

**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 15th 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 15th and November 15th of each year.

The reporting period for the Council's November 15th PFDS 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.

Prior Reporting Period for Which Filing is Made* January 1 - June 30, 2018

ORIGINAL ☒

AMENDMENT ☐

Date of Filing* 12/14/18

Name:

Nadeau	Brianne	Kruger
Last	First	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: 2027248181

Home Address*: [REDACTED]
(Street) (City, State, Zip Code)

REV. 10/2018

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, 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: Councilmember Grade: CM
Name of Agency/Board/Commission: Council of the District of Columbia
Agency Address: 1350 Pennsylvania Ave, NW Washington, DC 20004
Agency Telephone: 202-724-8000
District E-mail Address: bnadeau@dccouncil.us
Start Date (in this position): 01/02/2015

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, 2018 and June 30, 2018 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. During the reporting period did you have any non-District employment or engage in any outside activity 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. 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.

- ☒ Yes
☐ No

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

Name of Employer: Kaiser Foundation Health Plan of the Mid-Atlantic States

Description of Work business process consultant, health care operations

Start Date 10/17/2016 End Date (if applicable) _____

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. 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 other formal capacity of a non-government board or other outside entity?

- ☒ Yes
☐ No

If you answered yes:

Position/Title: honorary board member

Name of Employer: Wangari Gardens

Start Date 02/25/18 End Date (if applicable) _____

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: _____

6. 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?

☐ Yes
☒ No

If you answered yes:

Former/Current Employer: _____

Type of Agreement or Benefit: _____

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.

- ☒ Yes
☐ No

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

General Electric

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. 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?**

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
☐ 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. 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.)

- ☐ 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. 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
- ☐ \$1,000,001 - \$5,000,000
- ☐ \$5,000,001 - \$25,000,000
- ☐ \$25,000,001 - \$50,000,000
- ☐ Over \$50,000,000

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
☐ \$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. During the reporting period did your spouse, domestic partner, or dependent child(ren) have an interest in any real property located in the District of Columbia *aside from their primary personal residence*, 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 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
- ☐ \$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.) _____

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

☒ No

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

Issuing Entity _____

GIFTS

15. During the reporting period 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?

☐ Yes

☒ No

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.

Brianne K Nadeau

Signature

Brianne K. Nadeau 12/14/18

Printed Name of Filer

Date