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

Office of Government Ethics



## VIA EMAIL & MAIL DELIVERY

November 16, 2018

Councilmember Brandon T. Todd 1350 Pennsylvania Avenue, NW Suite 105 Washington, DC 20004

Dear Councilmember Todd:

Welcome to the November 2018 Filing Season!

Recently, the Council amended the Ethics Act to require all council members to file Public Financial Disclosure forms twice a year.

You are receiving this letter because you are a councilmember and have been identified as a Public Financial Disclosure Filer. This means that you must file a Financial Disclosure Statement with the Board of Ethics and Government Accountability twice a year on May 15th and November 15th. This year the Office of Government Ethics has granted all councilmembers a 30-day extension and all mid-year November councilmember PFDS filings are due no later than Monday, December 17, 2018.

### HOW TO FILE

You must submit your form by hard copy (for this filing season only). Please email or mail your form to BEGA no later than Monday, December 17, 2018. A copy of the form is attached for your convenience. Please mail your form to Board of Ethics and Government Accountability, One Judiciary Square, 441 4th Street, NW, 830 S, Washington, DC 20001 or email it to bega-fds@dc.gov.

It is important to remember that this filing requirement is mandatory and that BEGA will take enforcement action against all those who do not comply. Late filed forms may result in fines of up to \$300 and willful failure to file may result in fines of up to \$5,000.

#### **QUESTIONS**

Filing instructions, training materials, and FAQ's are available on the BEGA website. Should you have any questions concerning filing or your reporting obligations, please

contact BEGA at (202) 481-3411 or email the BEGA Financial Disclosure mailbox at bega-fds@dc.gov.

Thank you for your cooperation.

Regards,

BRENT WOLFINGBARGER

Director of Government Ethics

Board of Ethics and Government Accountability

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## 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  $30^{th}$ .

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 ORIGINAL	or Which Filing is Made*  AMENDMENT	$\frac{1}{1/1/18} - \frac{1}{6} \frac{3}{3}$ Date of Filing* 12	14/18
Name: 1005	D BRANE	OUN TR	istan
Last	First	Middle	· · · · · · · · · · · · · · · · · · ·
	CONTACT INFORMA	TION	
(This information is supplied information will not be made	ed so that BEGA can contact y de publicly available.)	ou regarding your filing. Th	ris
Telephone*:		20)-73	14-2052
Home Address*:			
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BOA	RD OF ETHICS AND GOVERNMENT A · 441 4th Street NW, 830 South	CCOUNTABILITY	PFDS

Washington, D.C. 20001

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#### 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, 2018.
- Failure to submit a full and complete form to BEGA by November 15, 2018 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: COUNCIL MEMBER, WAR Y Grade: N/A
Name of Agency/Board/Commission: COWCIL OF The DISTICT OF COLUMBIA Agency Address: 1350 PRNNSYLVANIA AVE NW WDC 20004 STE 10
Agency Address: 1350 Penns 4 VANIA AVE NW WDC 2004 STE 10
Agency Telephone: 202724-8052
District E-mail Address: btodd@dccawcilus
Start Date (in this position): 5 14 15
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 ime period between January 1, 2018 and June 30, 2018 that is different from the position outlisted above UNDER "Current Paid or Unpaid Position with the District of Columbia" bove, or you no longer work for the District, please list the details below:
Position: N/A Grade:
Name of Agency:
Dates During Which You Held the Position:

## NON-DISTRICT EMPLOYMENT/BUSINESS

<ol> <li>During the reporting periodutside activitiy for which</li> </ol>	od did you have any non-District employment or engage in any h you received compensation of \$200 or more?
Note: Answer "yes" if yemployment during the not include your Distric	you engaged in any occupation, trade, business, profession, or reporting period in which you were paid \$200 or more. Do t employment.
Yes No	÷
If you answered "Yes," ple	ase list the employment or business below:
Position/Title:	
Name of Employer:	·
Start Date	End Date (if applicable)
Income Received from Outs (Place a check mark in the Sheet if you have addition	ide Business: ne box next to the applicable range. Attach a Supplemental and entries. Report other entries in the same format.)
☐ None (or less than ☐ \$1,001 - \$15,000 ☐ \$15,001 - \$50,000 ☐ \$50,001 - \$100,000 ☐ \$100,001 - \$250,00 ☐ \$250,001 - \$500,00 ☐ \$500,001 - \$1,000 ☐ Over \$1,000,000 ☐ \$1,000,001 - \$5,000 ☐ \$5,000,001 - \$55,000 ☐ \$25,000,001 - \$55,000 ☐ Over \$50,000,000	00 000 000 0,000 00,000 000,000
hicase inclitify willfill II 8	ccause you were paid by a client (as opposed to an employer) any, client had or has a contract with the District or who stands benefit from legislation that was pending before the Council d:
Client Name:	
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2. During the reporting period was your spouse, registered domestic partner, or dependent child(ren) employed by a private entity or did they engage in any business endeavors 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
Start Date End Date (if applicable)
Clients
If you answered "yes," because your spouse, domestic partner, or dependent child(ren) we paid by a client (as opposed to an employer) please identify which, if any, client had or had contract with the District or who stands to gain a direct financial benefit from legislation that pending before the Council during the reporting period:
Client Name:
3. During the reporting period did you serve in any unpaid position (without compensation as an officer, director, partner, consultant, contractor, volunteer, member or in any offormal capacity of a non-government board or other outside entity?
Yes No
If you answered yes:
Position/Title:
Name of Employer:
Start Date End Date (if applicable)

