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# FORM MA

## APPLICATION FOR MUNICIPAL ADVISOR REGISTRATION ANNUAL UPDATE OF MUNICIPAL ADVISOR REGISTRATION AMENDMENT OF A PRIOR APPLICATION FOR REGISTRATION

Please read the General Instructions for this form and other forms in the MA series, as well as its subsection, “Specific Instructions for Certain Items in Form MA,” before completing this form. All *italicized* terms herein are defined or described in the Glossary of Terms appended to the General Instructions.

### PART I

This form must be completed by *municipal advisors* that are organized entities, including sole proprietors (referred to herein as “*municipal advisory firms*” or “firms,” unless the context indicates otherwise).

**WARNING:** Complete this form truthfully. False statements or omissions may result in denial of application, revocation of registration, administrative or civil action, 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.

**Type of Filing:** This is an (check the appropriate box):

Initial application to register as a *municipal advisor* with the SEC.

Execution Page: After completing this form, you must complete the Execution Page.

Supporting Documentation: If you are required to make reportable disclosures in the Disclosure Reporting Pages, you must attach the supporting documentation.

Non-Resident Applicants: If you are a *non-resident* of the United States, certain additional requirements must be met at the time of filing your application, ***or processing of your application may be delayed.*** See General Instruction 2.c. and subsection “General Instructions to Form MA-NR” of the General Instructions.

*Annual update* of *municipal advisor’s* Form MA, for fiscal year ended \_\_\_\_\_, or, if a sole proprietor, for calendar year ended December 31, \_\_\_\_\_.

Execution Page: After completing this form, you must complete the Execution Page.

Changes: Are there changes in this *annual update* to information provided in the *municipal advisor’s* most recent Form MA, other than the updated Execution Page?  Yes  No

Amendment (other than *annual update*) to any part of the *municipal advisor’s* most recent Form MA.

Execution Page: After completing this form, you must complete the Execution Page.

**Item 1 Identifying Information**

**A. Full Legal Name of the Firm:**

(1) Firm Name: \_\_\_\_\_  
Organization CRD No., if any: \_\_\_\_\_

(2) Sole Proprietor: If the applicant is a sole proprietor, check the box below, and provide full last name, first name, middle name, and suffix, if any:

Enter all the letters of each name and not initials or other abbreviations. If no middle name, enter NMN on that line.

\_\_\_\_\_  
Last Name                      First Name                      Middle Name                      Suffix

Individual CRD No., if any: \_\_\_\_\_

(3) Name Change: 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. Doing-Business-As (DBA) Name:**

(1) If the name under which *municipal advisor-related* business is primarily conducted is different from Item 1-A., check here and provide the DBA name.

\_\_\_\_\_

(2) Previous DBA Name:

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.

\_\_\_\_\_

(3) Additional Names:

(a) Is *municipal advisor-related* business conducted under any additional names?     Yes     No  
(b) If "Yes," list any additional names on Section 1-B of Schedule D.

**C. (1) IRS Employer Identification Number: \_\_\_\_\_**

(2) If the applicant (such as a sole proprietor) has no employer identification number, provide the applicant's Social Security Number:

\_\_\_\_\_

The Social Security Number will not be included in publicly available versions of this registration form.

## D. Registrations

(1) **Form MA-T Registration:** Was the applicant previously registered on Form MA-T as a *municipal advisor*?

- Yes If “Yes,” enter the SEC File No. MA-T: \_\_\_\_\_  
 No

(2) **Other Registrations:** Is the applicant registered as or with any of the following?

Check all that apply. For each registration box you check, provide the requested file number(s). *An applicant firm should NOT provide the organization CRD number, or other specified number, of any of its organizational affiliates, or the individual CRD number of its officers, employees, or natural person affiliates.*

- Municipal Advisor* SEC File No.: \_\_\_\_\_  
 *Municipal Securities Dealer* SEC File No.: \_\_\_\_\_  
 *Broker-Dealer* SEC File No.: \_\_\_\_\_ Organization CRD No.: \_\_\_\_\_  
 *Investment Adviser*  
 *SEC-Registered* SEC File No.: \_\_\_\_\_ Organization CRD No.: \_\_\_\_\_  
 *Exempt Reporting Adviser* SEC File No.: \_\_\_\_\_ Organization CRD No.: \_\_\_\_\_

Investment Adviser Registration in a US State or Other US Jurisdiction: If applicant is registered in a US state or other jurisdiction as an investment adviser, check the Registered in US State or Other US Jurisdiction box below and enter the organization CRD Number. In the table below, check the box for each US state or jurisdiction in which the applicant is so registered.

- Registered in US State or Other US Jurisdiction Organization CRD No. \_\_\_\_\_

Check All That Apply	US State or Jurisdiction	Code	Check All That Apply	US State or Jurisdiction	Code
	Alabama	AL		Montana	MT
	Alaska	AK		Nebraska	NE
	Arizona	AZ		Nevada	NV
	Arkansas	AR		New Hampshire	NH
	California	CA		New Jersey	NJ
	Colorado	CO		New Mexico	NM
	Connecticut	CT		New York	NY
	Delaware	DE		North Carolina	NC
	District of Columbia	DC		North Dakota	ND
	Florida	FL		Ohio	OH
	Georgia	GA		Oklahoma	OK
	Guam	GU		Oregon	OR
	Hawaii	HI		Pennsylvania	PA
	Idaho	ID		Puerto Rico	PR
	Illinois	IL		Rhode Island	RI
	Indiana	IN		South Carolina	SC

	<b>Iowa</b>	<b>IA</b>		<b>South Dakota</b>	<b>SD</b>
	<b>Kansas</b>	<b>KS</b>		<b>Tennessee</b>	<b>TN</b>
	<b>Kentucky</b>	<b>KY</b>		<b>Texas</b>	<b>TX</b>
	<b>Louisiana</b>	<b>LA</b>		<b>Utah</b>	<b>UT</b>
	<b>Maine</b>	<b>ME</b>		<b>Vermont</b>	<b>VT</b>
	<b>Maryland</b>	<b>MD</b>		<b>Virgin Islands</b>	<b>VI</b>
	<b>Massachusetts</b>	<b>MA</b>		<b>Virginia</b>	<b>VA</b>
	<b>Michigan</b>	<b>MI</b>		<b>Washington</b>	<b>WA</b>
	<b>Minnesota</b>	<b>MN</b>		<b>West Virginia</b>	<b>WV</b>
	<b>Mississippi</b>	<b>MS</b>		<b>Wisconsin</b>	<b>WI</b>
	<b>Missouri</b>	<b>MO</b>			

Government Securities Broker-Dealer  
 SEC File No.: \_\_\_\_\_ Bank Identifier: \_\_\_\_\_

Other SEC Registration (Specify): \_\_\_\_\_  
 SEC File No. (if any): \_\_\_\_\_ EDGAR CIK (if any): \_\_\_\_\_

Another federal or state regulator (Specify): \_\_\_\_\_  
 Registration No. (if any): \_\_\_\_\_

**(3) Additional Registrations**

- (a) Does the applicant have any additional registrations that are not listed in subsection (2)?  Yes  No
- (b) If “Yes,” list such additional registrations on **Section 1-D of Schedule D**.

