

FORM MA
APPLICATION FOR MUNICIPAL ADVISOR REGISTRATION
ANNUAL UPDATE OF MUNICIPAL ADVISOR REGISTRATION
AMENDMENT OF A PRIOR APPLICATION FOR REGISTRATION

PART 1

This form must be completed by *municipal advisors* that are organized entities, including sole proprietors (referred to herein as “*municipal advisory firms*”). Natural persons applying for registration as a *municipal advisor*, including sole proprietors, must complete Form MA-I.

WARNING: Complete this form truthfully. False statements or omissions may result in denial of application, revocation of registration, or criminal prosecution. Form MA must be amended promptly upon the occurrence of certain material events, and updated at least annually, within 90 days of the end of the *municipal advisor’s* fiscal year, or, if a sole proprietor, the *municipal advisor’s* calendar year. See General Instruction 8. All *italicized* terms are defined or described in the Glossary to this Form.

Check the appropriate box:

This is an:

- Initial application to register as a *municipal advisor* with the SEC.
- Annual update* of *municipal advisor’s* Form MA, for fiscal year ended _____, or, if a sole proprietor, for calendar year ____.
If no changes are made in this *annual update* to information provided in the *municipal advisor’s* most recent Form MA, check here:
- Amendment (other than *annual update*) to any part of the *municipal advisor’s* most recent Form MA.

Item 1 Identifying Information

- A. Full legal name of the firm. (If the applicant is a sole proprietor, provide last, first, and middle names.)

If full legal name has changed since the *municipal advisor’s* most recent Form MA, check here and provide the previous full legal name.

- B. Name under which *municipal advisor-related* business is primarily conducted, if different from Item 1-A.

If name under which *municipal advisor-related* business is primarily conducted has changed since the *municipal advisor’s* most recent Form MA, check here and provide the previous name under which the *municipal advisor-related* business was primarily conducted.

List on Section I-B of Schedule D any additional names under which *municipal advisor-related* business is conducted.

- C. IRS employer identification number. If the applicant is a sole proprietor and has no employer identification number, provide the applicant’s social security number.

- D. Registrations

Was the applicant previously registered on Form MA-T as a *municipal advisor*?

- Yes File No. _____
- No

Is the applicant registered as or with any of the following?

Check all that apply. An applicant firm that does not have a CRD number, or other specified number, should enter nothing in the space provided. Such applicant should NOT provide the CRD number, or other specified number, of any of its officers, employees, or affiliates.

- Municipal Advisor* SEC File No.: _____
- Municipal Securities Dealer* SEC File No.: _____
- Broker-Dealer* SEC File No.: _____ CRD No.: _____
- Investment Adviser*
 - SEC-Registered* SEC File No.: _____ CRD No.: _____
 - State Registered* CRD No. _____
- Government Securities Broker-Dealer* SEC File No.: _____ Bank Identifier _____
- Other SEC Registration (Specify)* _____ SEC File No.: _____
- Another federal or state regulator (Specify)* _____ Registration No.: _____

If more space is needed, list any additional registrations in Section 1-D of Schedule D.

E. *Principal Office and Place of Business*

Do not use a P.O. Box.

Address:

(number and street)

(city) (state/country) (zip+4/postal code)

If this address is a private residence, check this box:

List on Section 1-E of Schedule D any office(s) at which municipal advisor-related business is conducted other than applicant's principal office and place of business listed above.

Telephone number at this location: _____

(area code) (telephone number)

Fax number (if any) at this location: _____

(area code) (fax number)

Mailing address:

Complete this item only if mailing address is different from principal office and place of business address in Item 1-E:

(number and street)

(city) (state/country) (zip+4/postal code)

If this address is a private residence, check this box:

F. Does the applicant have one or more websites? Yes No

If "yes," list all website addresses on Section 1-F of Schedule D.

G. If the applicant has a *Chief Compliance Officer*, provide his or her name and contact information:

_____ (name)

_____ (other title(s), if any)

_____ (area code) (telephone number) _____ (area code) (fax number)

_____ (number and street)

_____ (city) _____ (state/country) _____ (zip+4/postal code)

_____ @ _____
 (E-mail address of *Chief Compliance Officer*)

H. Contact Person: If a *person* other than the *Chief Compliance Officer* is authorized to receive information and respond to questions about this Form, provide the name and contact information for that *person*:

_____ (name)

_____ (title)

_____ (area code) (telephone number) _____ (area code) (fax number)

_____ (number and street)

_____ (city) _____ (state/country) _____ (zip+4/postal code)

_____ @ _____
 (E-mail address of contact person)

I. Does the applicant maintain, or intend to maintain, some or all of the books and records required to be kept under *MSRB* rules and *SEC* rules at a location other than the *principal office and place of business* address listed in Item 1-E? Yes No

If "yes," complete Section 1-I of Schedule D.

J. Is the applicant registered with a *foreign financial regulatory authority*? Answer "no" even if affiliated with a business that is registered with a *foreign financial regulatory authority*.

Yes No

If "yes," complete Section 1-J of Schedule D.

K. Is the applicant affiliated with any other business entities?

Yes No

If "yes," provide the names of these affiliates and any applicable registrations in Section I-K of Schedule D.

Item 2 Form of Organization

A. Applicant's form of organization:

If this is an annual update or amendment, and the applicant's form of organization has changed, see Instruction 8 of the General Instructions.

- Corporation Sole Proprietorship Limited Liability Partnership (LLP)
 Partnership Limited Liability Company (LLC) Limited Partnership (LP)
 Other (specify): _____

B. Month of applicant's annual fiscal year end: _____

C. The state in the U.S. or the jurisdiction outside the U.S. under which the applicant is organized:

If the applicant is a corporation or limited liability company, indicate the state or jurisdiction where the applicant is incorporated. If the applicant is a partnership, indicate the name of the state or jurisdiction under the laws of which the partnership was formed. If applicant is a sole proprietor, indicate the state or jurisdiction in which applicant resides.

If this is not an initial application for registration, and the applicant's information has changed since the applicant's most recent Form MA, see General Instruction 8.

D. Date of organization: _____

E. Is the applicant a public reporting company under Sections 12 or 15(d) of the Securities Exchange Act of 1934?

Yes No

*If "yes", provide applicant's CIK number: _____
(A CIK, or Central Index Key number, is assigned by the SEC to every public reporting company.)*

Item 3 Successions

Is the applicant, at the time of this filing, succeeding to the business of a registered *municipal advisor*?

If this succession was previously reported on Form MA, do not report the succession again. Instead, check "No." See Instruction 1 of the General Instructions to this Form.

- Yes
Date of Succession: _____
(mm/dd/yyyy)

No

If "yes," complete Section 3 of Schedule D.

Item 4 Information About Applicant's Business

Note: Instruction 2 of the General Instructions to this Form provides guidance for newly-formed municipal advisors completing this Item 4.

Employees

If the applicant is organized as a sole proprietorship, include the sole proprietor as an employee.

