# GOVERNMENT OF THE DISTRICT OF COLUMBIA BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY



Office of Government Ethics

## PUBLIC FINANCIAL DISCLOSURE STATEMENT

Each designated employee 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) is required to complete and submit this Public Financial Disclosure Statement (PFDS) to the Board of Ethics and Government Accountability annually, not later than May 15<sup>th</sup> of each year for the prior calendar year. Members of the Council are required to complete and submit this form to the Board of Ethics and Government Accountability biannually, not later than May 15<sup>th</sup> and November 15<sup>th</sup> of each year.

The reporting period for the Council's November 15th PDFS is the time period between January 1st and June 30<sup>th</sup>.

The reporting period for the Council's May 15th PFDS is the time period between July 1st and December 31st.

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.

Prior Reporting Period for Which Filing is Made\*

ORIGINAL X	AMENDMENT	Date of Filing* NOU.	7,2019
Name: BONDS	Anita		
Last	First	Middle	
	CONTACT INFORM	<u>ATION</u>	
(This information is supplied information will not be made	so that BEGA can contact ye publicly available.)	you regarding your filing. This	
Telephone*: Home		Business: 202 724-	-8064
Home Address*:			
(Stree	t)	(City, State, Zip Code)	
REV. 10/2019 BOAR	RD OF ETHICS AND GOVERNMENT A	ACCOUNTABILITY	PFDS

441 4th Street NW, 830 South Washington, D.C. 20001

## Instructions

- There are fifteen (15) Yes or No questions. You must answer each question.
- If you need to attach supplemental documents you can do so at the end of the form.
- If you cannot agree to all of the statements in the Certification, please explain why in the text box titled "Additional Information."
- Once a report is submitted, it can only be changed by filing an amendment.
- This form must be submitted no later than November 15, 2019.
- Failure to submit a full and complete form to BEGA by November 15, 2019 may result in penalties up to: \$300 for late-filed reports and \$5,000 for incomplete reports.

## **GENERAL INFORMATION**

Current Paid or Unpaid Position with the District of Columbia

Position/Title: COUNCIMEMBER Grade:

Name of Agency/Board/Commission:

Agency Address: 1350 PENNSYLVANIA AVE NW # 409

Agency Telephone: 202 724 8000

District E-mail Address: ABONDS & DCCOUNCIC-US

Start Date (in this position): DECEMBER 2012

Former Paid or Unpaid Position with the District of Columbia (if applicable)

Position:	NA	Grade:	
Name of Agency:	/		
Dates During Wh	ich Vou Held the Position		

(If you held a paid or unpaid position with the District for more than thirty days during the time period between January 1, 2019 and June 30, 2019 that is different from the position you listed above UNDER "Current Paid or Unpaid Position with the District of Columbia"

above, or you no longer work for the District, please list the details below:

# **NON-DISTRICT EMPLOYMENT/BUSINESS**

1. Did you have any non-District employment or engage in any outside business during the reporting period for which you received compensation of \$200 or more?

Note: Answer "yes" if you engaged in any occupation, trade, business, profession, or employment during the reporting period in which you were paid \$200 or more. Do not include your District employment.

Z	Yes No
If	you answered "Yes," please list the employment or business below:
P	osition/Title:
N	ame of Employer:
D	escription of Work:
St	art Date End Date (ifapplicable)
In	Come Received from Outside Business:  (Place a check mark in the box next to the applicable range. Attach a Supplemental Sheet if you have additional entries. Report other entries in the same format.)  □ None (or less than \$1,001) □ \$1,001 - \$15,000 □ \$15,001 - \$50,000 □ \$50,001 - \$100,000 □ \$50,001 - \$250,000 □ \$250,001 - \$500,000 □ \$500,001 - \$1,000,000 □ \$1,000,000 □ \$1,000,000 □ \$5,000,001 - \$5,000,000 □ \$25,000,001 - \$50,000,000 □ \$25,000,001 - \$50,000,000 □ \$25,000,001 - \$50,000,000 □ \$25,000,000 - \$50,000,000
	Clients  If you answered "yes," because you were paid by a client (as opposed to an employer) please identify which, if any, client had or has a contract with the District or who stands to gain a direct financial benefit from legislation that was pending before the Council during the reporting period:
	Client Name:

2. Was your spouse, registered domestic partner, or dependent child(ren) employed by a private entity or did they engage in any business endeavors during the reporting period for which they received compensation of \$200 or more? Note: Answer "yes" if your spouse, domestic partner, or dependent child(ren) engaged in any non-government occupation, trade, business, profession, or employment during the reporting period and received income of \$200 or more for doing so. If you answered "Yes", please list the employment or business below: Position/Title: Name of Employer: Description of Work End Date (if applicable) Start Date Clients If you answered "yes," because your spouse, domestic partner, or dependent child(ren) were paid by a client (as opposed to an employer) please identify which, if any, client had or has a contract with the District or who stands to gain a direct financial benefit from legislation that was pending before the Council during the reporting period: Client Name: 3. Did you serve in any unpaid position (without compensation) as an officer, director, partner, consultant, contractor, volunteer, member or any other fiduciary capacity of a non-government board or other outside entity during the reporting period? If you answered yes: End Date (if applicable)

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4.	Did your spouse, registered domestic partner, or dependent child(ren) serve in any unpair position (without compensation) as an officer, director, partner, consultant, contractor volunteer, member or any other fiduciary capacity of a non-government board or other outside entity during the reporting period?
	Yes No
•	If you answered yes:
	Position/Title:
	Name of Employer:
	Start Date End Date (if applicable)
5.	During the reporting period, did you have any agreements with a former or current employer, other than with the District of Columbia, for future payments or benefits (such as separation pay, partnership buyouts, or pension or retirement pay) or for future employment or for a leave of absence?
`	□ Yes No
	If you answered yes:
	Former/Current Employer:
	Type of Agreement or Benefit:
6.	During the reporting period, did your spouse, registered domestic partner, or dependent child(ren) have any agreements with a former or current employer, other than with the District of Columbia, for future payments or benefits (such as separation pay, partnership buyouts, or pension or retirement pay) or for future employment or for a leave of absence?
`	□ Yes No
	If you answered yes:
	Former/Current Employer:
	Type of Agreement or Benefit:

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#### SECURITIES, HOLDINGS & INVESTMENTS

7. Did you have a beneficial interest in or hold any security ("security" means stocks (any class), bonds (including savings bonds and tax exempt bonds), stock options, warrants, debentures, obligations, notes (not mortgage notes), mortgages (not on one's home), investment interests in limited partnerships, REITs, and such other evidences of indebtedness and certificates of interest or participation in any profit-sharing agreement as are usually referred to as securities) at the close of the reporting period that exceeded in the aggregate \$1,000 or that produced income of \$200 or more?

Note: You need not disclose mutual funds or other similar investment vehicles that own multiple securities and are managed by someone other than yourself.

□ Ye No	S			*
If you a	answered yes, please list each security and/or beneficial	interest you l	held below:	
				2
(Place	Value of Beneficial Interests or Securities today: a check mark in the box next to the applicable range. Att additional entries. Report other entries in the same format.		emental She	et if you
	None (or less than \$1,001) \$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			
	Over \$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			

8. Did your spouse, registered domestic partner, or dependent child(ren) have a beneficial interest or hold any security ("security" means stocks (any class), bonds (including savings bonds and tax exempt bonds), stock options, warrants, debentures, obligations, notes (not mortgage notes), mortgages (not on one's home), investment interests in limited partnerships, REITs, and such other evidences of indebtedness and certificates of interest or participation in any profit-sharing agreement as are usually referred to as securities) at the close of the reporting period that exceeded in the aggregate \$1,000 or that produced income of \$200 or more?

	multiple securities and are managed by someone other than your spouse, domestic partner, or dependent child(ren).
	☐ Yes No
/	If you answered yes, please list each security and/or beneficial interest you held below:
	Total Value of Beneficial Interests or Securities today:
	(Place a check mark in the box next to the applicable range. Attach a Supplemental Sheet if yo have additional entries. Report other entries in the same format.)
	□ None (or less than \$1,001)
	□ \$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 □ O · · · · · · · · · · · · · · · · · ·
	□ Over \$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
	Did you owe any entity or person (other than a member of your immediate family) \$1,000 or no (excluding: mortgages on your personal residence, student loans, automobile loans, credit card accounts or other revolving credit, and other loans from a federal or state insured or regulated financial institution), during the reporting period (excluding: mortgages on your personal residence, student loans, automobile loans, credit card accounts or other revolving credit, and other loans from a federal or state insured or regulated financial institution)?
	□ Yes
•	No
_	If you answered yes:
	Name of Entity or Person:
	Type of Liability:
	Amount of Liability:
	Timount of Elaphity.