**E. Principal Office and Place of Business**

**(1) Address: (Do not use a P.O. Box.)**

\_\_\_\_\_  
 (number and street)

\_\_\_\_\_  
 (city) (state) (country) (postal code)

\_\_\_\_\_  
 Telephone number at this location Fax number (if any) at this location  
 (area code) (telephone number) (area code) (fax number)

For non-US telephone and fax numbers, include country code with area code and local number.

If this address is a private residence, check this box:   
 A private residential address will not be included in publicly available versions of this registration form.

**(2) Additional Offices:**

- (a) Is *municipal advisor-related* business conducted at any office(s) other than applicant’s principal office and place of business listed above?  Yes  No
- (b) If “Yes,” list the five largest such additional offices on **Section 1-E of Schedule D**.

**(3) Mailing Address:**

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

\_\_\_\_\_

(number and street)

\_\_\_\_\_

(city) (state) (country) (postal code)

If this address is a private residence, check this box:   
A private residential address will not be included in publicly available versions of this registration form.

**F. Website**

- (1) Provide the address of the applicant’s principal website (if any):  
(specify) \_\_\_\_\_
- (2) Does the applicant have additional websites?  Yes  No
- (3) If “Yes,” how many?  
(specify) \_\_\_\_\_

If “Yes,” list all additional 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:**

Please note that the applicant must provide name and contact information for either a *Chief Compliance Officer* in this Question 1-G., or another contact person in Question 1-H below. Both may be provided.

Enter all the letters of each name and not initials or other abbreviations. If no middle name, enter NMN on that line.

\_\_\_\_\_

Last Name First Name Middle Name

\_\_\_\_\_

(other title(s), if any)

\_\_\_\_\_

(number and street)

\_\_\_\_\_

(city) (state) (country) (postal code)

\_\_\_\_\_

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

For non-US telephone and fax numbers, include country code with area code and local number.

If this address is a private residence, check this box:   
A private residential address will not be included in publicly available versions of this registration form.

\_\_\_\_\_@\_\_\_\_\_

(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*:

Please note that the applicant must provide name and contact information for either a *Chief Compliance Officer* in Question 1-G. above, or another contact person in this Question 1-H. Both may be provided.

Enter all the letters of each name and not initials or other abbreviations. If no middle name, enter NMN on that line.

\_\_\_\_\_  
Last Name                      First Name                      Middle Name

\_\_\_\_\_  
(other title(s), if any)

\_\_\_\_\_  
(number and street)

\_\_\_\_\_  
(city)                                      (state)                                      (country)                                      (postal code)

\_\_\_\_\_  
(area code) (telephone number)                                      (area code) (fax number)

For non-US telephone and fax numbers, include country code with area code and local number.

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

A private residential address will not be included in publicly available versions of this registration form.

\_\_\_\_\_  
@\_\_\_\_\_

(E-mail address of Contact Person)

**I. Location of Books and Records**

- (1) 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
- (2) If “Yes,” list all such locations in Section 1-I of Schedule D.

**J. Foreign Financial Regulatory Authorities**

- (3) 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
- (4) If “Yes,” list all such registrations in **Section 1-J of Schedule D.**

**K. Business Affiliates of the Applicant**

- (1) Is the applicant *affiliated* with any other domestic or foreign business entity?  Yes  No
- (2) If “Yes,” provide the names of all such *affiliates* and any applicable registrations in **Section 1-K of Schedule D.**

## Item 2 Form of Organization

### A. Applicant's Form of Organization

*If this is not an initial application, and the applicant's form of organization has changed since the applicant's most recent Form MA, 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 \_\_\_\_\_

*(Sole proprietors are not required to complete this subpart B.)*

### C. State, Other US Jurisdiction, or Foreign Jurisdiction Under Which 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.*

**Enter the full name of the state or other US jurisdiction, or the full name, in English, of the foreign jurisdiction:** \_\_\_\_\_

### D. Date of Organization: \_\_\_\_\_

### E. Public Reporting Company

(1) Is the applicant a public reporting company under Sections 12 or 15(d) of the Securities Exchange Act of 1934?  Yes  No

(2) If "Yes," provide applicant's EDGAR CIK number: \_\_\_\_\_

## Item 3 Successions

### A. 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 Specific Instructions for Certain Items in Form MA included in the General Instructions.*

- Yes If “Yes,” enter the Date of Succession: \_\_\_\_\_  
(mm/dd/yyyy)
- No

**B. If “Yes” in Item 3-A., complete Section 3 of Schedule D.**

**Item 4 Information About Applicant’s Business**

*Note: Instruction 2 of the Specific Instructions for Certain Items in Form MA included in the General Instructions 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. Number of Employees:** Approximate number of *employees* of applicant. Include full- and part-time *employees*, but do not include clerical, administrative, or support workers (or workers performing similar functions): \_\_\_\_\_ (If none, enter a zero.)

**B. Municipal Advisory Activities:** Approximately how many of these *employees* engage in *municipal advisory activities*? (Include such *employees* even if they perform other functions in addition to engaging in *municipal advisory activities*.) \_\_\_\_\_ (If none, enter a zero.)

**C. Registered Representatives**

- (1) Approximately how many of the *employees* who are included in the response to part B are registered representatives of a broker-dealer? \_\_\_\_\_ (If none, enter a zero.)
- (2) Approximately how many are investment adviser representatives? \_\_\_\_\_ (If none, enter a zero.)

**D. Firms and Other Persons that Solicit on Behalf of the Applicant**

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 none, enter a zero.)

Please list the names of these firms and other *persons* on **Section 4-D of Schedule D.**

**E. Employees Also Acting as Affiliates of the Applicant**

- (1) Does the applicant have any *employees* that also do business independently on the applicant’s behalf as *affiliates* of the applicant?  Yes  No



(2) If “Yes,” provide the total number of such *employees*: \_\_\_\_\_

(3) List the names of these *employees* on **Section 4-E of Schedule D**.

### ***Clients***

**F. Types of Clients:** Approximately how many *clients* did the applicant serve in the context of its *municipal advisory activities* during its most-recently completed fiscal year? \_\_\_\_\_ (If none, enter a zero and check box 5 below.)