- A. Approximate number of *employees* of applicant. Include full- and part-time *employees*, but do not include clerical workers: _____
- B. Approximately how many of these *employees* engage in *municipal advisory activities*? (*Include employees who perform other functions in addition to engaging in municipal advisory activities.*) _____
- C. Approximately how many of the *employees* who are included in the response to part B are registered representatives of a broker-dealer? _____
- Approximately how many are registered representatives of an investment adviser? _____
- D. Approximately how many firms and other *persons* who are not employed by the applicant and who are not otherwise *associated persons* of the applicant *solicit clients* on the applicant's behalf? (*Count a firm only once; do not count each of the firm's employees that solicits on the applicant's behalf.*) _____

If the number entered includes firms, please list the names of these firms on Section 4D of Schedule D.

- E. Does the applicant have any *employees* that also do business independently on the applicant's behalf as affiliates of the applicant?
- Yes No

If yes, list the names of these employees on Section 4E of Schedule D.

Clients

- F. Approximately how many *clients* did the applicant serve in the context of its *municipal advisory activities* during its most-recently completed fiscal year? _____

The applicant has the following types of *clients*:
(*Check all that apply.*)

- (1) *Municipal entities*
- (2) Non-profit organizations (*e.g.*, 501(c)(3) organizations) who are *obligated persons*
- (3) Corporations or other businesses not listed above who are *obligated persons*
- (4) Other: _____
- (5) Not applicable - applicant engages only in *solicitation*; does not serve *clients* in the context of its *municipal advisory activities*.

- G. Approximately how many *municipal entities* and *obligated persons* were *solicited* by the applicant on behalf of a third-party during its most-recently completed fiscal year? (*If the applicant solicits its clients in addition to serving them in the context of its municipal advisory activities, these clients should be counted in the response to this Part G even if counted in Part F.*) _____

The applicant *solicits* the following types of *persons*:
(*Check all that apply.*)

- (1) Public pension funds
- (2) 529 Plans
- (3) Local government investment pools
- (4) State government investment pools
- (5) Hospitals
- (6) Colleges
- (7) Other: _____
- (8) Not applicable – applicant only serves *clients*; does not engage in *solicitation* in the context of its *municipal advisory activities*.

Compensation Arrangements

H. Applicant is compensated for its advice to or on behalf of *municipal entities* or *obligated persons* with respect to *municipal financial products* or the issuance of municipal securities by:
(Check all that apply.)

- (1) Hourly charges
- (2) Fixed fees (not contingent on the issuance of municipal securities)
- (3) *Contingent fees*
- (4) Subscription fees (for a newsletter or other publications)
- (5) Other (specify): _____
- (6) Not applicable – applicant engages only in *solicitation*; does not serve *clients* in the context of its *municipal advisory activities*.

I. Applicant is compensated for its *solicitation* activities by:
(Check all that apply.)

- (1) Hourly charges
- (2) Fixed fees (not contingent on the success of *solicitations*)
- (3) *Contingent fees*
- (4) Subscription fees (for a newsletter or other publications)
- (5) Other (specify): _____
- (6) Not applicable; applicant only serves *clients*; does not engage in *solicitation* as part of its *municipal advisory activities*.

J. Does the applicant receive compensation, in the context of its *municipal advisory activities*, from anyone other than *clients*?

- Yes No

If yes, please explain:

Applicant's Business Relating to Municipal Securities

K. Applicant is engaged in the following types of activities:
(Check all that apply.)

- (1) Advice concerning the issuance of municipal securities (including, without limitation, advice concerning the structure, timing, terms and other similar matters, such as the preparation of feasibility studies, tax rate studies, appraisals and similar documents, related to an offering of municipal securities)

- (2) Advice concerning the investment of the proceeds of municipal securities (including, without limitation, advice concerning the structure, timing, terms and other similar matters concerning such investments)
- (3) Advice concerning municipal escrow investments (including, without limitation, advice concerning their structure, timing, terms and other similar matters)
- (4) Advice concerning the investment of other funds of a *municipal entity* (including, without limitation, advice concerning the structure, timing, terms and other similar matters concerning such investments)
- (5) Advice concerning *guaranteed investment contracts* (including, without limitation, advice concerning their structure, timing, terms and other similar matters)
- (6) Advice concerning the use of *municipal derivatives* (including, without limitation, advice concerning their structure, timing, terms and other similar matters)
- (7) *Solicitation* of investment advisory business from a *municipal entity* or *obligated person* (including, without limitation, municipal pension plans) on behalf of an unaffiliated broker, dealer, *municipal advisor* or *investment adviser* (e.g., third party marketers, placement agents, solicitors, and finders)
- (8) *Solicitation* of business other than investment advisory business from a *municipal entity* or *obligated person* on behalf of an unaffiliated *person* or firm (e.g., third party marketers, placement agents, solicitors, and finders)
- (9) Advice or recommendations concerning the selection of other *municipal advisors* or underwriters with respect to *municipal financial products* or the issuance of municipal securities
- (10) Brokerage of municipal escrow investments
- (11) Other (specify): _____

Item 5 Other Business Activities

A. Applicant is actively engaged in business in or as a:

(Check all that apply.)

- (1) Broker-dealer, municipal securities dealer or government securities broker or dealer
- (2) Registered representative of a broker-dealer
- (3) Commodity pool operator (whether registered or exempt from registration)
- (4) Commodity trading advisor (whether registered or exempt from registration)
- (5) Futures commission merchant
- (6) Major swap participant
- (7) Major security-based swap participant
- (8) Swap dealer or security-based swap dealer
- (9) Trust company
- (10) Real estate broker, dealer, or agent
- (11) Insurance company, broker, or agent
- (12) Banking or thrift institution (including a separately identifiable department or division of a bank)
- (13) *Investment adviser* (including financial planners)
- (14) Lawyer or law firm (Jurisdiction(s) where licensed: _____)
- (15) Accountant or accounting firm (Jurisdiction(s) where licensed: _____)
- (16) Engineering firm
- (17) Other financial product advisor (specify): _____

B. Is applicant actively engaged in any other business not listed in Part A of this Item (other than engaging in *municipal advisory activities*)? Yes No

If yes, is this other business applicant's primary business? Yes No

Also, if "yes", describe this other business on Section 5-B of Schedule D.

Item 6 Financial Industry Affiliations of *Associated Persons*

“Associated Person” herein refers to a person who is an associated person of a municipal advisor. Note that “associated person” includes employees and persons with control over the municipal advisor that do not themselves engage in municipal advisory activities, but does not include employees that are solely clerical or administrative.

Applicant has one or more *associated persons* that is a:
(Check all that apply.)

