Exhibit 19

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



Office of Government Ethics

PUBLIC FINANCIAL DISCLOSURE STATEMENT

Each public official 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 (2015 Supp.)), is required to complete and submit this Public Financial Disclosure Statement to the Board of Ethics and Government Accountability (BEGA) annually, not later than May 15th of each year for the prior calendar year. A public official must also complete and submit a PFDS within 90 days of the end of their appointment to office, if the filer ceases to serve prior to May 15th of any

All questions on this PFDS should be answered for the prior calendar year. If the form is submitted as an Amendment, answer only the question to which there is a change in information.

Prior Cal	endar Year for	which Filing is made:	2016			
ORIGINA	AL X	AMENDMENT		Date of Filing:	5/17/2017	
Name:	Evans Last	Jac Fi	k rst	Mid	dle	
	Zust		GENERAL INFO			
		Current P	aid or Unpaid Position	with the District of Columbia		
(The info	I am currently: None (The information below regarding your agency, position, and email address, is supplied to BEGA by your agency. If any of this information is incorrect, please contact BEGA at bega-fds@dc.gov to correct it.)					
Position/7	Title: COUNCI	LMEMBER		Grade:		
Name of A	Agency/Board/Co	ommission: Coun	cil of the District o	f Columbia		
Agency A	ddress: 1350	Pennsylvania Avenue, N	W Washington, D	C 20004		
Agency T	elephone:	(202) 724-8000				
District E	-mail Address:					
Start Date (i	n this position):	05/13/1991				
Former Paid or Unpaid Position with the District of Columbia (if applicable)						
		id position with the Distri you listed above)	ct for more than this	rty days during the previous	calendar year that is	
Position:	Position: Grade:					
Name of Agency:						
Dates During Which You Held the Position:						

BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY
441 4th STREET, NW, 830 SOUTH
WASHINGTON, DC 20001

NON-DISTRICT EMPLOYMENT/BUSINESS

-	Did you have any non-District employment or engage in any outside business during 2016 for which you received compensation of \$200 or more?				
∀ Yes □	No				
Position/Title:	Counsel				
Name of Employ	yer: M	Aanatt			
Description of V	Vork:	Legal			
Start Date: 1	0/01/2015	End Date (if applicable):			
Clients If you answered (as opposed to ar gain a direct fina Client Name:	"yes," becan employer nicial benef	ause your spouse, registered domestic partner, or dependent child(ren) were paid by a client r) please identify which, if any, client had or has a contract with the District or who stands to fit from legislation that was pending before the Council in 2016:			
Description of V	Vork:	Consulting			
Start Date: 0	7/29/2016	End Date (if applicable):			
<u>Clients</u> If you answered (as opposed to an	"yes," beca n employer	ause your spouse, registered domestic partner, or dependent child(ren) were paid by a client r) please identify which, if any, client had or has a contract with the District or who stands to fit from legislation that was pending before the Council in 2016:			

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 2016 for which they received compensation of \$200 or more?

√ Yes	□No
Position/7	Title:
Name of I	Employer:
Start Dat	e: End Date (if applicable):
<u>Clients</u> If you ans client had	wered "yes," because you were paid by a client (as opposed to an employer) please identify which, if any, or has a contract with the District or who stands to gain a direct financial benefit from legislation that was efore the Council in 2016:
Client Na	me:
Hostess Yes	□ No
Position/1	Citle:
Name of I	Employer:
Start Dat	e: End Date (if applicable):
<u>Clients</u> If you ans client had	wered "yes," because you were paid by a client (as opposed to an employer) please identify which, if any, or has a contract with the District or who stands to gain a direct financial benefit from legislation that was efore the Council in 2016:
Client Na	me:
Description	on of Work:

Host

	My res □ No			
	Position/Title:			
	Name of Employer:			
	Start Date: End Date (if applicable):			
	Income Received from Outside activity or employment: 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 2016:			
	Client Name:			
	Description of Work: Intern			
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 2016?			
	✓ Yes No			
	Position/Title: Chairman of the Board			
	Name of Non-Government Board and/or outside Entity: WMATA			
	Start Date: 01/08/2016 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 2016?			
	☐ Yes ☑ No			
	Position/Title:			
	Name of Non-Government Board and/or outside Entity:			
	Start Date: End Date (if applicable):			
5.	During 2016, 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 fo future employment or for a leave of absence?			
	☐ Yes ✓ No			
	Former/Current Employer:			
	Type of Agreement or Benefit:			

	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				
	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 2016 that exceeded in the aggregate \$1,000 or that produced income of \$200 or more?				
	☐ Yes ☑ No				
	List each security and/or beneficial interest you held below:				
	Total Value of Beneficial Interests or Securities at the close of 2016:				
8.	Did your spouse, domestic partner, or dependent child(ren) have a beneficial interest in a business or hold any security ("security" means stocks (any class), bonds (including savings bonds and tax exempt bonds), mutual funds, 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 2016 that exceeded in the aggregate \$1,000 or that produced income of \$200 or more?				
	□Yes ☑ No				
	List each security and/or beneficial interest you held below:				
	Total Value of Beneficial Interests or Securities at the close of 2016:				

6. During 2016, did your spouse, registered domestic partner, or dependent child(ren) have any agreements with a former

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 2016?

☐ Yes No			
Name of Entity or Person:			
Type of Liability:			
Amount of Liability:			
immediate family) \$1,000 or more, (excl	dependent child(ren) owe any entity or person (other than a member of their luding: mortgages on personal residences, student loans, automobile loans, credit and other loans from a federal or state insured or regulated financial institution),		
☐ Yes No			
Name of Entity or Person:			
Type of Liability:			
Amount of Liability:			
	property located in the District during 2016 aside from your primary personal r market value of more than \$1,000, or where the property produced income of		
Purchase Date:	Date Sold (if applicable):		
Value of Real Estate or Interest:			
Did your spouse, domestic partner, or dependent child(ren) you have an interest in any real property located in the District during 2016 <i>aside from their primary personal residence</i> , in which 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 (if applicable):		
Value of Real Estate or Interest:			
	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: 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 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:	
	Issuing Entity:	
GIFTS 5. Did you receive any gift(s) ("Gift is defined as a payment, subscription, advance, forbearance, rendering, or a money, services, or anything of value, unless consideration of equal or greater value is received") from an that has or is seeking to do business with the District, conducts operations or activities that are regulated District, or has an interest that may be favorably affected by the performance or nonperformance of your duties total amount or with a total value of \$100 or more during 2,016.00?		
	☐ Yes No	
	Identity of Gift Giver:	
	Gift Giver's Company:	
	Description of Gift:	
	Date of Gift: Amount or Estimated Value: 0	
	Explanation of Acceptance (if necessary):	

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.

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.

ELECTRONICALLY CERTIFIED By: Evans, Jack 5/17/2017

Signature Printed Name of Filer Date