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. Solicitations of Municipal Entities and Obligated Persons**

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 these clients in the context of its municipal advisory activities, the clients should be counted in the response to this Part G even if counted in Part F.*)

- (1) *Municipal Entities*: \_\_\_\_\_ (If none, enter a zero.)
- (2) *Obligated Persons*: \_\_\_\_\_ (If none, enter a zero.)
- (3) Total: \_\_\_\_\_

### **H. Types of Persons Solicited**

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**

**I. 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*.

**J. 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*.

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

- Yes     No

If “Yes,” please explain:

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**Applicant’s Business Relating to Municipal Securities**

**L. 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:**

Other Business		(i) Is Applicant Actively Engaged?	(ii) Is this Applicant's Primary Business(es)?	(iii) Jurisdiction(s) where licensed:
		Check all that apply.	Check all that apply.	
1.	Broker-dealer, municipal securities dealer or government securities broker or dealer	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Registered representative of a broker-dealer	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Commodity pool operator (whether registered or exempt from registration)	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Commodity trading advisor (whether registered or exempt from registration)	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Futures commission merchant	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Major swap participant	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Major security-based swap participant	<input type="checkbox"/>	<input type="checkbox"/>	
8.	Swap dealer	<input type="checkbox"/>	<input type="checkbox"/>	
9.	Security-based swap dealer	<input type="checkbox"/>	<input type="checkbox"/>	
10.	Trust company	<input type="checkbox"/>	<input type="checkbox"/>	
11.	Real estate broker, dealer, or agent	<input type="checkbox"/>	<input type="checkbox"/>	
12.	Insurance company, broker, or agent	<input type="checkbox"/>	<input type="checkbox"/>	
13.	Banking or thrift institution (including a separately identifiable department or division of a bank)	<input type="checkbox"/>	<input type="checkbox"/>	

14.	Investment adviser (including financial planners)	<input type="checkbox"/>	<input type="checkbox"/>	
15.	Attorney or law firm	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____ _____
16.	Accountant or accounting firm	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____ _____
17.	Engineer or engineering firm	<input type="checkbox"/>	<input type="checkbox"/>	
18.	Other financial product advisor (specify): _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	

**B. Other Business:**

- (1) 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
- (2) If “Yes” to Part B-1., is this other business applicant’s primary business?  Yes  No
- (3) If “Yes” to Part B-2., describe the other business on **Section 5-B of Schedule D.**

**Item 6 Financial Industry and Other Activities of Associated Persons**

**A. Applicant has one or more associated persons that is a:**

Check all that apply.

“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 performing solely clerical, administrative, support or other similar functions. Note also that more than one box may be applicable to any such associated person. For example, if an associated person is both a swap dealer and security-based swap dealer, check both boxes (4) and (5) below.

- (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) Attorney 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*

**Total Associated Persons:** Provide the total number of all such *associated persons*: \_\_\_\_\_

*Provide the total number of such associated persons, not the number of boxes checked. For example, if the applicant's associated persons are 2 broker-dealers, 1 investment company, and 2 pension consultants, then 3 boxes would be checked in Item 6-A.1 to 20, while the total number of such associated persons entered in Item 6-A, Total Associated Persons, would be 5. If there are no associated persons, enter 0.*

**B. Applicant must list all such associated persons, including foreign associated persons, on Section 6 of Schedule D.**

*If Item 6-A, Total Associated Persons, is 2 or more, the applicant must complete a separate Section 6 of Schedule D for each associated person.*

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

***Proprietary Interest in Municipal Advisory Client or Solicitee Transactions***

**A. Does applicant or any associated person:**

- (1) buy securities or other investment or derivative products for itself from *clients* or *solicitees* in the context of its *municipal advisory activities*, or sell securities it owns to such *clients* or *solicitees*?  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* or *solicitees*?  Yes  No
- (3) enter into derivatives contracts with such *clients* or *solicitees*?  Yes  No
- (4) recommend securities or other investment or derivative products to such *clients* or *solicitees* 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 or Solicitee Transactions***

**B. Does applicant or any associated person:**

- (1) recommend purchases of securities or derivatives to *clients* or *solicitees* that are served by the applicant or *associated person*, 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* or *solicitees* 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* or *solicitee*?  Yes  No
- (2) amount of securities or other investment or derivative products to be bought or sold for the account of such a *client* or *solicitee*?  Yes  No
- (3) (a) 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* or *solicitee*?  Yes  No
- (b) 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 or *solicitee*’s securities transactions or transactions in other investment or derivative products?  Yes  No

#### **D. (1) Does applicant or any associated person recommend brokers, dealers or investment advisers to clients or solicitees in the context of its municipal advisory activities?**

Yes  No

- (2) If “Yes,” is any such broker, dealer, or *investment adviser* an *associated person*?

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 or solicitees, 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 or solicitees 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 or solicitees in connection with municipal advisory activities?**

Yes  No

### **Item 8 Owners, Officers, and Other Control Persons**

#### **A. Identifying Owners, Officers, and Other Control Persons**

- (1) In this Item, identify every *person* that, directly or indirectly, *controls* the applicant, or that the applicant directly or indirectly *controls*.
- (a) 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.

(b) 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.

(2) 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

(3) If "Yes" to Item 8-A.2. above, complete **Section 8-A of Schedule D.**

## **B. Public Reporting Companies**

(1) Is any *person* in Schedules A, B, or C, or in Section 8-A of Schedule D a public reporting company under Sections 12 or 15(d) of the Securities Exchange Act of 1934?  Yes  No

(2) If "Yes" to Item 8-B.1. above, complete **Section 8-B of Schedule D.**

## **Item 9 Disclosure Information**

*In this Item, provide information about the criminal, regulatory, and judicial history, if any, of the applicant and each associated person 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 question below.*

*Refer to the Glossary of Terms for explanations of italicized terms, such as associated person.*

### **Criminal Action Disclosure**

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

*Disclosure of any event listed in this Criminal Action Disclosure section is not required if the date of the event was more than ten years ago. For purposes of calculating this ten-year period, the date of an event is the date that the final order, judgment, or decree was entered, or the date that any rights of appeal from preliminary orders, judgments, or decrees lapsed.*

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

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

## 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 ever:

- (1) *found* the applicant or any *associated person* to have made a false statement or omission, or been dishonest, unfair, or unethical?  Yes  No
- (2) *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) *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) entered an *order* against the applicant or any *associated person* in connection with a *municipal advisor-related* or *investment-related* activity?  Yes  No
- (5) 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*, 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. Revocation or Suspension:** 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. Regulatory Proceedings:** 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 ever:**

- (a) *enjoined* the applicant or any *associated person* in connection with any *municipal advisor-related* or *investment-related* activity?  Yes  No
- (b) *found* that the applicant or any *associated person* was *involved* in a violation of any *municipal advisor-related* or *investment-related* statute(s) or regulation(s)?  Yes  No
- (c) 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 other US jurisdiction or a *foreign financial regulatory authority*?  Yes  No
- (2) **Current Proceedings:** Is the applicant or any *associated person* the subject of any currently pending 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 the questions 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 OF THE APPLICANT

- 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. To determine direct ownership and executive officer status, see instruction 2 below.