- (1) Broker-dealer, municipal securities dealer, or government securities broker or dealer
- (2) Investment company (including mutual funds)
- (3) *Investment adviser* (including financial planners)
- (4) Swap dealer
- (5) Security-based swap dealer
- (6) Major swap participant
- (7) Major security-based swap participant
- (8) Commodity pool operator (whether registered or exempt from registration)
- (9) Commodity trading advisor (whether registered or exempt from registration)
- (10) Futures commission merchant
- (11) Banking or thrift institution
- (12) Trust company
- (13) Accountant or accounting firm
- (14) Lawyer or law firm
- (15) Insurance company or agency
- (16) Pension consultant
- (17) Real estate broker or dealer
- (18) Sponsor or syndicator of limited partnerships
- (19) Engineer or engineering firm
- (20) Other *municipal advisor*

Applicant must list on Section 6 of Schedule D all *associated persons*, including foreign affiliates, that are broker-dealers, municipal securities dealers, or government securities brokers or dealers, or *investment advisers, municipal advisors, registered swap dealers, banking or thrift institutions, or trust companies.*

Item 7 Participation or Interest of Applicant, or of *Associated Persons* of Applicant, in *Municipal Advisory Client* Transactions

Proprietary Interest in Municipal Advisory Client Transactions

A. Does applicant or any *associated person*:

- (1) buy securities or other investment or derivative products for itself from *clients* that it serves or *persons* that it has *solicited* or intends to *solicit* in the context of its *municipal advisory activities*, or sell securities it owns to such *clients*? Yes No
- (2) buy or sell for itself securities (other than shares of mutual funds) or other investment or derivative products that the applicant also recommends to such *clients*? Yes No
- (3) enter into derivatives contracts with such *clients*? Yes No

- (4) recommend securities or other investment or derivative products to such *clients* in which applicant or any *associated person* has some other proprietary (ownership) interest (other than those mentioned in Items 7-A(1), (2) or (3) above)?

Yes No

Sales Interest in Client Transactions

B. Does applicant or any *associated person*:

- (1) recommend purchases of securities or derivatives to *clients* that are served by the applicant or *associated person*, or *persons* that the applicant or *associated person* has *solicited* or intends to *solicit* in the context of its *municipal advisory activities*, for which the applicant or any *associated person* serves as underwriter, general or managing partner, or purchaser representative?

Yes No

- (2) recommend purchases or sales of securities or derivatives to such *clients* in which applicant or any *associated person* has any other sales interest (other than the receipt of sales commissions as a broker or registered representative of a broker-dealer)?

Yes No

Investment or Brokerage Discretion

C. Does applicant or any *associated person* have *discretionary authority* to determine the:

- (1) securities or other investment or derivative products to be bought or sold for the account of a *client* that it serves or *person* that it has *solicited* or intends to *solicit* in the context of its *municipal advisory activities*?

Yes No

- (2) amount of securities or other investment or derivative products to be bought or sold for the account of such a *client*?

Yes No

- (3) broker or dealer to be used for a purchase or sale of securities or other investment or derivative products for the account of such a *client*?

Yes No

If “yes,” are any of the brokers or dealers *associated persons*?

Yes No

- (4) commission rates or other fees to be paid to a broker or dealer for such a *client*’s securities transactions or transactions in other investment or derivative products?

Yes No

D. Does applicant or any *associated person* recommend brokers, dealers or *investment advisers* to *clients* that it serves or *persons* that it has *solicited* or intends to *solicit* in the context of its *municipal advisory activities*?

Yes No

If “yes,” are any of the brokers, dealers, or *investment advisers associated persons*?

Yes No

In responding to Items 7-E and 7-F below, consider all cash and non-cash compensation that the applicant or an associated person gave or received from any person in exchange for referrals of such clients, including any bonus that is based, at least in part, on the number or amount of such referrals.

- E. Does the applicant or any *associated person*, directly or indirectly, compensate any *person* for referrals of *clients* in connection with *municipal advisory activities*? Yes No
- F. Does the applicant or any *associated person*, directly or indirectly, receive compensation from any *person* for referrals of *clients* in connection with *municipal advisory activities*? Yes No

Item 8 Control Persons

In this Item, identify every *person* that, directly or indirectly, *controls* the applicant, or that the applicant directly or indirectly *controls*.

If this is an initial application, the applicant must complete Schedule A and Schedule B. Schedule A asks for information about direct owners and executive officers. Schedule B asks for information about indirect owners. If this is an amendment updating information reported on either the Schedule A or Schedule B (or both) filed with the applicant's initial application, the applicant must also complete Schedule C.

Does any *person* not named in Item 1-A or Schedules A, B, or C, directly or indirectly, *control* the applicant's management or policies? Yes No

If yes, complete Section 8-A of Schedule D.

If any person in Schedules A, B, or C, or in Section 8-A of Schedule D is a public reporting company under Sections 12 or 15(d) of the Securities Exchange Act of 1934, complete Section 8-B of Schedule D.

Item 9 Disclosure Information

In this Item, provide information about the applicant's disciplinary history and the disciplinary history of all associated persons of the applicant.

This information is used to determine whether to approve an application for registration, to decide whether to revoke registration, or to place limitations on the applicant's activities as a municipal advisor, and to identify potential problem areas on which to focus during on-site examinations. One event may result in the requirement to answer "yes" to more than one of the questions below.

If the answer is "yes" to any question in this Item 9, the applicant must complete the appropriate Disclosure Reporting Page ("DRP") – Criminal, Regulatory, etc. – found at the back of this application, as indicated below.

Criminal Action Disclosure

If the answer is "yes" to any question below in Part A or B below, complete a Criminal Action DRP.

Check all that apply:

- A. In the past ten years, has the applicant or any *associated person*:
- (1) been convicted of any *felony*, or pled guilty or nolo contendere ("no contest") to any *charge* of a *felony*, in a domestic, foreign, or military court? Yes No
 - (2) been *charged* with any *felony*? Yes No

The response to Item 9-A(2) may be limited to charges that are currently pending.

B. In the past ten years, has the applicant or any *associated person*:

- (1) been convicted of any *misdemeanor*, or pled guilty or nolo contendere (“no contest”), in a domestic, foreign, or military court to any *charge* of a *misdemeanor* in a case *involving*: *municipal advisor-related* business, investments or an *investment-related* business, or any fraud, false statements, or omissions, wrongful taking of property, bribery, perjury, forgery, counterfeiting, extortion, or a conspiracy to commit any of these offenses? Yes No

The response to the following question may be limited to charges that are currently pending:

- (2) been *charged* with a *misdemeanor* listed in Item 9-B(1)? Yes No

Regulatory Action Disclosure

If the answer is “yes” to any question in Parts C-G below, complete a Regulatory Action DRP.

Check all that apply:

C. Has the *SEC* or the *CFTC* ever:

- (1) *found* the applicant or any *associated person* to have made a false statement or omission? Yes No
- (2) *found* the applicant or any *associated person* to have been *involved* in a violation of any *SEC* or *CFTC* regulation or statute? Yes No
- (3) *found* the applicant or any *associated person* to have been a cause of the denial, suspension, revocation, or restriction of the authorization of a *municipal advisor-related* or an *investment-related* business to operate? Yes No
- (4) entered an *order* against the applicant or any *associated person* in connection with *municipal advisor-related* or *investment-related* activity? Yes No
- (5) imposed a civil money penalty on the applicant or any *associated person*, or *ordered* the applicant or any *associated person* to cease and desist from any activity? Yes No

D. Has any other federal regulatory agency, any state regulatory agency, or any *foreign financial regulatory authority*:

- (1) ever *found* the applicant or any *associated person* to have made a false statement or omission, or been dishonest, unfair, or unethical? Yes No
- (2) ever *found* the applicant or any *associated person* to have been *involved* in a violation of *municipal advisor-related* or *investment-related* regulations or statutes? Yes No
- (3) ever *found* the applicant or any *associated person* to have been the cause of a denial, suspension, revocation, or restriction of the authorization of a *municipal advisor-related* or an *investment-related* business to operate? Yes No
- (4) ever entered an *order* against the applicant or any *associated person* in connection with a *municipal advisor-related* or *investment-related* activity? Yes No