have additional entries. Report other entries in the same format.)	
□ None (or less than \$1,001) □ \$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 □ \$1,000,001 - \$5,000,000 □ \$25,000,001 - \$25,000,000 □ \$25,000,001 - \$50,000,000 □ \$25,000,001 - \$50,000,000	
10. Did you owe any entity or person (other than a member of your more, (excluding: mortgages on your personal residence, student card accounts or other revolving credit, and other loans from regulated financial institution), during the reporting period (expersonal residence, student loans, automobile loans, credit card credit, and other loans from a federal or state insured or regulated.	nt loans, automobile loans, credit in a federal or state insured or including: mortgages on your and accounts or other revolving
Yes No	
If you answered yes:	
Name of Entity or Person:	
Type of Liability:	*
Amount of Liability: (Place a check mark in the box next to the applicable range. Attail if you have additional entries. Report other entries in the same for	
□ None (or less than \$1,001) □ \$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 □ Over \$1,000,000 □ \$1,000,001 - \$5,000,000 □ \$5,000,001 - \$5,000,000 □ \$25,000,001 - \$50,000,000 □ \$25,000,001 - \$50,000,000 □ \$25,000,000 - \$50,000,000	
11 Did you have an interest in any real property located in the D	district during the reporting

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period, aside from personal residences occupion	ed by you, your spo	ouse or you \$1,000 or	r domestic
property produced income of \$200 or more?	value of more train	\$1,000, Ot	where the
_□ Xes			•
No			1
Location of Real Property			
Purchase Date			
Date Sold	w w		
			·····
Value of Real Estate or Interest:			
(Place a check mark in the box next to the applic have additional entries. Report other entries in the None (or less than \$1,001)  □ \$1,001 - \$15,000  □ \$15,001 - \$50,000  □ \$50,001 - \$100,000  □ \$250,001 - \$500,000  □ \$500,001 - \$1,000,000  □ \$1,000,001 - \$5,000,000  □ \$1,000,001 - \$5,000,000  □ \$5,000,001 - \$5,000,000  □ \$25,000,001 - \$50,000,000  □ \$25,000,001 - \$50,000,000	ne same format.)		
Did your spouse, domestic partner, or dependent located in the District during the reporting period your spouse or your domestic partner, where the \$1,000, or where the property produced income of	l, aside from persona ir interest had a fair n	l residences	occupied by yo

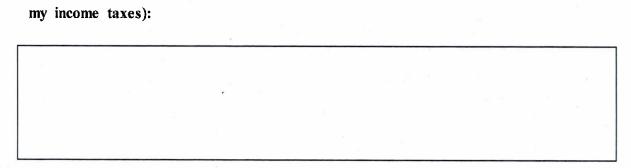
Yes No			
Location of RealProperty	 		
Purchase Date			
Date Sold	1	2 2	

Value of Real Estate or Interest:

(Place a check mark in the box next to the applicable range. Attach a Supplemental Sheet if you have additional entries. Report other entries in the same format.)

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☐ None (or less than \$1,001) ☐ \$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 □ Over \$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					
REGUL	ATED PR	ROFESSIO	NS		
13. Do you hold any professional or occupa government (i.e., are you licensed to proby the District's Department of Health, Affairs, the District's Department of M Securities and Banking, the Metropolita Professional Licensing Administration,	actice law the Distric Iental Healt In Police D	in the Distric t's Departm h, the Distri	ct of Colur ent of Con ct's Depar	nbia, or are sumer and l tment of Ins	you licensed Regulatory surance
□ Yes					
Type of License Issued (e.g., Real Estate Li	icense, D.C	C. Bar Licen	se, etc.)	·	
<del></del>			7		
Issuing Entity			_		
14. Does your spouse, domestic partner occupational licenses issued by the Dispractice law in the District of Columb Health, the District's Department of Department of Mental Health, the District Metropolitan Police Department, of Administration, etc.)?	istrict of Coia, or are of Consum strict's De	olumbia gov they license er and partment of	vernment (ed by the Regulatory) Tinsurance	i.e., are the District's D Affairs, t Securities	ey licensed to repartment of the District's and Banking,
□ Yes					
No					
Type of License Issued (e.g., Real Estate L	icense, D.C	C. Bar Licen	se, etc.)		
Issuing Entity					



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.

Signature

Printed Name of Filer

Date

### **GIFTS**

15. Did you receive any gift(s) (Gift is defined as a payment, subscription, advance, forbearance, rendering, or deposit of money, services, or anything of value, unless consideration of equal or greater value is received) from any person that has or is seeking to do business with the District, conducts operations or activities that are regulated by the District, or has an interest that may be favorably affected by the performance or nonperformance of your duties in the total amount or with a total value of \$100 or more during the reporting period?

☐ Yes No	**				
Identity of Gift Giver					
Gift Giver's Company_				, , , , , , , , , , , , , , , , , , , ,	
Description of Gift					· · · · · · · · · · · · · · · · · · ·
Date of Gift	v	_Amount or Estir	mated Value		

## **CERTIFICATION**

I certify that I have:

- Not caused title to property to be placed in another person or entity for the purpose of avoiding the disclosure requirements on the preceding form;
- N/ 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.

Additional Information or if you are unable to certify each of the above, please provide an explanation (i.e., I have been granted an extension to file