Separate subparts of Schedule A must be completed for: (1) direct owners that are business entities, and (2) direct owners and executive officers who are natural persons, as follows:

- **Complete Schedule A-1: "Direct Owners of Applicant – Business Entities,"** for owners that are organized as a business or other legal entity, such as a corporation, partnership, trust, or limited liability company.
- **Complete Schedule A-2: "Direct Owners and Executive Officers of Applicant – Natural Persons,"** for owners who are individuals, including sole proprietors, and for executive officers.

- 2. List in either Schedule A-1 or Schedule A-2 below, or both, as applicable, the full names of:**

- (a) 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 Sections 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;
- (b) If the applicant is organized as a partnership,** all general partners and each limited and special partner that has the right to receive upon dissolution, or has contributed, 5% or more of the applicant's capital;
- (c) 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;
- (d) If the applicant is organized as a limited liability company ("LLC"),** (i) each member that has the right to receive upon dissolution, or has contributed, 5% or more of the applicant's capital, and (ii) if managed by elected managers, all elected managers; and
- (e) 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 (applies in Schedule A-2 only).

- 3. In the DE/FE column of Schedule A-1 below,** enter "DE" if the owner is a domestic entity, or "FE" if the owner is an entity organized, incorporated or domiciled in a foreign country.

- 4. Complete the Title or Status column** by entering board/management titles; status as partner, trustee, sole proprietor, elected manager, shareholder, or member. For shareholders or members, indicate the class of securities owned (if more than one is issued). In the next column, indicate the date that the title or status was acquired.

**5. Ownership codes are:**

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

- 6. (a) In the *Control Person* column,** enter “Yes” in the first sub-column 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 sub-column (Schedule A-1 only)** enter “PR” if the owner is a public reporting company under Sections 12 or 15(d) of the Exchange Act.
- 7. (a) For Schedule A-1,** enter the organization *CRD* number. If not registered with the *CRD*, then enter the IRS Tax Number, Employer Identification Number (“EIN”), or Foreign Business Number.
- (b) For Schedule A-2,** enter the individual *CRD* number. If not registered with the *CRD*, then enter the Social Security Number (“SSN”) or Foreign Identity Number; and enter the Date of Birth (“DOB”). Social security numbers, foreign identity numbers, and dates of birth will not be publicly disseminated.

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

**Schedule A-1: Direct Owners of Applicant – Business Entities**

BUSINESS ENTITY FULL LEGAL NAME	DE/FE	Title or Status	Date Title or Status Acquired		Ownership Code	<i>Control Person</i>		Organization <i>CRD</i> No. (If None: IRS Tax No., EIN, or Foreign Business No.)				
			MM	YYYY		Yes/ No	PR	<i>CRD</i> No.	IRS Tax No.	EIN	Foreign Bus. No.	

**Schedule A-2: Direct Owners and Executive Officers of Applicant – Natural Persons**

NATURAL PERSON FULL LEGAL NAME			DE/FE	Title or Status	Date Title or Status Acquired		Ownership Code	<i>Control Person</i>		Individual <i>CRD</i> No. (If None: SSN and DOB, or Foreign ID No. and DOB)			
Last Name	First Name	Middle Name			MM	YYYY		Yes/ No	PR	<i>CRD</i> No.	SSN	DOB	Foreign ID No.
Enter all the letters of each name and not initials or other abbreviations. If no middle name, enter NMN on that line.													

# FORM MA

## SCHEDULE B

### INDIRECT OWNERS OF THE APPLICANT

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. For purposes of Schedule B, an "indirect owner" includes any owner of 25% or more of any direct owner listed in Schedule A, and any owner of 25% or more of each such indirect owner going up the chain of ownership. Use Schedule C to amend the information in this schedule. To determine indirect ownership, see instructions 2 and 3 below.

Separate subparts of Schedule B must be completed for: (1) indirect owners that are business entities, and (2) indirect owners who are natural persons, as follows:

- **Complete Schedule B-1: "Indirect Owners of Applicant – Business Entities,"** for owners who are organized as business or other legal entities, such as a corporation, partnership, trust, or limited liability company.
  - **Complete Schedule B-2: "Indirect Owners of Applicant – Natural Persons,"** for individuals and sole proprietors.
2. **With respect to each direct owner listed on Schedule A-1 (business entities), list in either Schedule B-1 or Schedule B-2 below, as applicable:**
    - (a) **in the case of a direct owner listed on Schedule A-1 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 a direct owner listed on Schedule A-1 that is a partnership,** all general partners and each limited and special partner that has the right to receive upon dissolution, or has contributed, 25% or more of the partnership's capital;
    - (c) **in the case of a direct owner listed on Schedule A-1 that is a trust,** the trust and each trustee; and
    - (d) **in the case of a direct owner listed on Schedule A-1 that is a limited liability company ("LLC"),** (i) each member that has the right to receive upon dissolution, or has contributed, 25% or more of the LLC's capital, and (ii) if managed by elected managers, each elected manager.
  3. **Continue up the chain of indirect ownership listing all 25% shareholders 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 column in Schedule B-1 below,** enter "DE" if the indirect owner is a domestic entity, or "FE" if the owner is an entity organized, incorporated or domiciled in a foreign country. Complete the next column by indicating the entity in the chain of ownership in which this indirect owner has an interest.

5. **Complete the Status column** by entering the indirect owner’s status as partner, trustee, elected manager, shareholder, or member. For shareholders or members, indicate 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” in the first sub-column 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 sub-column, for Schedule B-1 only**, enter “PR” if the indirect owner is a public reporting company under Sections 12 or 15(d) of the Exchange Act.

8. (a) **For Schedule B-1**, enter the organization *CRD* number. If not registered with the *CRD*, then enter the IRS Tax Number, Employer Identification Number (“EIN”), or Foreign Business Number.

(b) **For Schedule B-2**, enter the individual *CRD* number. If not registered with the *CRD*, then enter the Social Security Number (“SSN”) or Foreign Identity Number; and enter the Date of Birth (“DOB”). Social security numbers, foreign identity numbers, and dates of birth will not be publicly disseminated.

**Schedule B-1: Indirect Owners of Applicant – Business Entities**

BUSINESS ENTITY FULL LEGAL NAME	DE/FE	Entity In Which Interest Is Owned	Title or Status	Date Title or Status Acquired		Ownership Code	Control Person		Organization <i>CRD</i> No. (If None: IRS Tax No., EIN, or Foreign Business No.)				
				MM	YYYY		Yes/No	PR	<i>CRD</i> No.	IRS Tax No.	EIN	Foreign Bus. No.	