- (5) ever denied, suspended, or revoked the registration or license of the applicant or that of any *associated person*, or otherwise prevented the applicant or any *associated person* of the applicant, by *order*, from associating with a *municipal advisor-related* or *investment-related* business or restricted the activities of the applicant or any *associated person*? Yes No

E. Has any *self-regulatory organization* or commodities exchange ever:

- (1) *found* the applicant or any *associated person* to have made a false statement or omission? Yes No
- (2) *found* the applicant or any *associated person* to have been *involved* in a violation of its rules (other than a violation designated as a “*minor rule violation*” under a plan approved by the *SEC*)? Yes No
- (3) *found* the applicant or any *associated person* to have been the cause of a denial, suspension, revocation or restriction of the authorization of a *municipal advisor-related* or an *investment-related* business to operate? Yes No
- (4) disciplined the applicant or any *associated person* by expelling or suspending the applicant or the *associated person* from membership, barring or suspending the applicant or the *associated person* from association with other members, or by otherwise restricting the activities of the applicant or the *associated person*? Yes No

F. Has the applicant or any *associated person* ever had an authorization to act as an attorney, accountant, or federal contractor revoked or suspended? Yes No

G. Is the applicant or any *associated person* currently the subject of any regulatory *proceeding* that could result in a “yes” answer to any part of Item 9-C, 9-D, or 9-E.? Yes No

Civil Judicial Disclosure

If the answer is “yes” to a question below, complete a Civil Judicial Action DRP

Check all that apply:

- H. (1) Has any domestic or foreign court:
- (a) ever *enjoined* the applicant or any *associated person* in connection with any *municipal advisor-related* or *investment-related* activity? Yes No
- (b) ever *found* that the applicant or any *associated person* was *involved* in a violation of *municipal advisor-related* or *investment-related* statutes or regulations? Yes No
- (c) ever dismissed, pursuant to a settlement agreement, a *municipal advisor-related* or *investment-related* civil action brought against the applicant or any *associated person* by a state or *foreign financial regulatory authority*? Yes No
- (2) Is the applicant or any *associated person* now the subject of any civil *proceeding* that could result in a “yes” answer to any part of Item 9-H(1)? Yes No

Item 10 Small Businesses

The *SEC* is required by the Regulatory Flexibility Act to consider the effect of its regulations on small entities. In order to do this, the *SEC* needs to determine whether you meet the Small Business Administration's definition of "small business" for purposes of entities that provide investment and related activities. Accordingly, answer "yes" or "no," as appropriate, to Item 10-A below:

- A. Did the applicant have annual receipts of less than \$7 million during its most recent fiscal year (or during the time the applicant has been in business, if it has not completed its first fiscal year in business)? Yes No
- B. Is the applicant affiliated with any business or organization that had annual receipts of \$7 million or more during its most recent fiscal year (or during the time it has been in business, if it has not completed its first fiscal year in business)? Yes No

FORM MA

SCHEDULE A

Direct Owners and Executive Officers

1. Complete Schedule A only if submitting an initial application. Schedule A asks for information about the applicant's direct owners and executive officers. Use Schedule C to amend this information.
2. Direct Owners and Executive Officers. List below the names of:
 - (a) each Chief Executive Officer, Chief Financial Officer, Chief Operations Officer, Chief Legal Officer, *Chief Compliance Officer*, director and any other individuals with similar status or functions;
 - (b) if applicant is organized as a corporation, each shareholder that is a direct owner of 5% or more of a class of the applicant's voting securities, unless applicant is a public reporting company (a company subject to Section 12 or 15(d) of the Exchange Act);

Direct owners include any *person* that owns, beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 5% or more of a class of the applicant's voting securities. For purposes of this Schedule, a *person* beneficially owns any securities: (i) owned by his/her child, stepchild, grandchild, parent, stepparent, grandparent, spouse, sibling, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law, sharing the same residence; or (ii) that he/she has the right to acquire, within 60 days, through the exercise of any option, warrant, or right to purchase the security.

- (c) if the applicant is organized as a partnership, all general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 5% or more of the applicant's capital;
- (d) in the case of a trust, a *person* that directly owns 5% or more of a class of the applicant's voting securities, or that has the right to receive upon dissolution, or has contributed, 5% or more of the applicant's capital, the trust and each trustee; and
- (e) if the applicant is organized as a limited liability company ("LLC"), (i) those members that have the right to receive upon dissolution, or have contributed, 5% or more of the applicant's capital, and (ii) if managed by elected managers, all elected managers.

3. Does applicant have any indirect owners to be reported on Schedule B? Yes No

4. In the DE/FE/NP column below, enter "DE" if the owner is a domestic entity, "FE" if the owner is an entity incorporated or domiciled in a foreign country, or "NP" if the owner or executive officer is a natural person.

5. Complete the Title or Status column by entering board/management titles; status as partner, trustee, sole proprietor, elected manager, shareholder, or member; and for shareholders or members, the class of securities owned (if more than one is issued).

6. Ownership codes are: NA - less than 5% B - 10% but less than 25% D - 50% but less than 75%
 A - 5% but less than 10% C - 25% but less than 50% E - 75% or more

7. (a) In the *Control Person* column, enter "Yes" if the *person* has *control* as defined in the Glossary of Terms to Form MA, and enter "No" if the *person* does not have *control*. Note that under this definition, most executive officers and all 25% owners, general partners, elected managers, and trustees are *control persons*.

(b) In the PR column, enter "PR" if the owner is a public reporting company under Sections 12 or 15(d) of the Exchange Act.

(c) Complete each column.

FULL LEGAL NAME (Natural Persons: Last Name, First Name, Middle Name)	DE/FE/NP	Title or Status	Date Title or Status Acquired		Ownership Code	Control Person		CRD No. (If None: S.S. No. and Date of Birth, IRS Tax No., or Employer ID No.)
			MM	YYYY		Yes/No	PR	

FORM MA

SCHEDULE B

Indirect Owners

1. Complete Schedule B only if applicant is submitting an initial application. Schedule B asks for information about the applicant’s indirect owners; the applicant must first complete Schedule A, which asks for information about direct owners. Use Schedule C to amend this information.
2. Indirect Owners. With respect to each owner listed on Schedule A (except individual owners), list below:
 - (a) in the case of an owner that is a corporation, each of its shareholders that beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 25% or more of a class of a voting security of that corporation;

For purposes of this Schedule, a *person* beneficially owns any securities: (i) owned by his/her child, stepchild, grandchild, parent, stepparent, grandparent, spouse, sibling, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law, sharing the same residence; or (ii) that he/she has the right to acquire, within 60 days, through the exercise of any option, warrant, or right to purchase the security.
 - (b) in the case of an owner that is a partnership, all general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 25% or more of the partnership’s capital;
 - (c) in the case of an owner that is a trust, the trust and each trustee; and
 - (d) in the case of an owner that is a limited liability company (“LLC”), (i) those members that have the right to receive upon dissolution, or have contributed, 25% or more of the LLC’s capital, and (ii) if managed by elected managers, all elected managers.
3. Continue up the chain of ownership listing all 25% owners at each level. Once a public reporting company (a company subject to Sections 12 or 15(d) of the Exchange Act) is reached, no further ownership information need be given.
4. In the DE/FE/NP column below, enter “DE” if the indirect owner is a domestic entity, “FE” if the owner is an entity incorporated or domiciled in a foreign country, or “NP” if the owner is a natural person.
5. Complete the Status column by entering the indirect owner’s status as partner, trustee, elected manager, shareholder, or member; and for shareholders or members, the class of securities owned (if more than one is issued).
6. Ownership codes are: C - 25% but less than 50% D - 50% but less than 75% E - 75% or more F - Other (general partner, trustee, or elected manager)
7.
 - (a) In the *Control Person* column, enter “Yes” if the *person* has *control* as defined in the Glossary of Terms to Form MA, and enter “No” if the *person* does not have *control*. Note that under this definition, most executive officers and all 25% owners, general partners, elected managers, and trustees are *control persons*.
 - (b) In the PR column, enter “PR” if the indirect owner is a public reporting company under Sections 12 or 15(d) of the Exchange Act.
 - (c) Complete each column.

