

**UNITED STATES  
COMMODITY FUTURES TRADING COMMISSION  
Washington, DC 20581**

OMB APPROVAL

OMB Number: 3038-0082

**FORM WB-APP  
APPLICATION FOR AWARD FOR ORIGINAL INFORMATION PROVIDED  
PURSUANT TO SECTION 23 OF THE COMMODITY EXCHANGE ACT**

**A. TELL US ABOUT YOURSELF (Required for All Submissions)**

|                                                     |                             |                                              |                                             |
|-----------------------------------------------------|-----------------------------|----------------------------------------------|---------------------------------------------|
| 1. Last Name<br><b>Warren</b>                       | First Name<br><b>Tinika</b> | M.I.<br><b>S</b>                             | SSN Last Four Digits<br><b>3,415</b>        |
| 2. Street Address<br><b>7437 Garners Ferry Road</b> |                             |                                              | Apartment/Unit #<br>mail signature required |
| City<br><b>Columbia</b>                             | State/Province<br><b>SC</b> | ZIP/Postal Code<br><b>29,209</b>             | Country<br><b>USA</b>                       |
| 3. Telephone                                        | Alt. Phone                  | E-mail Address<br><b>wtinika03@gmail.com</b> |                                             |

**B. YOUR ATTORNEY'S INFORMATION (If Applicable – See Instructions)**

|                    |                |                 |         |
|--------------------|----------------|-----------------|---------|
| 1. Attorney's Name |                |                 |         |
| 2. Firm Name       |                |                 |         |
| 3. Street Address  |                |                 |         |
| City               | State/Province | Zip/Postal Code | Country |
| 4. Telephone       | Fax            | E-mail Address  |         |

**C. TELL US ABOUT YOUR TIP OR COMPLAINT**

1a. How did you submit original information to the CFTC?

Website ☒ Mail ☐ Fax ☐ Other ☒

1b. Date that you submitted the information (mm/dd/yyyy)

03/06/2021

2a. Did you file a CFTC Form TCR? YES ☒ NO ☐

2b. Form TCR Number

2c. Date that you filed your Form TCR (mm/dd/yyyy)

02/15/2022

3. Name(s) of the individual(s) and/or entity(s) to which your tip or complaint relates

Parking Services of Columbia SC, failure to accomodate under ADA ACT

**D. NOTICE OF COVERED ACTION**

1. Date of relevant Notice of Covered Action (mm/dd/yyyy)

2. Notice Number

3a. Case Name

3b. Case Number

**E. CLAIMS PERTAINING TO RELATED ACTIONS**

1. Name of other agency or organization to which you provided your information

Transitions Homeless Shelter, HUD Office Columbia SC, SC Housing, Columbia Housing Authority , Mayor's Office D. Rickermann

2. Name and contact information for point of contact at the agency or organization, if known

Passport parking and Parking Services Department

3a. Date that you provided the information (mm/dd/yyyy)

02/15/2022

3b. Date of action by the agency or organization (mm/dd/yyyy)

ongoing

4a. Case Name

City of Columbia SC, Parking Services

4b. Case Number

4-3750-20-124

## F. ELIGIBILITY REQUIREMENTS AND OTHER INFORMATION

1. Are you currently, or were you at the time that you acquired the original information that you submitted to the CFTC, a member, officer or employee of: the CFTC; the Board of Governors of the Federal Reserve System; the Office of the Comptroller of the Currency; the Board of Directors of the Federal Deposit Insurance Corporation; the Director of the Office of Thrift Supervision; the National Credit Union Administration Board; the Securities and Exchange Commission; the Department of Justice; a registered entity; a registered futures association; a self-regulatory organization; a law enforcement organization; or a foreign regulatory authority or law enforcement organization?

YES ☒ NO ☐

2. Did you provide the information identified in Section C above pursuant to a cooperation agreement with the CFTC or another agency or organization?

YES ☒ NO ☐

3. Before you provided the information identified in Section C above, did you (or anyone representing you) receive any request, inquiry or demand that relates to the subject matter of your submission (i) from the CFTC, (ii) in connection with an investigation, inspection or examination by any registered entity, registered futures association or self-regulatory organization, or (iii) in connection with an investigation by the Congress, or any other federal or state authority?

YES ☒ NO ☐

4. Are you currently a subject or target of a criminal investigation, or have you been convicted of a criminal violation, in connection with the information identified in Section C above and upon which your application for an award is based?

YES ☐ NO ☒

5. Did you acquire the information that you provided to the CFTC from any person described in Questions 1 through 4 above?