**Schedule B-2: Indirect Owners of Applicant – Natural Persons**

NATURAL PERSON FULL LEGAL NAME			Entity In Which Interest Is Owned	Status	Date Title or Status Acquired		Ownership Code	Control Person	Individual <i>CRD</i> No. (If None: SSN and DOB, or Foreign ID No. and DOB)				
Last Name	First Name	Middle Name			MM	YYYY			Yes/No	<i>CRD</i> No.	SSN	DOB	Foreign ID No.



**5. List below all changes to Schedule B:**

**Schedule B-1: Indirect Owners of Applicant – Business Entities**

TYPE OF AMENDMENT	BUSINESS ENTITY FULL LEGAL NAME	DE /FE	Entity In Which Interest Is Owned	Status	Date Title or Status Acquired		Ownership Code	Control Person		Organization CRD No. (If None: IRS Tax No., EIN, or Foreign Business No.)
					MM	YYYY		Yes/No	PR	

**Schedule B-2: Indirect Owners of Applicant – Natural Persons**

TYPE OF AMENDMENT	NATURAL PERSON FULL LEGAL NAME			Entity In Which Interest Is Owned	Status	Date Title or Status Acquired		Ownership Code	Control Person	Individual CRD No. (If None: SSN and DOB or Foreign ID No. and DOB)				
	Last Name	First Name	Middle Name			MM	YYYY			Yes/No	CRD No.	SSN	DOB	Foreign ID No.



# FORM MA

## SCHEDULE D

Certain items in Part I 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 or  ANNUAL UPDATE

### 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 and the jurisdictions where that name is used.

Select only one:  Add  Delete  Amend

Name \_\_\_\_\_ Jurisdictions: \_\_\_\_\_  
(List all jurisdictions.)

### SECTION 1-D Additional Registrations of the Applicant

Indicate any additional registrations with federal or state regulators, 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 the largest five additional offices (in terms of numbers of *employees*) 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.

Select only one:  Add  Delete  Amend

\_\_\_\_\_  
(number and street)

\_\_\_\_\_  
(city) (state) (country) (postal code)

\_\_\_\_\_  
Telephone number at this location Fax number (if any) at this location  
(area code) (telephone number) (area code) (fax number)

For non-US telephone and fax numbers, include country code with area code and local number.

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

A private residential address will not be included in publicly available versions of this registration form.

### SECTION 1-F Additional Website Addresses

List any additional website addresses of the applicant. A separate Schedule D must be completed for each such website address.

Select only one:  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.

Select only one:  Add  Delete  Amend

Name of entity where books and records are kept: \_\_\_\_\_

\_\_\_\_\_  
(number and street)

\_\_\_\_\_  
(city) (state) (country) (postal code)

\_\_\_\_\_  
Telephone number at this location  
(area code) (telephone number)

\_\_\_\_\_  
Fax number (if any) at this location  
(area code) (fax number)

For non-US telephone and fax numbers, include country code with area code and local number.

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

A private residential address will not be included in publicly available versions of this registration form.

This is (select only one):

- one of applicant’s branch offices or *affiliates*
- a third-party unaffiliated recordkeeper
- other

Briefly describe the books and records kept at the location(s) you checked. If you checked “other,” describe additionally all such location(s).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION 1-J Registration with *Foreign Financial Regulatory Authorities***

List the full name, in English, of each *foreign financial regulatory authority*, provide the foreign registration number (if any), and list the full name, in English, of the 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.

Select only one:  Add  Delete  Amend

\_\_\_\_\_  
English Name of *Foreign Financial Regulatory Authority*

\_\_\_\_\_  
Foreign Registration  
No. (if any)

\_\_\_\_\_  
English Name of Country

**SECTION 1-K Business Affiliates of the Applicant**

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

Name of *Affiliate*: \_\_\_\_\_

1. Does the *affiliate* have an applicable federal, state, or foreign registration?  Yes  No

2. If “Yes” to Section 1-K (1) above, provide the:

(a) Name of Agency Issuing Registration (in English): \_\_\_\_\_

(b) Registration No., if any: \_\_\_\_\_

(c) Provide the jurisdiction (check the appropriate box, and if a US state or other jurisdiction, or a foreign country, provide the name of the jurisdiction):

US Federal

US State or Other US Jurisdiction: \_\_\_\_\_

Foreign Country Name (in English): \_\_\_\_\_

**SECTION 3 Successions**

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

Name of Predecessor *Municipal Advisory Firm*: \_\_\_\_\_

- Municipal Advisor* SEC File No.: \_\_\_\_\_
- Municipal Securities Dealer* SEC File No.: \_\_\_\_\_
- Broker-Dealer* SEC File No.: \_\_\_\_\_ Organization CRD No.: \_\_\_\_\_
- Investment Adviser*
  - SEC-Registered SEC File No.: \_\_\_\_\_ Organization CRD No.: \_\_\_\_\_
  - Exempt Reporting Adviser SEC File No.: \_\_\_\_\_ Organization CRD No.: \_\_\_\_\_

Investment Adviser Registration in a US State or Other US Jurisdiction: If predecessor *municipal advisory firm* is registered in a US state or other jurisdiction as an investment adviser, check the Registered in US State or Other US Jurisdiction box below and enter the organization CRD Number. In the table below, check the box for each US jurisdiction in which the applicant is so registered.

Registered in US State or Other US Jurisdiction Organization CRD No. \_\_\_\_\_

Check All That Apply	US State or Jurisdiction	Code	Check All That Apply	US State or Jurisdiction	Code
<input type="checkbox"/>	Alabama	AL	<input type="checkbox"/>	Montana	MT
<input type="checkbox"/>	Alaska	AK	<input type="checkbox"/>	Nebraska	NE
<input type="checkbox"/>	Arizona	AZ	<input type="checkbox"/>	Nevada	NV

