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

| Year 2013  | WASHINGTON                           | N, D.C. 200  | 01                        |  |                    |
|--|--------------------------------------|--|---------------------------|--|--------------------|
| Original  Amendment  | LOBBYIST ACTIV                       |  | 10                        | BOOO120729                                     |                    |
| <b></b> 1  |                                      |  |                           | please indicate wheth<br>ndar year. <b>Yes</b> |                    |
| July   | <u></u>                              |  |                           | 302.432.0956                                   | e e                |
| 1. (a) Registrant's Name Bank of Ameri   | ca Corporation                       |  | (b)                       |  | one Number         |
| (c) Permanent Address 1100 North Ki  | ng Street, DE5-0<br>(Street Address) | 01-02-07   | , Wilmingto               | on, DE 19884<br>(City, State, Zip Code)        |                    |
| (d)  | (Street Address) Temporary           |  | Address                   | (while   | lobbying)          |
| 1100 North King Street, DE5-001-02-07, Wilmington, DE 19884  | (Street Address)                     |  |                           | (City, State, Zip Code)                        | 1000y Ing)         |
| Address  Address  (Street Address)  Washington, DC 20004  (City, State, Zip Cod  Daytime Phone Number 703.431.1173  3. Person Compensating Registrant  (a) Name Bank of America Corpo  (c) Address 1100 North King Street, D | uite 950, DC8-455-09-01              | (b) Name Address  Daytime Photo  (b) Daytime Photo | one Number<br>none Number |  |                    |
| (Street Address)  (d) Nature of Business Banking and Fire  |                                      |  |                           | (City, State, Zip Code)                        |                    |
| 4. Terms of Compensation: (a) Pro-Rated  |                                      | (b) 1/1/20   | 13 - 12/31                |  |                    |
| Sala   | •                                    | • • • • •  |                           | Duration of Employment                         |                    |
| <ol> <li>Identify matter(s) by subject and formal designate is needed.</li> <li>Matters related to banking and</li> </ol>  |                                      |  | xpects to lobby           | Attach a Supplemental S                        | heet if additional |
| * REMINDER – Each new or previously r  | egistered Lobbyist mus               | st file a Lobby                                    | rist Registratio          | on Form by January 15 BEGA Form                | th of each year.   |

| Name N/A  | Date N/A                       |
|---|--------------------------------|
| Name  | Date                           |
| <ol> <li>Total compensation/receipts paid to the Lobbyist for lobbying during the reporting p (Schedule A)</li> <li>Total of other compensation/receipts received for lobbying services and compensati (Schedule A-1)</li> <li>Total amount of Loans received by the Lobbyist in connection with lobbying during (Schedule A-2)</li> <li>Total receipts (Add Lines 7, 8, and 9)</li> <li>Total of expenditures made for purposes of lobbying during the reporting period: (Schedule B)</li> <li>Total of other expenditures related to lobbying activities: (Schedule B-1)</li> <li>Total expenditures (Add Lines 11 and 12)</li> </ol> | on paid to others: \$\bigc0.00 |

## **BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY** LOBBYIST/EMPLOYEE LOBBYIST'S ACTIVITY REPORT PAGE 1 OF 1 SCHEDULE A – COMPENSATION/RECEIPTS PAID TO THE LOBBYIST FOR LOBBYING:

YEAR: 2013 -- January <u>10</u> Period Covering: 7/1/12 through 12/31/12

Pank of America Corneration

| COMPENSA             |              | S PAID FOR LOB |               |               | DED OFF TO WHOLE  |   |
|----------------------|--------------|----------------|---------------|---------------|-------------------|---|
| EMP<br>(FEES/COMPENS |              | , ADDRESS AND  | TELEPHONE NUM | 1BER          | TOTAL THIS PERIOD | CUMULATIVE TOTAL<br>(FEES/COMPENSATION  |
| N/A                  |              |                |               |               | N/A               | \$338.94                                |
| FEES/RETAINER        | COMPENSATION | 77-76          |               |               | \$                | \$                                      |
| EMP<br>(FEES/COMPENS |              | , ADDRESS AND  | TELEPHONE NU  | MBER          | TOTAL THIS PERIOD | CUMULATIVE TOTAL<br>(FEES/COMPENSATION) |
|                      |              |                |               |               |                   |   |
| FEES/RETAINER        | COMPENSATION |                |               |               |                   |   |
| \$                   |              |                |               |               | \$                | \$                                      |
| EMP<br>(FEES/COMPENS |              | , ADDRESS AND  | TELEPHONE NU  | MBER          | TOTAL THIS PERIOD | CUMULATIVE TOTAL<br>(FEES/COMPENSATION) |
|                      |              |                |               |               |                   |   |
| FEES/RETAINER        | COMPENSATION |                |               |               |                   |   |
| \$                   | \$           |                | <u></u>       |               | \$                | \$                                      |
| EMF<br>(FEES/COMPENS |              | E, ADDRESS AND | TELEPHONE NU  | J <b>MBER</b> | TOTAL THIS PERIOD | CUMULATIVE TOTAL (FEES/COMPENSATION)    |
|                      |              |                |               | _             |                   |   |
| FEES/RETAINER        | COMPENSATION |                |               |               |                   |   |
| \$                   | \$           |                |               |               | <b>-</b> \$       | \$                                      |
|                      |              | TAL RECEIPTS I |               |               | \$ 0.00           | s 338.94                                |

