidential Financial Disclosure Statement (CFDS) to the Board of Ethics and Government Accountability (BEGA) annually, not later than May 15<sup>th</sup> of each year for the prior calendar year.

**All questions on this CFDS 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)

E-Mail Address: \_\_\_\_\_

Business Address: \_\_\_\_\_  
(Street) (City, State, Zip Code)

Report Status (check Appropriate Box)	
<input type="checkbox"/> New ANC Commissioner	<input type="checkbox"/> Incumbent
<input type="checkbox"/> Final Report	

Start Date (Month, Day, Year)	Final Date (if applicable) (Month, Day, Year)

Single Member District (SMD): \_\_\_\_\_  
ANC Address: \_\_\_\_\_  
ANC Telephone: \_\_\_\_\_

**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 or from 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.**

Entity \_\_\_\_\_

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

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

Additional Information Including Amount \_\_\_\_\_

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 honoraria and 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 \_\_\_\_\_

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

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

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

Additional Information Including Amount \_\_\_\_\_

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 \_\_\_\_\_

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, including date of agreement, or continuation of payment by a former employer. **If none, state none.**

Entity \_\_\_\_\_

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.**

Name of Creditor \_\_\_\_\_

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

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

Additional Information Including Amount \_\_\_\_\_

6. Please provide all real property located in the District (and its actual location) in which you or your spouse, domestic partner, or dependent children, have an interest with a fair

market value in excess of \$1,000, or that produced income of \$200. 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 \_\_\_\_\_

Additional Information Including Amount \_\_\_\_\_

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 \_\_\_\_\_

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.**

Name of Person Providing the Gift \_\_\_\_\_

Description of Gift \_\_\_\_\_

Date of Gift \_\_\_\_\_ Estimated Value \_\_\_\_\_

Additional Information Including Amount \_\_\_\_\_

### 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.

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Signature

Printed Name

Date

## **GENERAL INSTRUCTIONS**

### **WHO MUST FILE**

A Confidential Financial Disclosure Statement (CFDS) shall be filed by all Advisory Neighborhood Commission (“ANC”) Commissioners.

### **WHEN TO FILE**

The CFDS shall be filed with the Board of Ethics and Government Accountability (BEGA) not later than May 15<sup>th</sup> of each year for the prior calendar.

A document is timely filed upon delivery to BEGA by 5:00 p.m. of the prescribed filing date. Statements sent by first class mail must be received by 5:00 p.m. on the prescribed filing date to be considered timely filed. An electronic report is timely filed by midnight of the prescribed filing date.

### **HOW TO FILE**

This form may be filed electronically at [www.bega.dc.gov](http://www.bega.dc.gov) or by delivery of an original report to BEGA. If you elect to file electronically, you must use your user ID, password, and PIN provided by BEGA to certify the report, thereby eliminating the signature requirement. Failure to certify your report will require that you provide BEGA with a signed copy of the report.

### **WHERE TO FILE**

A CFDS must be filed electronically or mailed to the Board of Ethics and Government Accountability, 441 4<sup>th</sup> Street NW, Suite 830 South, Washington, D.C. 20001, (202) 481-3411.