

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 bi-annually, 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 PFDS 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](http://www.bega-dc.gov).

Prior Reporting Period for Which Filing is Made\*

Jan. - June 2019

ORIGINAL ☒

AMENDMENT ☐

Date of Filing\*

11/14/2019

Name:

Grosso

Last

David

First

Paul

Middle

CONTACT INFORMATION

(This information is supplied so that BEGA can contact you regarding your filing. This information will not be made publicly available.)

Telephone\*:

Home:



Business:

202 724 8105

Home Address\*:



(Street)

(City, State, Zip Code)

REV. 10/2019

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

PFDS

### 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: Councilmember Grade: \_\_\_\_\_

Name of Agency/Board/Commission: Council of DC

Agency Address: 1350 Pennsylvania Ave. NW DC 20004

Agency Telephone: 202 724 8105

District E-mail Address: dgrossso@dccouncil.us

Start Date (in this position): Jan - 2013

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

(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:

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

Name of Agency: \_\_\_\_\_

Dates During Which You Held the Position: \_\_\_\_\_

### **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.

☐ Yes

☒ No

If you answered "Yes," please list the employment or business below:

**Position/Title:** \_\_\_\_\_

**Name of Employer:** \_\_\_\_\_

**Description of Work:** \_\_\_\_\_

**Start Date** \_\_\_\_\_ **End Date (if applicable)** \_\_\_\_\_

Income 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
- ☐ \$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

#### ***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.

- ☒ Yes  
☐ No

If you answered "Yes", please list the employment or business below: Position/Title:

\_\_\_\_\_  
*President*

Name of Employer: *Center for Health and Gender Equity*

Description of Work *Reproductive health and Rights*

Start Date *6/2008* End Date (if applicable) *N/A*

#### *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?

- ☐ Yes  
☒ No

If you answered yes:

Position/Title: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Start Date \_\_\_\_\_ End Date (if applicable) \_\_\_\_\_



4. Did your spouse, registered domestic partner, or dependent child(ren) 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?

☒ Yes  
☐ No

If you answered yes:

Position/Title: Board Member

Name of Employer: City Dance

Start Date 2019 End Date (if applicable) N/A

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: \_\_\_\_\_

## **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.

- ☐ Yes  
☒ No

If you answered yes, please list each security and/or beneficial interest you held below:

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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 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  
☐ \$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?

Note: You need not disclose mutual funds or other similar investment vehicles that own 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:

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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 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  
☐ \$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

9. Did you owe any entity or person (other than a member of your immediate family) \$1,000 or more, (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:

(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
- ☐ \$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

10. Did you owe any entity or person (other than a member of your immediate family) \$1,000 or more, (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:

(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
- ☐ \$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

11. Did you have an interest in any real property located in the District during the reporting



period, aside from personal residences occupied by you, your spouse or your domestic partner, where your interest had a fair market value of more than \$1,000, or where the property produced income of \$200 or more?

- ☐ Yes  
☒ No

Location of RealProperty \_\_\_\_\_

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

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

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.)

- ☐ 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

12. Did your spouse, domestic partner, or dependent child(ren) have an interest in any real property located in the District during the reporting period, aside from personal residences occupied by you, your spouse or your domestic partner, where their interest had a fair market value of more than \$1,000, or where the property produced income of \$200 or more?

- ☐ Yes  
☒ No

Location of RealProperty \_\_\_\_\_

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

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

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.)

- ☐ 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

### **REGULATED PROFESSIONS**

13. Do you hold any professional or occupational licenses issued by the District of Columbia government (i.e., are you licensed to practice law in the District of Columbia, or are you licensed by the District's Department of Health, the District's Department of Consumer and Regulatory Affairs, the District's Department of Mental Health, the District's Department of Insurance Securities and Banking, the Metropolitan Police Department, the District's Occupational and Professional Licensing Administration, etc.)?

- ☒ Yes  
☐ No

Type of License Issued (e.g., Real Estate License, D.C. Bar License, etc.) DC Bar License

Issuing Entity DC BAR

14. Does your spouse, domestic partner, or dependent child(ren) hold any professional or occupational licenses issued by the District of Columbia government (i.e., are they licensed to practice law in the District of Columbia, or are they licensed by the District's Department of Health, the District's Department of Consumer and Regulatory Affairs, the District's Department of Mental Health, the District's Department of Insurance Securities and Banking, the Metropolitan Police Department, or the District's Occupational and Professional Licensing Administration, etc.)?

- ☐ Yes  
☒ No

Type of License Issued (e.g., Real Estate License, D.C. Bar License, etc.) \_\_\_\_\_

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

## 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

*Please see donation disclosures at  
www.dccouncil.us/donation-disclosures/*

Identity of Gift Giver \_\_\_\_\_

Gift Giver's Company \_\_\_\_\_

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

Date of Gift \_\_\_\_\_ Amount or Estimated Value \_\_\_\_\_

## CERTIFICATION

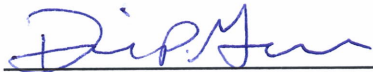
I certify that I have:

- ☒ 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;
- ☒ 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**

my income taxes):

**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

David Grosso

Printed Name of Filer

11/14/19

Date