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

Office of Government Ethics

FINANCIAL DISCLOSURE STATEMENT

Each designated employee subject to sections 224 and 225 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 and 1-1162.25) is required to complete and submit a Financial Disclosure Statement (FDS) to BEGA or his/her Agency Head annually, no later than May 15th of each year.

This hard copy form should only be completed by Confidential Financial Disclosure Statement filers, District employees who have received an E-filing waiver from BEGA and past District employees who have recently separated from District employment. BEGA will NOT accept a hard copy form from a Public Financial Disclosure Statement filer unless that filer has been granted an E-filing waiver. Confidential Financial Disclosure Statement filers should submit their completed forms to their agency head per agency instructions. E-filing waiver recipients and past employees should send their completed hard copy forms directly to BEGA via email at bega-fds@dc.gov or regular mail to:

One Judiciary Square
441 4th Street, NW Suite 830 South
Washington, DC 20001

All questions on this FDS should be answered for the previous calendar year. For purposes of this form, the "previous calendar year" is defined as January through December of the previous year. If you are filling out this form because you have separated from District employment, please complete the form for the period beginning in January of the year you separated from District employment or the date in the previous calendar year you began District government employment through the date of your separation. 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.

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

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.

FINANCIAL DISCLOSURE STATEMENT

Period for which statement is made: 1/1/2020 to

ORIGINAL ◉ **AMENDMENT** ○ **DATE OF FILING:** 11/12/2020

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: [redacted] **Business:** (202) 724-8105

Home Address: [redacted]

Street

Apt or Unit Number

Washington DC [redacted]

(City, State, Zip Code)

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.
- Failure to timely submit a full, accurate and complete form to BEGA or your agency head may result in fines of $10.00 per day for up to thirty (30) days and up to $5,000 in other penalties and fines. Any late-filer fines levied against a current District employee are deducted directly from the bi-weekly District government paycheck.

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

Agency Telephone: (202) 724-8105

District E-mail Address: dgrosso@dccouncil.us

Start Date (in this position): January 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 previous calendar year 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 or other activity during the previous calendar year 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 year 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:

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 in the previous calendar year:

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 previous calendar year for which they received compensation of $200 or more?

Note: Answer "yes" if you engaged in any occupation, trade, business, profession, or employment during the reporting year 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: President

Name of Employer: Center for Health and Gender Equity

Description of Work: Reproductive health and rights

Start Date: 06/2008 End Date:

Income Received from Outside Business: ~~$0-$1000~~ N/A

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 in the previous calendar year:

Client Name:

3. Did you 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 during the previous calendar year?

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 in any other formal capacity of a non-government board or other outside entity during the previous calendar year?

Yes ◉ **No** ○

If you answered yes:

Position/Title: Board Member

Name of Employer: City Dance

Start Date 01/2019 End Date (if applicable)

5. During the previous calendar year, 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 previous calendar year, 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?

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 previous calendar year 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:

_____

Total Value of Beneficial Interests or Securities at the close of the previous calendar year:

8. 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) at the close of the previous calendar year 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:

_____

Total Value of Beneficial Interests or Securities at the close of the previous calendar year: *(Select the applicable value range.).*

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 previous calendar year?

Yes ○ **No** ◉

If you answered yes:

Name of Entity or Person:

Type of Liability:

Amount of Liability: (*Select the applicable range value. Attach a Supplemental Sheet if you have additional entries. Report other entries in the same format.*)

10. 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) during the previous calendar year?

Yes ○ **No** ◉

If you answered yes:

Name of Entity or Person:

Type of Liability:

Amount of Liability: *(Select the applicable value range. Attach a Supplemental Sheet if you have additional entries. Report other entries in the same format.)*

11. Did you have an interest in any real property located in the District of Columbia during the previous calendar year aside from your primary personal residence, occupied by you, your spouse or your domestic partner, where your interest had a fair market value of $1,000 or more, 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:

(Select the applicable range. Attach a Supplemental Sheet if you have additional entries. Report other entries in the same format.)

12. Did your spouse, domestic partner, or dependent child(ren) have an interest in any real property located in the District of Columbia during the previous calendar year aside from their primary personal residence, where their interest had a fair market value of $1,000 or more, 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:

(Select te applicable value range. Attach a Supplemental Sheet if you have additional entries. Report other entries in the same format)

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) (see definition in glossary) 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 previous calendar year?

YES ◉ **NO** ○

Identity of Gift Giver: See attached sheet for additional gifts to report

Gift Giver's Company: Teach for America

Description of Gift: attended event

Date of Gift: 02/26/2020 Amount or Estimated Value: >$500

CERTIFICATIONS

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

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):

See attached

~~Additional donations: International Center for Research on Woman event, 2/25/2020, $110; DC Educ.~~

SIGNATURE

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 civil penalties pursuant to 3 DCMR § 5704.5, D.C. Official Code §§ 1-1162.24 and 1-1162.25, and 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, accurate, and complete.

David P. Grosso

Printed Name of Filer

Signature

11.12.20

Date

SAVE

PRINT

Additional gifts to report for 1/1/2020 to 6/30/2020:

International Center for Research on Woman event, 2/25/2020, $110

DC Education Fund , DCPS Standing Ovation, 1/30/2020, $500