FULL LEGAL NAME (Natural Persons: Last Name, First Name, Middle Name)	DE/ FE/ NP	Entity in Which Interest is Owned	Status	Date Title or Status Acquired		Ownership Code	Control Person		CRD No. (If None: S.S. No. and Date of Birth, IRS Tax No., or Employer ID No.)
				MM	YYYY		Yes/No	PR	

FORM MA

SCHEDULE C

Amendments to Schedules A and B

- Use Schedule C only to amend information requested on either Schedule A or Schedule B. Refer to Schedule A and Schedule B for specific instructions for completing this Schedule C. Complete each column.
- In the Type of Amendment column, indicate "A" (addition), "D" (deletion), or "C" (change in information about the same *person*).
- Ownership codes are:

NA - less than 5%	C - 25% but less than 50%
A - 5% but less than 10%	D - 50% but less than 75%
B - 10% but less than 25%	E - 75% or more

G - Other (general partner, trustee, or elected member)

- List below all changes to Schedule A (Direct Owners and Executive Officers):

FULL LEGAL NAME (Natural Persons: Last Name, First Name, Middle Name)	DE/ FE/ NP	Type of Amend- ment	Title or Status	Date Title or Status Acquired		Ownership Code	Control Person		CRD No. (If None: S.S. No. and Date of Birth, IRS Tax No., or Employer ID No.)
				MM	YYYY		Yes/No	PR	

- List below all changes to Schedule B (Indirect Owners):

FULL LEGAL NAME (Natural persons: Last Name, First Name, Middle Name)	DE/ FE/ NP	Type of Amend- ment	Entity in Which Interest is Owned	Status	Date Title or Status Acquired		Ownership Code	Control Person		CRD No. (If None: S.S. No. and Date of Birth, IRS Tax No., or Employer ID No.)
					MM	YYYY		Yes/No	PR	

FORM MA

SCHEDULE D

Certain items in Part 1 of Form MA require additional information on Schedule D. Use this Schedule D to report details for items listed below. Report only new information or changes/updates to previously submitted information. Do not repeat previously submitted information.

This is an INITIAL or AMENDED Schedule D.

SECTION 1-B Other Names under which *Municipal Advisor-Related Business* is Conducted

List the applicant's other business names and the jurisdictions in which they are used. A separate Schedule D must be completed for each business name.

Check only one box: Add Delete Amend

Name _____ Jurisdictions _____

SECTION 1-D Additional Registrations of the Applicant

Indicate any additional federal or state registration, and the relevant registration number. A separate Schedule D must be completed for each such registration.

Name _____ Registration No. _____

SECTION 1-E Additional Offices at which the Applicant's *Municipal Advisor-Related Business* is Conducted

Provide the location of any additional offices at which the applicant's *municipal advisor-related* business is conducted other than applicant's *principal office and place of business*. A separate Schedule D must be completed for each such office. List only the largest five (in terms of numbers of *employees*).

Check only one box: Add Delete Amend

(number and street)

(city) (state/country) (zip+4/postal code)

If this address is a private residence, check this box:

(area code) (telephone number) (area code) (fax number)

SECTION 1-F Website Addresses

List the applicant's website addresses. A separate Schedule D must be completed for each website address.

Check only one box: Add Delete Amend

Website Address: _____

SECTION 1-I Location of Books and Records

Complete the following information for each location at which the applicant keeps books and records, other than its *principal office and place of business*. A separate Schedule D must be completed for each location.

Check only one box: Add Delete Amend

Name of entity where books and records are kept: _____

(number and street)

(city)

(state/country)

(zip+4/postal code)

If this address is a private residence, check this box:

(area code) (telephone number)

(area code) (fax number)

This is (check one): one of applicant's branch offices or affiliates.
 a third-party unaffiliated recordkeeper.
 other.

Briefly describe the books and records kept at this location.

SECTION 1-J Registration with Foreign Financial Regulatory Authorities

List the name, in English, of each *foreign financial regulatory authority* and country with which the applicant is registered. A separate Schedule D must be completed for each *foreign financial regulatory authority* with whom the applicant is registered.

Check only one box: Add Delete Amend

English Name of *Foreign Financial Regulatory Authority* _____

Name of Country _____

SECTION 1-K Business Affiliates of the Applicant

Provide the name of any business affiliate of the applicant and any federal or state registration of such affiliate and the registration number. A separate Schedule D must be completed for each such affiliate.

Name of Affiliate _____ Registration No. _____

SECTION 3 Successions

Complete the following information if succeeding to the business of a currently-registered *municipal advisor*. If the applicant acquired more than one *municipal advisory firm* in the succession being reported on this Form MA, a separate Schedule D must be completed for each acquired firm. See Instruction 1 of the General Instructions to this Form.

Name of Acquired *Municipal Advisory Firm* _____

- Municipal Advisor* SEC File No.: [MA]- _____
- Municipal Securities Dealer SEC File No.: _____
- Broker-Dealer SEC File No.: _____ CRD No.: _____
- Investment Adviser*
 - SEC-Registered SEC File No.: _____ CRD No.: _____
 - State Registered CRD No. _____
- Government Securities Broker-Dealer SEC File No.: _____ Bank Identifier _____
- Other SEC Registration (Specify) _____ SEC File No. or CIK: _____
- Another federal or state regulator (Specify) _____ Registration No.: _____

SECTION 4-D Firms that Solicit Municipal Advisor Clients on the Applicant's Behalf

Provide the name, address, and phone number of any firm that is not otherwise an *associated person* of the applicant that *solicits municipal advisor clients* on the applicant's behalf. A separate Schedule D must be completed for each such firm.

Name of Firm _____

(number and street)

(city) (state/country) (zip+4/postal code)

(area code) (telephone number) (area code) (fax number)

SECTION 5-B Description of Primary Business (when primary business is not business as *municipal advisor*)

Describe the applicant's primary business (not the applicant's *municipal advisor-related* business):

SECTION 6 Financial Industry Affiliations

The following information must be completed for each *associated person* that is a *municipal advisor*, broker-dealer, municipal securities dealer, government securities broker or dealer, *investment adviser*, registered swap dealer, banking or thrift institution, or trust company, foreign or domestic. A separate Schedule D must be completed for each listed *associated person*.