YES ☐ NO ☒

6. If you answered "Yes" to any of Questions 1 through 5 above, please provide details. Use additional sheets, if necessary.

## **G. ENTITLEMENT TO AWARD**

Explain the basis for your belief that you are entitled to an award in connection with your submission of information to the CFTC, or to another agency or organization in a related action. Provide any additional information that you think may be relevant in light of the criteria for determining the amount of an award set forth in Section 23 of the Commodity Exchange Act and Part 165 of the CFTC's regulations. Include any supporting documents in your possession or control, and use additional sheets, if necessary.

I am asking for an award in the amount of \$1.5 million dollars, that proves that the agency employees are conspiring to STEAL my asset of a car that I paid cash for in April 2021. My caseworker/ unlicensed social worker told me that I do not have a car in October 2021 therefore I emailed the parking services and file a State of South Carolina Social Worker License compliant listing the issue of the pre-meditated grand theft AUTO plot before I kicked out of room 210CU in programs , that violates the Fair Housing Act, ADA ACT, Retailation in governmental programs under the FBI.gov, a regitered voter, with Federally funded Education Loans and USDA. This is how residents are being pushed out into the streets to get " SEX TRAFFICKED" in the downtown area, due to theft,abuse,corruption,mismanagement and abuse of power. Please help they are participating in trying to make me a victim to fall in their demograpics to get addiotional grants funding.

Discrimintory Harassment, Abuse of Power under (FBI.GOV & Cornell Law), Conspiracy Against Rights Under the Color of Law for failure to accomoodate under the Fair Housing Act, Americans with Disabilities Act as a place to " REST" until the other parties involve house me under the OSH ACT, Section 8 program w/ voucher in hand put to use w/o adverse actions or settle my compliants and /or Whistleblower Award Claims, DOJ civil rights division , right to sue under 58404-TKV Civilrights.justice.gov and EEOC claims.

## H. CLAIMANT'S DECLARATION

I declare under penalty of perjury under the laws of the United States that the information contained herein is true, correct and complete to the best of my knowledge, information and belief. I fully understand that I may be subject to prosecution and ineligible for a whistleblower award if, in my submission of information, my other dealings with the Commodity Futures Trading Commission, or my dealings with another agency or organization in connection with a related action, I knowingly and willfully make any false, fictitious or fraudulent statements or representations, or use any false writing or document knowing that the writing or document contains any false, fictitious or fraudulent statement or entry.

Print Name

Tinika Se'Cal Warren

Signature

Tinika Se'Cal Warren

Date

02/27/2022

## I. COUNSEL CERTIFICATION

I certify that I have reviewed this form for completeness and accuracy and that the information contained herein is true, correct and complete to the best of my knowledge, information and belief. I further certify that I have verified the identity of the whistleblower award claimant on whose behalf this form is being submitted by viewing the claimant's valid, unexpired government issued identification (*e.g.*, driver's license, passport) and will retain an original, signed copy of this form, with Section H signed by the claimant, in my records. I further certify that I have obtained the claimant's non-waivable consent to provide the Commodity Futures Trading Commission with his or her original signed Form WB-APP upon request, and that I consent to be legally obligated to do so within seven (7) calendar days of receiving such a request from the Commodity Futures Trading Commission.

Print Name of Attorney and Law Firm, if Applicable

Signature

Date

### **Privacy Act Statement**

This notice is given under the Privacy Act of 1974. The Privacy Act requires that the Commodity Futures Trading Commission (CFTC) inform individuals of the following when asking for information. The solicitation of this information is authorized under the Commodity Exchange Act, 7 U.S.C. 1 *et seq.* The information provided will enable the CFTC to determine the whistleblower award claimant's eligibility for payment of an award pursuant to Section 23 of the Commodity Exchange Act and Part 165 of the CFTC's regulations. This information will be used to investigate and prosecute violations of the Commodity Exchange Act and the CFTC's regulations. This information may be disclosed to federal, state, local or foreign agencies or other authorities responsible for investigating, prosecuting, enforcing or implementing laws, rules or regulations implicated by the information consistent with the confidentiality requirements set forth in Section 23 of the Commodity Exchange Act and Part 165 of the CFTC's regulations. The information will be maintained and additional disclosures may be made in accordance with System of Records Notices CFTC-49, "Whistleblower Records" (exempted), CFTC-10, "Investigatory Records" (exempted), and CFTC-16, "Enforcement Case Files." The CFTC requests the last four digits of the claimant's Social Security Number for use as an individual identifier to administer and manage the whistleblower award program. Executive Order 9397 (November 22, 1943) allows federal agencies to use the Social Security Number as an individual identifier. Furnishing the information is voluntary. However, if an individual is providing information for the whistleblower award program, not providing required information may result in the individual not being eligible for award consideration.