	<b>Arkansas</b>	<b>AR</b>		<b>New Hampshire</b>	<b>NH</b>
	<b>California</b>	<b>CA</b>		<b>New Jersey</b>	<b>NJ</b>
	<b>Colorado</b>	<b>CO</b>		<b>New Mexico</b>	<b>NM</b>
	<b>Connecticut</b>	<b>CT</b>		<b>New York</b>	<b>NY</b>
	<b>Delaware</b>	<b>DE</b>		<b>North Carolina</b>	<b>NC</b>
	<b>District of Columbia</b>	<b>DC</b>		<b>North Dakota</b>	<b>ND</b>
	<b>Florida</b>	<b>FL</b>		<b>Ohio</b>	<b>OH</b>
	<b>Georgia</b>	<b>GA</b>		<b>Oklahoma</b>	<b>OK</b>
	<b>Guam</b>	<b>GU</b>		<b>Oregon</b>	<b>OR</b>
	<b>Hawaii</b>	<b>HI</b>		<b>Pennsylvania</b>	<b>PA</b>
	<b>Idaho</b>	<b>ID</b>		<b>Puerto Rico</b>	<b>PR</b>
	<b>Illinois</b>	<b>IL</b>		<b>Rhode Island</b>	<b>RI</b>
	<b>Indiana</b>	<b>IN</b>		<b>South Carolina</b>	<b>SC</b>
	<b>Iowa</b>	<b>IA</b>		<b>South Dakota</b>	<b>SD</b>
	<b>Kansas</b>	<b>KS</b>		<b>Tennessee</b>	<b>TN</b>
	<b>Kentucky</b>	<b>KY</b>		<b>Texas</b>	<b>TX</b>
	<b>Louisiana</b>	<b>LA</b>		<b>Utah</b>	<b>UT</b>
	<b>Maine</b>	<b>ME</b>		<b>Vermont</b>	<b>VT</b>
	<b>Maryland</b>	<b>MD</b>		<b>Virgin Islands</b>	<b>VI</b>
	<b>Massachusetts</b>	<b>MA</b>		<b>Virginia</b>	<b>VA</b>
	<b>Michigan</b>	<b>MI</b>		<b>Washington</b>	<b>WA</b>
	<b>Minnesota</b>	<b>MN</b>		<b>West Virginia</b>	<b>WV</b>
	<b>Mississippi</b>	<b>MS</b>		<b>Wisconsin</b>	<b>WI</b>
	<b>Missouri</b>	<b>MO</b>			

- Government Securities Broker-Dealer  
SEC File No.: \_\_\_\_\_ Bank Identifier: \_\_\_\_\_
- Other SEC Registration (Specify): \_\_\_\_\_  
SEC File No. (if any): \_\_\_\_\_ EDGAR CIK (if any): \_\_\_\_\_
- Another federal or state regulator (Specify): \_\_\_\_\_  
Registration No. (if any): \_\_\_\_\_

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

Provide the name, address, and phone number of any firm or other person 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 or natural person.

Name: \_\_\_\_\_

\_\_\_\_\_  
EDGAR CIK No. (if any)

\_\_\_\_\_  
Individual CRD No. (if any)

\_\_\_\_\_  
(number and street)

\_\_\_\_\_  
(city)

\_\_\_\_\_  
(state)

\_\_\_\_\_  
(country)

\_\_\_\_\_  
(postal code)

\_\_\_\_\_  
Telephone number at this location  
(area code) (telephone number)

\_\_\_\_\_  
Fax number (if any) at this location  
(area code) (fax number)

For non-US telephone and fax numbers, include country code with area code and local number.

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

A private residential address will not be included in publicly available versions of this registration form.

**SECTION 4-E Employees That Also Do Business Independently on the Applicant's Behalf as Affiliates of the Applicant**

**Name of Employee:**

Enter all the letters of each name and initials or other abbreviations. If no middle name, enter NMN on that line.

_____	_____	_____	
Last Name	First Name	Middle Name	
_____		_____	
EDGAR CIK No. (if any)		Individual CRD No. (if any)	
_____			
(number and street)			
_____	_____	_____	_____
(city)	(state)	(country)	(postal code)
_____		_____	
Telephone number at this location		Fax number (if any) at this location	
(area code) (telephone number)		(area code) (fax number)	

For non-US telephone and fax numbers, include country code with area code and local number.

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

A private residential address will not be included in publicly available versions of this registration form.

**SECTION 5-B Description of Primary Business (for businesses not listed in Part A of Item 5)**

If you checked Item 5-B.2., describe the applicant's primary business (not the applicant's *municipal advisor-related* business):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 6 Financial Industry and Other Activities of Associated Persons**

The following information must be completed for each *associated person* in every category you checked in Item 6-A. This section must be completed separately for each such *associated person*.

Select only one:  Add  Delete  Amend

Legal Name of *Associated Person*: \_\_\_\_\_

Primary Business Name of *Associated Person*: \_\_\_\_\_

**A. Associated person 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) Attorney 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*

**B. Control Relationships and Foreign Registrations**

**(1) Control Relationships**

- (a) Does the applicant *control* or is it *controlled* by the *associated person*?  Yes  No
- (b) Are the applicant and the *associated person* under common *control*?  Yes  No

**(2) Foreign Financial Regulatory Authority Registration**

- (a) Is the *associated person* registered with a *foreign financial regulatory authority*?  Yes  No
- (b) If the answer to (2)(a) is “Yes,” list in English the name of each *foreign financial regulatory authority*, the *associated person*’s registration number with that authority (if any), and the country in which the authority has jurisdiction.

English Name of <i>Foreign Financial Regulatory Authority</i>	Registration Number (if any)	English Name of Country
English Name of <i>Foreign Financial Regulatory Authority</i>	Registration Number (if any)	English Name of Country

**SECTION 8 Control Persons (on a basis other than 25% ownership or executive officer status)**

**Section 8-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.**

Select only one:  Add  Delete  Amend  
 The *control person* is a (select only one):  Firm or organization. You must complete Section 8-A (1).  
 Natural person. You must complete Section 8-A (2).

**(1) If the control person is a firm or organization:**

Name \_\_\_\_\_

*Municipal Advisor*  
 Form MA-T Registration      SEC File No.: \_\_\_\_\_  
 Effective Date: \_\_\_\_\_      Termination Date: \_\_\_\_\_

mm/dd/yyyy

mm/dd/yyyy

Form MA Registration      SEC File No.: \_\_\_\_\_  
 Effective Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_  
    mm/dd/yyyy     mm/dd/yyyy

Municipal Securities Dealer      SEC File No.: \_\_\_\_\_  
 Effective Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_  
    mm/dd/yyyy     mm/dd/yyyy

Broker-Dealer      SEC File No.: \_\_\_\_\_ Organization CRD No.: \_\_\_\_\_  
 Effective Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_  
    mm/dd/yyyy     mm/dd/yyyy

*Investment Adviser*  
 SEC-Registered      SEC File No.: \_\_\_\_\_ Organization CRD No.: \_\_\_\_\_  
 Effective Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_  
    mm/dd/yyyy     mm/dd/yyyy

Exempt Reporting Adviser      SEC File No.: \_\_\_\_\_ Organization CRD No.: \_\_\_\_\_  
 Effective Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_  
    mm/dd/yyyy     mm/dd/yyyy

Investment Adviser Registration in a US State or Other US Jurisdiction: If *control person* is registered in a US state or other jurisdiction as an investment adviser, check the Registered in US State or Other US Jurisdiction box below, and enter the organization CRD Number and other information requested. In the table below, check the box for each US state or jurisdiction in which the *control person* is so registered.