Check only one box: Add Delete Amend

Legal Name of *Associated Person*: _____

Primary Business Name of *Associated Person*: _____

Associated person is a (check all that apply):

Broker-Dealer, Municipal Securities Dealer, or Government Securities Broker or Dealer

Government Securities Broker or Dealer

Swap Dealer

Pension Consultant

Banking or Thrift Institution

Trust Company

Investment Company (including mutual funds) *Investment Adviser* (including financial planners)

Security-Based Swap Dealer Major Swap Participant Major Security-Based Swap Participant

Futures Commission Merchant Commodity Pool Operator (whether registered or exempt from registration)

Commodity Trading Advisor (whether registered or exempt from registration) Accountant or Accounting Firm

Sponsor or Syndicator of Limited Partnerships Lawyer or Law Firm

Engineer or Engineering Firm

Other *Municipal Advisor*

1. Does the applicant *control* or is it *controlled* by the *associated person*? Yes No

2. Are the applicant and the *associated person* under common *control*? Yes No

3. (a) Is the *associated person* registered with a *foreign financial regulatory authority*? Yes No

(b) If the answer to 3(a) is "yes", list the name, in English, of each *foreign financial regulatory authority* and country with which the *associated person* is registered.

SECTION 8 *Control Persons*

A. A separate Schedule D must be completed for each *control person* not named in Item 1-A. or Schedules A, B, or C that directly or indirectly *controls* the applicant's management or policies.

Check only one box: Add Delete Amend

If *control person* is a firm or organization:

Name _____

- Municipal Advisor*
Effective Date _____ mm/dd/yyyy
SEC File No.: _____
Termination Date _____ mm/dd/yyyy
- Municipal Securities Dealer*
Effective Date _____ mm/dd/yyyy
SEC File No.: _____
Termination Date _____ mm/dd/yyyy
- Broker-Dealer*
Effective Date _____ mm/dd/yyyy
SEC File No.: _____ CRD No.: _____
Termination Date _____ mm/dd/yyyy
- Investment Adviser*
 - SEC-Registered*
Effective Date _____ mm/dd/yyyy
SEC File No.: _____ CRD No.: _____
Termination Date _____ mm/dd/yyyy
 - State Registered*
Effective Date _____ mm/dd/yyyy
CRD No. _____
Termination Date _____ mm/dd/yyyy
- Government Securities Broker-Dealer*
Effective Date _____ mm/dd/yyyy
SEC File No.: _____ Bank Identifier _____
Termination Date _____ mm/dd/yyyy
- Other SEC Registration (Specify) _____*
Effective Date _____ mm/dd/yyyy
SEC File No. or CIK: _____
Termination Date _____ mm/dd/yyyy
- Another federal or state regulator (Specify) _____*
Effective Date _____ mm/dd/yyyy
Registration No.: _____
Termination Date _____ mm/dd/yyyy

Business Address:

If this address is a private residence, check this box:

If *control person* is a natural person:

Name (Last, First, Middle) _____

CRD Number (if any) _____ Effective Date _____ Termination Date _____
mm/dd/yyyy mm/dd/yyyy

Business Address:

If this address is a private residence, check this box:

Briefly describe the nature of the *control*:

B. If any *person* named in Schedules A, B, or C or in Section 8-A of this Schedule D is a public reporting company under Section 12 or 15(d) of the Securities Exchange Act of 1934, provide the information below. A separate Schedule D must be completed for each public reporting company.

(1) Full legal name of the public reporting company: _____

(2) The public reporting company's CIK number (Central Index Key number that the *SEC* assigns to each reporting company):

MISCELLANEOUS

The space below may be used to explain a response to an Item or to provide any other information.

CRIMINAL ACTION DISCLOSURE REPORTING PAGE (MA)

GENERAL INSTRUCTIONS

This Disclosure Reporting Page (DRP MA) is an INITIAL **OR** AMENDED response used to report details for affirmative responses to Items 9-A or 9-B of Form MA.

Check item(s) being responded to: 9-A(1) 9-A(2) 9-B(1) 9-B(2)

Use a separate DRP for each event or *proceeding*. The same event or *proceeding* may be reported for more than one *person* or entity using one DRP. File with a completed Execution Page.

Multiple counts of the same *charge* arising out of the same event(s) should be reported on the same DRP. Use this DRP to report all *charges* arising out of the same event. Unrelated criminal actions, including separate cases arising out of the same event, must be reported on separate DRPs. One event may result in more than one affirmative answer to the items listed above.

PART I

Check all that apply:

A. The *person(s)* or entity(ies) for whom this DRP is being filed is (are) the:

- Applicant
- Applicant and one or more *associated persons*
- One or more of applicant's *associated persons*

If this DRP is being filed for the applicant, and it is an amendment that seeks to remove a DRP concerning the applicant from the record, the reason the DRP should be removed is:

- The applicant is registered or applying for registration and the event or *proceeding* was resolved in the applicant's favor.
- The DRP was filed in error.

If this DRP is being filed for an *associated person*:

This *associated person* is: a firm a natural person
The *associated person* is: registered with the SEC not registered with the SEC

Full name of the *associated person* (including, for natural persons, last, first and middle names):

If the *associated person* has a CRD number, provide that number. _____

If this is an amendment that seeks to remove a DRP concerning the *associated person*, the reason the DRP should be removed is:

- The *associated person(s)* is no longer associated with the advisor.
- The event or *proceeding* was resolved in the *associated person's* favor.
- The event or *proceeding* occurred more than ten years ago.
- The DRP was filed in error. Explain the circumstances:

B. If the *municipal advisor* or *associated person* is registered through the IARD system or CRD system, or if the *municipal advisor* previously registered with the SEC on Form MA-T, has the *municipal advisor* or *associated person* previously submitted a DRP (with Form ADV, BD, or U4) to the IARD or CRD, or has the *municipal advisor* filed disclosure on Form MA-T, for the event that contains the information required by this DRP? Yes No

If the answer is "Yes," no other information on this DRP must be provided.

NOTE: The completion of this form does not relieve the *municipal advisor* or *associated person* of its obligation to update its IARD or CRD records.

PART II

1. If *charge(s)* were brought against a firm or organization over which the applicant or an *associated person* exercised *control*:

Enter the firm or organization's name _____

Was the firm or organization engaged in a *municipal advisor-related* business? Yes No

What was the relationship of the applicant with the firm or organization? (In the case of an *associated person*, include any position or title with the firm or organization.)

2. Formal *charge(s)* were brought in: (include the name of Federal, Military, State or Foreign Court, Location of Court - City or County and State or Country, and Docket/Case number).

Name of court: _____

Location: _____

Docket/Case number: _____

3. Event Disclosure Detail (Use this for both organizational and individual *charges*.)

A. Date First *Charged* (MM/DD/YYYY): _____ Exact Explanation

If not exact, provide explanation:

B. Event Disclosure Detail (include *charge(s)/charge* Description(s), and for each *charge* provide: (1) number of counts, (2) *felony* or *misdemeanor*, (3) plea for each *charge*, and (4) product type if *charge* is *municipal advisor-related* or *investment-related*).