Questions concerning this form may be directed to Commodity Futures Trading Commission, Whistleblower Office, Three Lafayette Centre, 1155 21st Street, NW, Washington, DC 20581.

### **Submission Procedures**

- This form *must* be used by persons making a claim for a whistleblower award in connection with information provided to the CFTC, or to another agency or organization in a related action. In order to be deemed eligible for an award, you must meet all the requirements set forth in Section 23 of the Commodity Exchange Act and Part 165 of the CFTC's regulations.
- You must sign the Form WB-APP as the claimant. If you wish to submit the Form WB-APP anonymously, you must do so through an attorney, your attorney must sign the Counsel Certification Section of the Form

WB-APP that is submitted to the CFTC, and you must give your attorney your original signed Form WB-APP so that it can be produced to the CFTC upon request.

- During the whistleblower award claim process, your identity must be verified in a form and manner that is acceptable to the CFTC prior to the payment of any award.
  - If you are filing your claim in connection with information that you provided to the CFTC, then your Form WB-APP, and any attachments thereto, must be received by the CFTC within ninety (90) days of the date of the Notice of Covered Action, or the date of a final judgment in a related action to which the claim relates.
  - If you are filing your claim in connection with information that you provided to another agency or organization in a related action, then your Form WB-APP, and any attachments thereto, must be received by the CFTC as follows:
    - If a final order imposing monetary sanctions has been entered in a related action at the time that you submit your claim for an award in connection with a CFTC action, you may submit your claim for an award in that related action on the same Form WB-APP that you use for the CFTC action.
    - If a final order imposing monetary sanctions in a related action has not been entered at the time that you submit your claim for an award in connection with a CFTC action, you must submit your claim on Form WB-APP within ninety (90) days of the issuance of a final order imposing sanctions in the related action.
    - If a final order imposing monetary sanctions in a related action relates to a judicial or administrative action brought by the Commission under the Commodity Exchange Act that is not a covered judicial or administrative action, and therefore there would not be a Notice of Covered Action, you must submit your claim on Form WB-APP for an award in connection with the related action within ninety (90) calendar days following either (1) the date of issuance of a final order in the related action, if that date is after the date of issuance of the final judgment in the related Commission judicial or administrative action; or (2) the date of issuance of the final judgment in the related Commission judicial or administrative action, i.e., the date the related action becomes a related action,

if the date of issuance of the final order in the related action precedes the final judgment in the related Commission judicial or administrative action.

- To submit your Form WB-APP, you may print it and either submit it by mail to Commodity Futures Trading Commission, Whistleblower Office, Three Lafayette Centre, 1155 21st Street, NW, Washington, DC 20581, or by facsimile to (202) 418-5975. You also may submit this form electronically, through the web portal found on the CFTC's website at <http://www.cftc.gov>, which is also accessible from the CFTC Whistleblower Program website at [www.whistleblower.gov](http://www.whistleblower.gov).

### **Instructions for Completing Form WB-APP**

#### **General**

All references to "you" and "your" are intended to mean the whistleblower award claimant.

#### **Section A: Tell Us about Yourself**

Questions 1-3: Please provide the following information about yourself:

- last name, first name, middle initial and the last four digits of your Social Security Number;
- complete address, including city, state and zip code;
- telephone number and, if available, an alternate number where you can be reached; and
- your e-mail address (to facilitate communications, we strongly encourage you to provide an email address, especially if you are making your claim anonymously).

#### **Section B: Your Attorney's Information**

Complete this section only if you are represented by an attorney in this matter.

Questions 1-4: Provide the following information about your attorney:

- attorney's name;
- firm name;
- complete address, including city, state and zip code;
- telephone number and fax number; and
- e-mail address.



**Section C: Tell Us about Your Tip or Complaint**

- Question 1a: Indicate the manner in which you submitted your original information to the CFTC.
- Question 1b: Provide the date on which you submitted your original information to the CFTC.
- Question 2a: State whether you filed a CFTC Form TCR.
- Question 2b: If you filed a CFTC Form TCR, provide the Form's number.
- Question 2c: If you filed a CFTC Form TCR, provide the date on which you filed the Form.
- Question 3: Provide the name(s) of the individual(s) and/or entity(s) to which your tip or complaint relates.