Registered in US State or Other US Jurisdiction      Organization CRD No. \_\_\_\_\_  
 Effective Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_  
    mm/dd/yyyy     mm/dd/yyyy

Check All That Apply	US State or Jurisdiction	Code	Check All That Apply	US State or Jurisdiction	Code
	Alabama	AL		Montana	MT
	Alaska	AK		Nebraska	NE
	Arizona	AZ		Nevada	NV
	Arkansas	AR		New Hampshire	NH
	California	CA		New Jersey	NJ
	Colorado	CO		New Mexico	NM
	Connecticut	CT		New York	NY
	Delaware	DE		North Carolina	NC
	District of Columbia	DC		North Dakota	ND
	Florida	FL		Ohio	OH
	Georgia	GA		Oklahoma	OK
	Guam	GU		Oregon	OR
	Hawaii	HI		Pennsylvania	PA
	Idaho	ID		Puerto Rico	PR
	Illinois	IL		Rhode Island	RI

	<b>Indiana</b>	<b>IN</b>		<b>South Carolina</b>	<b>SC</b>
	<b>Iowa</b>	<b>IA</b>		<b>South Dakota</b>	<b>SD</b>
	<b>Kansas</b>	<b>KS</b>		<b>Tennessee</b>	<b>TN</b>
	<b>Kentucky</b>	<b>KY</b>		<b>Texas</b>	<b>TX</b>
	<b>Louisiana</b>	<b>LA</b>		<b>Utah</b>	<b>UT</b>
	<b>Maine</b>	<b>ME</b>		<b>Vermont</b>	<b>VT</b>
	<b>Maryland</b>	<b>MD</b>		<b>Virgin Islands</b>	<b>VI</b>
	<b>Massachusetts</b>	<b>MA</b>		<b>Virginia</b>	<b>VA</b>
	<b>Michigan</b>	<b>MI</b>		<b>Washington</b>	<b>WA</b>
	<b>Minnesota</b>	<b>MN</b>		<b>West Virginia</b>	<b>WV</b>
	<b>Mississippi</b>	<b>MS</b>		<b>Wisconsin</b>	<b>WI</b>
	<b>Missouri</b>	<b>MO</b>			

Government Securities Broker-Dealer SEC File No.: \_\_\_\_\_ Bank Identifier: \_\_\_\_\_  
 Effective Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_  
 mm/dd/yyyy mm/dd/yyyy

Other SEC Registration (Specify) \_\_\_\_\_  
 SEC File No. (if any): \_\_\_\_\_ EDGAR CIK (if any): \_\_\_\_\_  
 Effective Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_  
 mm/dd/yyyy mm/dd/yyyy

Another Federal or State Regulator (Specify) \_\_\_\_\_  
 Registration No. (if any): \_\_\_\_\_  
 Effective Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_  
 mm/dd/yyyy mm/dd/yyyy

**Business Address**

\_\_\_\_\_  
 (number and street)  
 \_\_\_\_\_  
 (city) (state) (country) (postal code)  
 \_\_\_\_\_  
 Telephone number at this location Fax number (if any) at this location  
 (area code) (telephone number) (area code) (fax number)

For non-US telephone and fax numbers, include country code with area code and local number.

If this address is a private residence, check this box:   
 A private residential address will not be included in publicly available versions of this registration form.

Briefly describe the nature of the *control*:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**(2) If control person is a natural person:**

Enter all the letters of each name and not initials or other abbreviations. If no middle name, enter NMN on that line.

\_\_\_\_\_  
 Last Name First Name Middle Name



EDGAR CIK No. (if any)

Individual CRD No. (if any)

Effective Date

Termination Date

(number and street)

(city)

(state)

(country)

(postal code)

Telephone number at this location  
(area code) (telephone number)

Fax number (if any) at this location  
(area code) (fax number)

For non-US telephone and fax numbers, include country code with area code and local number.

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

A private residential address will not be included in publicly available versions of this registration form.

Briefly describe the nature of the control:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 8-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 Section 8-B of 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 EDGAR CIK number: \_\_\_\_\_
3. The Schedules where the public reporting company was reported:

Check all that apply.

- Schedule A
- Schedule B
- Schedule C, Section 4
- Schedule C, Section 5
- Schedule D, Section 8-A

**Schedule D: MISCELLANEOUS**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# FORM MA

## PART II:

### DISCLOSURE REPORTING PAGES (DRPs)

#### CRIMINAL ACTION DISCLOSURE REPORTING PAGE (MA)

CRIMINAL ACTION DRP – PART 1
------------------------------

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

Check item(s) in Form MA for which this DRP is providing details:

**9-A(1)**  **9-A(2)**  **9-B(1)**  **9-B(2)**

**How to Report an Event or Proceeding on a Criminal Action DRP:** 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. One event may result in more than one affirmative answer to **Items 9-A(1), 9-A(2), 9-B(1), and/or 9-B(2)**. Use this DRP to report all *charges*, including multiple counts of the same *charge*, arising out of the same event and filed in one criminal action. Separate criminal actions arising out of the same event, and unrelated criminal actions, must be reported on separate DRPs.

**Requirement to Provide Court Documents:** Applicable court documents (*i.e.*, criminal complaint, information or indictment as well as judgment of conviction or sentencing documents) must be attached to, and filed electronically with, this DRP (if not previously submitted).

Check all that apply, except where noted:

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

Select only one.

- 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)*

**1. Applicant**

- (a) Is this DRP an amendment that seeks to remove a previously filed DRP concerning the applicant from the record?  Yes  No
- (b) If "Yes," the reason the DRP should be removed is:

- The applicant is registered or has submitted an application for registration that is currently pending and the event or *proceeding* previously reported was resolved in the applicant's favor.
- The event or *proceeding* occurred more than ten years ago.
- The DRP was filed in error. Explain the circumstances:

\_\_\_\_\_

\_\_\_\_\_

**2. Associated Person(s)**

(a) Does this DRP concern one or more *associated persons*?  Yes  No

(i) If “Yes,” indicate the total number of such *associated person(s)*: \_\_\_\_

(b) Identify each such *associated person* by checking below either the box for firm or for natural person, as appropriate, and provide the requested information:

**Firm**

Full legal name of the *associated person*:

\_\_\_\_\_

The *associated person* is:

registered with the *SEC*      *SEC* Registration No. \_\_\_\_\_

not registered with the *SEC*

*CRD* No., if any: \_\_\_\_\_

Is this DRP an amendment that seeks to remove a previously filed DRP concerning this *associated person*?  Yes  No

If “Yes,” 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:

\_\_\_\_\_  
\_\_\_\_\_

**Provide the information for each additional firm below:**

\_\_\_\_\_

\_\_\_\_\_

**Natural Person**

Full name of the *associated person*:

Enter all the letters of each name and not initials or other abbreviations.  
If no middle name, enter NMN on that line.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The *associated person* is:

registered with the *SEC*      *SEC* Registration No. \_\_\_\_\_

not registered with the *SEC*

CRD No., if any: \_\_\_\_\_

Is this DRP an amendment that seeks to remove a previously filed DRP concerning this *associated person*?  Yes  No

If “Yes,” 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:

\_\_\_\_\_  
\_\_\_\_\_

**Provide the information for each additional natural person below:**

\_\_\_\_\_  
\_\_\_\_\_

**B. DRP filed elsewhere for this event:** Is an accurate and up-to-date DRP containing the information regarding the applicant or *associated person* required by this DRP already on file (a) in the *IARD* or *CRD* system (with a Form ADV, BD, or U4), or (b) in the *SEC’s* EDGAR system (with a Form MA or Form MA-I)?