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□ Yes

4	During the reporting period 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 in any other formal capacity of a non-government board or other outside entity?  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:
5.	During the reporting period did your spouse, 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?
ļ	□ Yes No
	If you answered yes:
	Former/Current Employer:
	Type of Agreement or Benefit:
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#### SECURITIES, HOLDINGS & INVESTMENTS

7. During the reporting period 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) 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.

Ŭ Ye	es	-	<b>,</b>	
No.				
If you	answered yes, please list each	security and/or ber	neficial interest you	held below:
(Place	Value of Beneficial Interests or a check mark in the box next that have additional entries. Report	to the applicable ran	nge. Attach a Supple same format.)	emental Sheet
	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. During the reporting period did your spouse, domestic partner, or dependent child(ren) 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) that exceeded in the aggregate \$1,000 or that produced income of \$200 or more?

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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:
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 □ \$1,000,001 - \$5,000,000 □ \$1,000,001 - \$5,000,000 □ \$25,000,001 - \$50,000,000 □ \$25,000,001 - \$50,000,000 □ \$25,000,001 - \$50,000,000
9. During the reporting period 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)?
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.)
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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 ☐ \$25,000,001 - \$50,000,000 ☐ \$25,000,001 - \$50,000,000 ☐ \$25,000,000 - \$50,000,000
10. During the reporting period did your spouse, domestic partner or dependent child(ren) owe any entity or person (other than a member of their 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)?
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
□ \$1,000,000 - \$5,000,000
□ \$5,000,001 - \$25,000,000
☐ \$25,000,001 - \$50,000,000 ☐ Over \$50,000,000

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11.	During the reporting period did you have an interest in any real property located in the District of Columbia aside from your primary personal residence, 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 Real Property
	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  \$250,001 - \$250,000  \$250,001 - \$500,000  \$500,001 - \$1,000,000  \$1,000,001 - \$1,000,000  \$1,000,001 - \$5,000,000  \$25,000,001 - \$50,000,000  \$25,000,001 - \$50,000,000  \$25,000,001 - \$50,000,000  \$25,000,001 - \$60,000,000  \$25,000,001 - \$60,000,000  \$25,000,000 - \$60,000 - \$60,000  \$25,000,000 - \$60,000  \$25,000,000 - \$60,000  \$25,000,000 - \$60,000  \$25,000,000 - \$60,000  \$25,000,000 - \$60,000  \$25,000,000 - \$60,000  \$25,000,000 - \$60,000  \$25,000,000 - \$60,000  \$25,000,000 - \$60,000  \$25,000,000 - \$60,000  \$25,000,000 - \$60,000  \$25,000,000 - \$60,000  \$25,000,000 - \$60,000  \$25,000,000 - \$60,000  \$25,000,000 - \$60,000  \$25,000,000 - \$60,000  \$25,000,000 - \$60,000  \$25,000,000 - \$60,000  \$25,000,000 - \$60,00
	Yes
7	No .
1	Location of Real Property
Purchase:	Date
Date Sold	·
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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 5500,001 - \$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.) Issuing Entity

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

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Issuing Entity	
	<u>GIFTS</u>
activities that a	ing period did you receive any gift(s) (see definition in glossary) from a or is seeking to do business with the District, conducts operations re regulated by the District, or has an interest that may be favorable performance or nonperformance of your duties in the total amount or will 100 or more?
Yes No	
Identity of Gift (	Giver
	npany
	ift
	Amount or Estimated Value
	CERTIFICATION
tify that I have:	
/ wiviaming the thist.	o property to be placed in another person or entity for the purpose of losure requirements on the preceding form; y income and property taxes;
// Diligently safegu	arded the assets of the taxnavers and the District.
/ gamonatics,	illegal activity, including attempted bribes, to the appropriate
Not been offered Not directly or in	or accepted any bribes;
A LIGHT TRYBUTE OF TOOL	directly received government funds through illegal or improper means; ived funds in violation of federal or District law; and
A MONTECETARD OF DE	een given anything of value, including a gift, favor, service, loan hospitality, political contribution, or promise of future employment,
	- Trumballon, or profine of future employment,

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

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influenced.

based on any understanding that my official actions or judgment or vote would be

my income taxes):	•		
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punishable by crimina understand that any info	l penalties pursuant to I prination I give may be in	form or materials :  O.C. Official Code  vestigated as allowed.	efore you sign. I understar submitted with this form 2 22-2405 et seq. (2001). 2 d by law or Mayoral order. 2 dements are true, correct, an
Z TH Signature	BRANDON Printed Name of Fil	T. 1000	12/14/18