 $\hfill \hfill \hfill$ Rev 12/2012

#### **BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY** LOBBYIST/EMPLOYEE LOBBYIST'S ACTIVITY REPORT PAGE 1 OF 1 SCHEDULE A-1 -- LOBBYIST COMPENSATION/RECEIPTS RECEIVED FOR LOBBYIST SERVICES AND COMPENSATION PAID TO OTHERS:

| YE | AR | 2013 |  |
|----|----|------|--|
|    |    |      |  |

| LORRVIST/F                            | Туре<br>мргочее говву                     | Period Co              | : <b>Janua</b><br>overing: 7/1/ |                          | □July<br>throug   | h 12/31/12           | ····                |
|---------------------------------------|---|------------------------|---------------------------------|--------------------------|-------------------|----------------------|---------------------|
| NAME: Bank of A                       |   |                        |                                 |                          |                   |                      |                     |
|                                       | SATION/RECEIPTS RI<br>LOBBYIST ACTIVIT    |                        |                                 | Γ AND/OR LOBBYIS         | ST EMPLOYEE A     | AND PAID BY THE      | COMPENSATING        |
|                                       | ME, ADDRESS, AND                          |                        |                                 |                          |                   | TOTAL THIS<br>PERIOD | CUMULATIVE<br>TOTAL |
| EMI LOTEK S NA                        | VIE, ADDRESS, AND                         | TELEI HONE             | NUMBER                          |                          |                   | 0.00                 | 0.00                |
|                                       |   |                        | 1                               |                          |                   |                      | 0.00                |
| OFFICE EXPENSES                       | ADVERTISING & PUBLICATION EXP             | PERSONAL<br>EXPENSES   | TRAVEL<br>EXPENSES              | COMPENSATION<br>TO OTHER | OTHER<br>EXPENSES |                      |                     |
| \$0.00                                | \$0.00                                    | \$ 0.00                | \$0.00                          | \$                       | 5                 | \$                   | \$                  |
| EMPLOYER'S                            | S NAME, ADDRESS,                          | AND TELEPH             | ONE NUMBE                       | R                        |                   | TOTAL THIS PERIOD    | CUMULATIVE<br>TOTAL |
|                                       |   |                        |                                 |                          |                   |                      |                     |
| OFFICE EXPENSES                       | ADVERTISING & PUBLICATION EXP             | PERSONAL<br>EXPENSES   | TRAVEL EXPENSES                 | COMPENSATION<br>TO OTHER | OTHER<br>EXPENSES |                      |                     |
| \$                                    | \$  | \$                     | \$                              | \$                       | 3                 | \$                   | \$                  |
| EMPLOYER'S                            | S NAME, ADDRESS,                          | AND TELEPH             | ONE NUMBE                       | R                        |                   | TOTAL THIS PERIOD    | CUMULATIVE<br>TOTAL |
|                                       |   |                        |                                 |                          |                   |                      |                     |
| OFFICE EXPENSES                       | ADVERTISING & PUBLICATION EXP             | PERSONAL<br>EXPENSES   | TRAVEL EXPENSES                 | COMPENSATION<br>TO OTHER | OTHER<br>EXPENSES | 1                    |                     |
| \$                                    | \$  | \$                     | \$                              | \$                       | 8                 | \$                   | <b>\$</b>           |
| EMPLOYER'S                            | NAME, ADDRESS, A                          | AND TELEPHO            | ONE NUMBEF                      | ₹                        |                   | TOTAL THIS PERIOD    | CUMULATIVE<br>TOTAL |
|                                       |   |                        |                                 |                          |                   |                      |                     |
| OFFICE EXPENSES                       | ADVERTISING &<br>PUBLICATION EXP          | PERSONAL<br>EXPENSES   | TRAVEL<br>EXPENSES              | COMPENSATION<br>TO OTHER | OTHER<br>EXPENSES |                      |                     |
| \$                                    | \$  | \$                     | \$                              | \$                       | 3                 | \$                   | <b>\$</b>           |
|                                       | L OTHER COMPE                             | NSATION/R<br>TOTAL FOR |                                 |                          | OBBYING           | \$ 0.00              | \$0.00              |
| if MORE S<br>(SEE NEX<br>REV. 12/2012 | SPACE IS NEEDED, CH<br>T PAGE FOR INSTRUC | ECK BOX AND            | ATTACH SUPP                     | LEMENTAL SHEET           | A-1               | RF                   | GA Form             |

### **INSTRUCTIONS FOR SCHEDULE A-1**

1. Enter the Type of Report and the covering period for this report. All activity from the ending coverage date of the last report filed must be included.