C. Did any of the *charge(s)* within the event *involve a felony*? Yes No

D. Current status of the event? Pending On Appeal Final

E. Event status date (Complete unless status is pending) (MM/DD/YYYY): _____
 Exact Explanation

If not exact, provide explanation:

4. Disposition Disclosure Detail: Include for each *charge* (a) Disposition Type (e.g., convicted, acquitted, dismissed, pretrial, etc.), (b) Date, (c) Sentence/Penalty, (d) Duration (if sentence-suspension, probation, etc.), (e) Start Date of Penalty, (f) Penalty/Fine Amount, and (g) Date Paid.

5. Provide a brief summary of circumstances leading to the *charge(s)* as well as the disposition. Include the relevant dates when the conduct which was the subject of the *charge(s)* occurred. (The response must fit within the space provided.)

REGULATORY ACTION DISCLOSURE REPORTING PAGE (MA)

GENERAL INSTRUCTIONS

This Disclosure Reporting Page (DRP MA) is an INITIAL **OR** AMENDED response used to report details for affirmative responses to Items 9-C, 9-D, 9-E, 9-F or 9-G of Form MA.

Check item(s) being responded to: 9-C(1) 9-C(2) 9-C(3) 9-C(4) 9-C(5)
 9-D(1) 9-D(2) 9-D(3) 9-D(4) 9-D(5)
 9-E(1) 9-E(2) 9-E(3) 9-E(4)
 9-F 9-G

Use a separate DRP for each event or *proceeding*. The same event or *proceeding* may be reported for more than one *person* or entity using one DRP. File with a completed Execution Page.

One event may result in more than one affirmative answer to Items 9-C, 9-D, 9-E, 9-F or 9-G. Use only one DRP to report details related to the same event. If an event gives rise to actions by more than one regulator, provide details for each action on a separate DRP.

PART I

A. The *person(s)* or entity(ies) for whom this DRP is being filed is (are) the:

- Applicant (the *municipal advisory firm*)
- Applicant and one or more of the applicant's *associated person(s)*
- One or more of applicant's *associated person(s)*

If this DRP is being filed for the applicant, and it is an amendment that seeks to remove a DRP concerning the applicant from the record, the reason the DRP should be removed is:

- The applicant is registered or applying for registration and the event or *proceeding* was resolved in the applicant's favor.
- The DRP was filed in error.

If this DRP is being filed for an *associated person*:

This *associated person* is: a firm a natural person
The *associated person* is: registered with the SEC not registered with the SEC

Full name of the *associated person* (including, for natural persons, last, first and middle names):

If the *associated person* has a CRD number, provide that number. _____

If this is an amendment that seeks to remove a DRP concerning the *associated person*, the reason the DRP should be removed is:

- The *associated person(s)* is no longer associated with the advisor.
- The event or *proceeding* was resolved in the *associated person's* favor.
- The DRP was filed in error. Explain the circumstances:

C. If the *municipal advisor* or *associated person* is registered through the IARD system or CRD system, or if the *municipal advisor* previously registered with the SEC on Form MA-T, has the *municipal advisor* or *associated person* previously submitted a DRP (with Form ADV, BD, or U4) to the IARD or CRD, or has the *municipal advisor* filed disclosure on Form MA-T, for the event that contains the information required by this DRP? Yes No

If the answer is "Yes," no other information on this DRP must be provided.

NOTE: The completion of this form does not relieve the *municipal advisor* or *associated person* of its obligation to update its IARD or CRD records.

PART II

1. Regulatory Action was initiated by:

- SEC Other Federal Authority State SRO Foreign Authority

(Full name of regulator, *foreign financial regulatory authority*, federal authority, state or SRO)

2. Principal Sanction (check appropriate item):

- | | | |
|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Civil and Administrative Penalty(ies)/Fine(s) | <input type="checkbox"/> Disgorgement | <input type="checkbox"/> Restitution |
| <input type="checkbox"/> Bar | <input type="checkbox"/> Expulsion | <input type="checkbox"/> Revocation |
| <input type="checkbox"/> Cease and Desist | <input type="checkbox"/> Injunction | <input type="checkbox"/> Suspension |
| <input type="checkbox"/> Censure | <input type="checkbox"/> Prohibition | <input type="checkbox"/> Undertaking |
| <input type="checkbox"/> Denial | <input type="checkbox"/> Reprimand | <input type="checkbox"/> Other _____ |

Other Sanctions:

3. Date Initiated (MM/DD/YYYY): _____ Exact Explanation

If not exact, provide explanation:

4. Docket/Case Number: _____

5. *Associated person's* Employing Firm when activity occurred which led to the regulatory action (if applicable):

6. Principal Product Type (check appropriate item):

- | | | |
|--|--|---|
| <input type="checkbox"/> Annuity(ies) - Fixed | <input type="checkbox"/> Derivative(s) | <input type="checkbox"/> Investment Contract(s) |
| <input type="checkbox"/> Annuity(ies) - Variable | <input type="checkbox"/> Direct Investment(s) - DPP & LP Interest(s) | <input type="checkbox"/> Money Market Fund(s) |
| <input type="checkbox"/> CD(s) | <input type="checkbox"/> Equity - OTC | <input type="checkbox"/> Mutual Fund(s) |
| <input type="checkbox"/> Commodity Option(s) | <input type="checkbox"/> Equity Listed (Common & Preferred Stock) | <input type="checkbox"/> No Product |
| <input type="checkbox"/> Debt - Asset Backed | <input type="checkbox"/> Futures - Commodity | <input type="checkbox"/> Options |
| <input type="checkbox"/> Debt - Corporate | <input type="checkbox"/> Futures - Financial | <input type="checkbox"/> Penny Stock(s) |
| <input type="checkbox"/> Debt - Government | <input type="checkbox"/> Index Option(s) | <input type="checkbox"/> Unit Investment Trust(s) |
| <input type="checkbox"/> Debt - Municipal | <input type="checkbox"/> Insurance | <input type="checkbox"/> Other _____ |

Other Product Types:

7. Describe the allegations related to this regulatory action. (The response must fit within the space provided.)

8. Current status? Pending On Appeal Final

9. If on appeal, to whom the regulatory action was appealed (*SEC, SRO, Federal or State Court*) and date appeal filed:

If Final or On Appeal, complete all items below. For Pending Actions, complete Item 13 only.

10. How was matter resolved (check appropriate item):

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Acceptance, Waiver & Consent (AWC) | <input type="checkbox"/> Dismissed | <input type="checkbox"/> Vacated |
| <input type="checkbox"/> Consent | <input type="checkbox"/> <i>Order</i> | <input type="checkbox"/> Withdrawn |
| <input type="checkbox"/> Decision | <input type="checkbox"/> Settled | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Decision & <i>Order</i> of Offer of Settlement | <input type="checkbox"/> Stipulation and Consent | |

11. Resolution Date (MM/DD/YYYY): _____ Exact Explanation

If not exact, provide explanation:

12. Resolution Detail:

A. Were any of the following Sanctions *Ordered* (check all appropriate items)?

- | | | | | | |
|--|--|---|--|------------------------------|-------------------------------------|
| <input type="checkbox"/> Monetary/Fine
Amount: \$ _____ | <input type="checkbox"/> Revocation/Expulsion/Denial | <input type="checkbox"/> Disgorgement/Restitution | <input type="checkbox"/> Cease and Desist/Injunction | <input type="checkbox"/> Bar | <input type="checkbox"/> Suspension |
| <input type="checkbox"/> Censure | | | | | |

B. Other Sanctions *Ordered*:

C. Sanction detail: if suspended, *enjoined* or barred, provide duration including start date and capacities affected (General Securities Principal, Financial Operations Principal, etc.). If requalification by exam/retraining was a condition of the sanction, provide length of time given to requalify/retrain, type of exam required and whether condition has been satisfied. If disposition resulted in a fine, penalty, restitution, disgorgement or monetary compensation, provide total amount, portion levied against the applicant or an *associated person*, date paid and if any portion of penalty was waived:

13. Provide a brief summary of details related to the action status and (or) disposition and include relevant terms, conditions and dates.