**Section D: Notice of Covered Action**

The process for making a claim for a whistleblower award for a CFTC action begins with the publication of a "Notice of Covered Action" on the CFTC's website. This Notice is published whenever a judicial or administrative action brought by the CFTC results in the imposition of monetary sanctions exceeding \$1,000,000.

The Notice is published on the CFTC's website subsequent to the entry of a final judgment or order in the action that by itself, or collectively with other judgments or orders previously entered in the action, exceeds the \$1,000,000 threshold required for a whistleblower to be potentially eligible for an award. The CFTC will not contact whistleblower claimants directly as to Notices of Covered Actions; prospective claimants should monitor the CFTC website for such Notices.

- Question 1: Provide the date of the Notice of Covered Action to which this claim relates.
- Question 2: Provide the notice number of the Notice of Covered Action.
- Question 3a: Provide the case name referenced in the Notice of Covered Action.
- Question 3b: Provide the case number referenced in the Notice of Covered Action.

**Section E: Claims Pertaining to Related Actions**

- Question 1: Provide the name of the agency or organization to which you provided your information.
- Question 2: Provide the name and contact information for your point of contact at the agency or organization, if known.
- Question 3a: Provide the date on which you provided your information to the agency or organization referenced in Question 1 of this section.
- Question 3b: Provide the date on which the agency or organization referenced in Question 1 of this section filed the related action that was based upon the information that you provided.

Question 4a: Provide the case name of the related action.

Question 4b: Provide the case number of the related action.

**Section F: Eligibility Requirements and Other Information**

Question 1: State whether you are currently, or were at the time that you acquired the original information that you submitted to the CFTC, a member, officer or employee of: the CFTC; the Board of Governors of the Federal Reserve System; the Office of the Comptroller of the Currency; the Board of Directors of the Federal Deposit Insurance Corporation; the Director of the Office of Thrift Supervision; the National Credit Union Administration Board; the Securities and Exchange Commission; the Department of Justice; a registered entity; a registered futures association; a self-regulatory organization; a law enforcement organization; or a foreign regulatory authority or law enforcement organization.

Question 2: State whether you provided the information that you submitted to the CFTC pursuant to a cooperation agreement with the CFTC, or with any other agency or organization.

Question 3: State whether you provided this information before you (or anyone representing you) received any request, inquiry or demand that relates to the subject matter of your submission (i) from the CFTC, (ii) in connection with an investigation, inspection or examination by any registered entity, registered futures association or self-regulatory organization, or (iii) in connection with an investigation by the Congress, or any other federal or state authority.

Question 4: State whether you are currently a subject or target of a criminal investigation, or whether you have been convicted of a criminal violation, in connection with the information that you submitted to the CFTC and upon which your application for an award is based.

Question 5: State whether you acquired the information that you provided to the CFTC from any individual described in Questions 1 through 4 of this section.

Question 6: If you answered yes to any of Questions 1 through 5 of this section, please provide details.

**Section G: Entitlement to Award**

**This section is optional.** Use this section to explain the basis for your belief that you are entitled to an award in connection with your submission of information to the CFTC, or to another agency in connection with a related action. Specifically, address why you believe that you voluntarily provided the CFTC with original information that led to the successful enforcement of a judicial or administrative action filed by the CFTC, or a related action. Refer to § 165.9 of the CFTC's regulations for further information concerning the relevant award criteria.

Section 23(c)(1)(B) of the Commodity Exchange Act and § 165.9(a) of the CFTC's regulations require the CFTC to consider the following factors in determining the amount of an award: (1) the significance of the information provided by a whistleblower to the success of the CFTC action or related action; (2) the degree of assistance provided by the whistleblower and any legal representative of the whistleblower in the CFTC action or related action; (3) the programmatic interest of the CFTC in deterring violations of the Commodity Exchange Act (including regulations under the Act) by making awards to whistleblowers who provide information that leads to the successful enforcement of such laws; (4) whether the award otherwise enhances the CFTC's ability to enforce the Commodity Exchange Act, protect customers, and encourage the submission of high quality information from whistleblowers; and (5) potential adverse incentives from oversize awards. Address these factors in your response as well.

**Section H: Claimant's Declaration**

You must sign this Declaration if you are submitting this claim pursuant to the CFTC whistleblower program and wish to be considered for an award. If you are submitting your claim anonymously, you must do so through an attorney, and you must provide your attorney with your original signed Form WB-APP.

**Section I: Counsel Certification**

If you are submitting this claim pursuant to the CFTC whistleblower program anonymously, you must do so through an attorney, and your attorney must sign the Counsel Certification Section.