## SCHEDULE A-2 LOANS RECEIVED BY THE LOBBYIST

YEAR: 2013

| Type of Report: January 10      | July     |
|---------------------------------|----------|
| Period Covering: 7/1/12 through | 12/31/12 |
| ORRVIST/EMPLOYEE LORRVIST       |          |

# LOBBYIST/EMPLOYEE LOBBYIST NAME: Bank of America Corporation

|            |               |                | VITH LOBBYING ACTIVITY. 0.0 | JU                               | T                        |
|------------|---------------|----------------|-----------------------------|----------------------------------|--------------------------|
| F          | EMPLOYER'S NA | AME, ADDRESS A | ND TELEPHONE NUMBER         | TOTAL LOANS THIS PERIOD<br>TOTAL | CUMULATIVE LOAN          |
|            |               |                |                             | 0.00                             | 0.00                     |
| LOAN       |               |                |                             |                                  |                          |
| 0.00       | \$0.00        | \$0.00         | \$0.00                      | <del></del> \$                   | \$                       |
|            |               |                | ND TELEPHONE NUMBER         | TOTAL LOANS THIS PERIOD          | CUMULATIVE LOAN<br>TOTAL |
|            |               |                |                             |                                  |                          |
| LOAN       |               |                |                             |                                  |                          |
|            | \$            | \$             | \$                          | \$                               | \$                       |
| I          | EMPLOYER'S NA | AME, ADDRESS A | ND TELEPHONE NUMBER         | TOTAL LOANS THIS PERIOD          | CUMULATIVE LOAN<br>TOTAL |
|            |               |                |                             |                                  |                          |
|            |               |                |                             |                                  |                          |
| LOAN       |               |                |                             |                                  |                          |
| LOAN       | \$            | \$             | \$                          | \$                               | \$                       |
|            |               |                | \$<br>ND TELEPHONE NUMBER   | \$ TOTAL LOANS THIS PERIOD       | \$ CUMULATIVE LOAN       |
| E          |               |                |                             | \$ TOTAL LOANS THIS PERIOD       | \$<br>CUMULATIVE LOAN    |
| TOTAL      |               |                |                             | \$ TOTAL LOANS THIS PERIOD       | \$ CUMULATIVE LOAN       |
| E          |               |                |                             | \$ TOTAL LOANS THIS PERIOD       | \$ CUMULATIVE LOAN       |
| E<br>TOTAL | MPLOYER'S NA  | ME, ADDRESS AN | ND TELEPHONE NUMBER         | \$ TOTAL LOANS THIS PERIOD       | \$ CUMULATIVE LOAN       |

REV. 12/2012 BEGA Form

- 1. Enter the Type of Report and the covering period for this report. All activity from the ending coverage date of the last report filed must be included.
- 2. Provide the name of the lobbyist or in-house employee lobbyist, person/organization to provide lobbying services.
- 3. Provide information relative to any loans received by the lobbyist, in-house employee lobbyist, person/organization to any official and/or employee of the District of Columbia related to any lobbying activities.
  - (A) Include all loans received for the period.
  - (B) The cumulative to-date column must only include the aggregate total value of all loans received for the two reporting periods within a calendar year. (January and July).
- 4. The registrant must maintain detailed records of all receipts and expenditures by each employee, agent or sub-agent.
- 5. If additional space is needed, use a supplemental sheet and include with Schedule A-2.

BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY
COMPENSATING REGISTRANT'S ACTIVITY REPORT PAGE 1 OF 1
SCHEDULE B – EXPENDITURES PAID BY COMPENSATING REGISTRANT TO THE LOBBYIST
YEAR: 2013

|                 |                | 1  |      |
|-----------------|----------------|----|------|
| Type of Report: | <b>January</b> | 10 | July |

|        | Period Covering: $\frac{7/1}{2}$   | 12 through 12/31/12     | 1994 11-             |                     |
|--------|--|-------------------------|----------------------|---------------------|
| COMPEN | SATING REGISTRANT'S NAME: Bank of A                                      | America Corporation     |                      |                     |
| PAYMEN | TS MADE IN CONNECTION WITH LOBBYIN                                       | G ACTIVITIES 0.00       |                      |                     |
|        | EXPENSES INCURRED, OR PAID BY T<br>E LOBBYIST FOR ACTIVITIES RELATIVE TO |                         |                      | AND/OR IN-HOUSE     |
| DATE   | NAME AND ADDRESS OF PAYEE  | PURPOSE OF COMPENSATION | TOTAL THIS<br>PERIOD | CUMULATIVE<br>TOTAL |
| N/A    | N/A  | N/A                     | <sub>s</sub> 0.00    | <sub>s</sub> 0.00   |
|        |  |                         |                      |                     |
|        |  |                         | \$                   | \$                  |
|        |  |                         |                      |                     |
|        |  |                         | \$                   | \$                  |
|        |  |                         | \$                   | \$                  |
|        |  |                         |                      |                     |
|        |  |                         | \$                   | \$                  |
|        |  |                         | •                    | ¢                   |

IF MORE SPACE IS NEEDED, CHECK BOX AND ATTACH SUPPLEMENTAL SHEET (SEE NEXT PAGE FOR INSTRUCTIONS)

TOTAL EXPENDITURES PAID FOR LOBBYING

(CARRY TOTAL FORWARD TO LINE 11)

REV. 12/2012

**BEGA Form** 

\$ 0.00

\$ 0.00

#### INSTRUCTIONS FOR SCHEDULE B

The term "EXPENDITURE" includes any payments made relative to lobbying activities.

- 1. Enter the Type of Report and the covering period for this report. All activity from the ending coverage date of the last report must be included.
- 2. You must itemize all expenses arranged, incurred, and paid by you during the period.

- 3. Purpose of Compensation describes the reason for the compensation (e.g., proposed legislation, pending decision, etc.).
- 4. Total expenditures for the reporting period must be shown if relative to lobbying activities by a Lobbyist, an in-house employee lobbyist, person and/or organization contracted to provide lobbying services.
- 5. The *cumulative to-date column* must include the aggregate total of all expenditures that were paid by the Compensating Registrant for lobbying activities to a lobbyist, an in-house employee lobbyist, person and/or organization contracted to provide lobbying services.
- 6. If additional space is needed, use a supplemental sheet and include with Schedule B.

BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY LOBBYIST/COMPENSATING REGISTRANT'S ACTIVITY REPORT PAGE 1 OF 1 SCHEDULE B-1 -- OTHER EXPENDITURES

YEAR: 2013

Type of Report: January 10

July

|        |                       | OR PAID BY THE COMPENSATING REGISTRA |  | _                  |
|--------|-----------------------|--------------------------------------|--|--------------------|
| DATE   | NAME OF RECIPIENT     | DESCRIPTION OF CONSIDERATION         | TYPE OF COMPENSATION PAID (LOANS, CONTRIBUTION, GIFT, HONORARIA, ETC.) | TOTAL              |
| YMENT  | N/A                   | N/A                                  | N/A  | <sub>\$</sub> 0.00 |
|        |                       |                                      |  | \$                 |
|        |                       |                                      |  | \$                 |
|        |                       |                                      |  | \$                 |
|        |                       |                                      |  | \$                 |
|        | -                     |                                      |  | \$                 |
|        | ,                     |                                      |  | \$                 |
|        |                       |                                      |  | \$                 |
| OTAL O | THEREXPENDITURES PAII | ) FOR LOBBYING                       |  | 0.00               |

REV. 12/2012 **BEGA** Form

#### **INSTRUCTIONS FOR SCHEDULE B-1**

- 1. Enter the Type of Report and the covering period for this report. All activity from the ending coverage date of the last report must be included.
- You must report each contribution, gift, honoraria, and loan in the box titled "Description of Consideration".
- The most common type of other expenses relating to lobbying activities are as follows:

#### a. CAMPAIGN CONTRIBUTIONS MADE

# BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY

## LOBBYIST ACTIVITY REPORT

SCHEDULE C

YEAR 2013

(See next page for Instructions)

| OBBYIST/COMPE                                     | NSATING'S REGISTRANT'S NAME: _            | ank of America Corporation   |
|---|---|--|
| DATE  | NAME                                      | NATURE OF EMPLOYMENT WITH<br>REGISTRANT  |
| N/A   | N/A                                       | N/A  |
|   |   |  |
|   |   |  |
|   |   |  |
|   |   | 10.00  |
|   |   |  |
|   |   |  |
| this Lobbyist Acceptance of Registerant must sign | trapt (or, if not an individual, an agn). | perjury that the statements contained nowledge, true, correct, and complete.  uthorized officer or agent* of  may not sign on behalf of the compensating |