CIVIL JUDICIAL ACTION DISCLOSURE REPORTING PAGE (MA)

GENERAL INSTRUCTIONS

This Disclosure Reporting Page (DRP MA) is an INITIAL **OR** AMENDED response used to report details for affirmative responses to Item 9-H. of Form MA.

Check item(s) being responded to: 9-H(1)(a) 9-H(1)(b) 9-H(1)(c) 9-H(2)

Use a separate DRP for each event or *proceeding*. The same event or *proceeding* may be reported for more than one *person* or entity using one DRP. File with a completed Execution Page.

One event may result in more than one affirmative answer to Item 9-H. Use only one DRP to report details related to the same event. Unrelated civil judicial actions must be reported on separate DRPs.

PART I

A. The *person(s)* or entity(ies) for whom this DRP is being filed is (are) the:

- Applicant (the *municipal advisory firm*)
- Applicant and one or more of the applicant's *associated person(s)*
- One or more of applicant's *associated person(s)*

If this DRP is being filed for the applicant, and it is an amendment that seeks to remove a DRP concerning the applicant from the record, the reason the DRP should be removed is:

- The applicant is registered or applying for registration and the event or *proceeding* was resolved in the applicant's favor.
- The DRP was filed in error.

If this DRP is being filed for an *associated person*:

This *associated person* is: a firm a natural person
The *associated person* is: registered with the SEC not registered with the SEC

Full name of the *associated person* (including, for natural persons, last, first and middle names):

If the *associated person* has a CRD number, provide that number. _____

If this is an amendment that seeks to remove a DRP concerning the *associated person*, the reason the DRP should be removed is:

- The *associated person(s)* is no longer associated with the advisor.
- The event or *proceeding* was resolved in the *associated person's* favor.
- The DRP was filed in error. Explain the circumstances:

D. If the *municipal advisor* or *associated person* is registered through the IARD system or CRD system, or if the *municipal advisor* previously registered with the SEC on Form MA-T, has the *municipal advisor* or *associated person* previously submitted a DRP (with Form ADV, BD, or U4) to the IARD or CRD, or has the *municipal advisor* filed disclosure on Form MA-T, for the event that contains the information required by this DRP? Yes No

If the answer is "Yes," no other information on this DRP must be provided.

NOTE: The completion of this form does not relieve the *municipal advisor* or *associated person* of its obligation to update its IARD or CRD records.

PART II

1. Court Action initiated by: (Name of regulator, *foreign financial regulatory authority, SRO*, commodities exchange, agency, firm, private plaintiff, etc.)

2. Principal Relief Sought (check appropriate item):

- | | | | |
|---|---------------------------------------|--|--|
| <input type="checkbox"/> Cease and Desist | <input type="checkbox"/> Disgorgement | <input type="checkbox"/> Money Damages (Private/Civil Complaint) | <input type="checkbox"/> Restraining Order |
| <input type="checkbox"/> Civil Penalty(ies)/Fine(s) | <input type="checkbox"/> Injunction | <input type="checkbox"/> Restitution | <input type="checkbox"/> Other _____ |

Other Relief Sought:

3. Filing Date of Court Action (MM/DD/YYYY): _____ Exact Explanation

If not exact, provide explanation:

4. Principal Product Type (check appropriate item):

- | | | |
|--|--|---|
| <input type="checkbox"/> Annuity(ies) - Fixed | <input type="checkbox"/> Derivative(s) | <input type="checkbox"/> Investment Contract(s) |
| <input type="checkbox"/> Annuity(ies) - Variable | <input type="checkbox"/> Direct Investment(s) - DPP & LP Interest(s) | <input type="checkbox"/> Money Market Fund(s) |
| <input type="checkbox"/> CD(s) | <input type="checkbox"/> Equity - OTC | <input type="checkbox"/> Mutual Fund(s) |
| <input type="checkbox"/> Commodity Option(s) | <input type="checkbox"/> Equity Listed (Common & Preferred Stock) | <input type="checkbox"/> No Product |
| <input type="checkbox"/> Debt - Asset Backed | <input type="checkbox"/> Futures - Commodity | <input type="checkbox"/> Options |
| <input type="checkbox"/> Debt - Corporate | <input type="checkbox"/> Futures - Financial | <input type="checkbox"/> Penny Stock(s) |
| <input type="checkbox"/> Debt - Government | <input type="checkbox"/> Index Option(s) | <input type="checkbox"/> Unit Investment Trust(s) |
| <input type="checkbox"/> Debt - Municipal | <input type="checkbox"/> Insurance | <input type="checkbox"/> Other _____ |

Other Product Types:

5. Formal Action was brought in (include the name of the Federal, State or Foreign Court, Location of Court - City or County and State or Country, and Docket/Case Number):

6. *Associated person's* Employing Firm when activity occurred which led to the civil judicial action (if applicable):

7. Describe the allegations related to this civil action (the response must fit within the space provided):

8. Current status? Pending On Appeal Final

9. If on appeal, court to which the action was appealed (provide name of the court) and Date Appeal Filed (MM/DD/YYYY):

10. If pending, date notice/process was served (MM/DD/YYYY): _____ Exact Explanation

If not exact, provide explanation:

If Final or On Appeal, complete all items below. For Pending Actions, complete Item 14 only.

11. How was matter resolved (check appropriate item):

Consent Judgment Rendered Settled
 Dismissed Opinion Withdrawn Other _____

12. Resolution Date (MM/DD/YYYY): _____ Exact Explanation

If not exact, provide explanation:

13. Resolution Detail:

A. Were any of the following Sanctions *Ordered* or Relief Granted (check appropriate items)?

Monetary/Fine Revocation/Expulsion/Denial Disgorgement/Restitution
Amount: \$ _____ Censure Cease and Desist/Injunction Bar Suspension

B. Other Sanctions *Ordered*:

C. Sanction detail: If suspended, *enjoined* or barred, provide duration including start date and capacities affected (General Securities Principal, Financial Operations Principal, etc.). If requalification by exam/retraining was a condition of the sanction, provide length of time given to requalify/retrain, type of exam required and whether condition has been satisfied. If disposition resulted in a fine, penalty, restitution, disgorgement or monetary compensation, provide total amount, portion levied against the applicant or an *associated person*, date paid and if any portion of penalty was waived:

14. Provide a brief summary of circumstances related to the action(s), allegation(s), disposition(s) and/or finding(s) disclosed above.