Yes

If the answer is “Yes,” provide the applicable information indicated below that identifies where the DRP may be found.

- 1. Form ADV, BD, or U4 Filing:** For a DRP filed on the *IARD* or *CRD* system with one of these forms, provide the following information:

Name on Registration: \_\_\_\_\_  
CRD No.: \_\_\_\_\_ Disclosure Occurrence No.: \_\_\_\_\_

- 2. Form MA Filing:** For a DRP filed on EDGAR with a Form MA, provide the following information:

Name on Registration: \_\_\_\_\_  
MA Registration Number: \_\_\_\_\_  
Date of filing that contains the DRP (MM/DD/YYYY): \_\_\_\_\_  
Accession number of the filing: \_\_\_\_\_

- 3. Form MA-I Filing:** For a DRP filed on EDGAR with a Form MA-I, provide the following information:

Name of Individual: \_\_\_\_\_  
MA-I File Number: \_\_\_\_\_  
Date of filing that contains the DRP (MM/DD/YYYY): \_\_\_\_\_  
Accession number of the filing: \_\_\_\_\_

No

If the answer is “Yes,” no other information on this DRP (other than set forth above) must be provided.  
If the answer is “No,” complete Part 2 below.

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

**CRIMINAL ACTION DRP – PART 2**

**1. Firm or Organization**

**A. Were *charge(s)* brought against a firm or organization over which the applicant or an *associated person* exercise(s)(d) control?**  Yes  No

**B. If “Yes,” provide the following information:**

(1) Enter the firm or organization name: \_\_\_\_\_

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

(3) What was the relationship of the applicant or the *associated person* with the firm or organization?  
(Include any position or title with the firm or organization.)  
\_\_\_\_\_

**2. Court Where Formal *Charge(s)* Were Brought: (File a separate *Criminal Action DRP* for charges brought in separate courts and/or separate cases in the same court. If brought in a foreign jurisdiction, provide all the information below in English.)**

- Federal Court
- Military Court
- State Court
- Foreign Country Court
- International Court
- Other : \_\_\_\_\_

**A. Name of the Court:** \_\_\_\_\_

**B. Location of the Court**

Street Address: \_\_\_\_\_  
City or County: \_\_\_\_\_ State/Country: \_\_\_\_\_  
Postal Code: \_\_\_\_\_

**C. Docket/Case Number and Case Name:** \_\_\_\_\_

**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. Details of Event:** Report all *charges* separately. For each *charge*, provide all of the following information.

**(1) First *Charge***

(a) List the *charge/charge* description:  
\_\_\_\_\_

(b) Number of counts: \_\_\_\_

(c) Check the applicable box:  *Felony*  *Misdemeanor*

(d) Plea for this *charge*:  
\_\_\_\_\_

(e) (i) Is the *charge municipal advisor-related*?  Yes  No

(ii) If “Yes,” what is the product type?  
\_\_\_\_\_

(f) (i) Is the *charge investment-related*?  Yes  No

(ii) If “Yes,” what is the product type?  
\_\_\_\_\_

(g) (i) Amended *Charge*: Indicate if the original *charge* was amended or reduced:

Yes  No

(ii) If “Yes,” provide the date the *charge* was amended or reduced (MM/DD/YYYY):  
\_\_\_\_\_

**Report the information for each additional *charge* below:**

\_\_\_\_\_  
\_\_\_\_\_

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

**4. Current Status of the Event:**  Pending  On Appeal  Final

**5. Event Status Date** (Complete unless status is pending) (MM/DD/YYYY): \_\_\_\_\_

Exact  Explanation

If not exact, provide explanation:  
\_\_\_\_\_  
\_\_\_\_\_

**6. On Appeal – Judicial Review: If Item 4 On Appeal is checked, to whom was the criminal action appealed?** (*If brought in a foreign jurisdiction, provide all the information below in English.*)

Federal Court

Military Court

State Court

Foreign Country Court

International Court

Other (specify): \_\_\_\_\_

Provide the name and location of the court, docket/case number, and case name:  
\_\_\_\_\_

Date appeal filed (MM/DD/YYYY): \_\_\_\_\_

**For Item 7: If Item 4 Final or On Appeal is checked, complete Item 7.  
For Pending Actions, skip to Item 8.**

**7. Disposition Disclosure Detail (For each *charge* provide the following information):**

**(a) First Charge**

**(1) Disposition of the Charge**

(Check all that apply to this *charge*.)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Acquitted                             | <input type="checkbox"/> <i>Found</i> not guilty | <input type="checkbox"/> Pretrial diversion/intervention |
| <input type="checkbox"/> Amended                               | <input type="checkbox"/> Pled guilty             | <input type="checkbox"/> Reduced                         |
| <input type="checkbox"/> Convicted                             | <input type="checkbox"/> Pled nolo contendere    | <input type="checkbox"/> Other (specify) _____           |
| <input type="checkbox"/> Deferred Adjudication                 | <input type="checkbox"/> Pled not guilty         |  |
| <input type="checkbox"/> Dismissed                             |  |  |
| <br>   |  |  |
| <input type="checkbox"/> Appealed                              |  |  |
| <input type="checkbox"/> Affirmed                              |  |  |
| <input type="checkbox"/> Vacated & Returned For Further Action |  |  |
| <input type="checkbox"/> Vacated / Final                       |  |  |
| <input type="checkbox"/> Other (specify) _____                 |  |  |

Explanation: *If more than one disposition is checked, and/or Other is checked, or the above otherwise does not adequately summarize the disposition of the charge, provide an explanation.*

---



---



---

**(2) Date (MM/DD/YYYY):** \_\_\_\_\_

**(3) Sentence/Penalty: Is a sentence or other penalty ordered?**     Yes     No

If “Yes,” list each type (*e.g.*, prison, jail, probation, community service, counseling, education, other - specify):

---



---

**(4) Is there an incarceration in connection with this sentence?**     Yes     No

If “Yes,” provide the following details:

(i) Duration (length of the sentence):     Days \_\_\_\_     Months \_\_\_\_     Years \_\_\_\_

(ii) Start Date of Penalty (MM/DD/YYYY): \_\_\_\_\_     Not determined.

(iii) End Date of Penalty (MM/DD/YYYY): \_\_\_\_\_     Not determined.

(iv) Is the sentence to be served concurrently with any other sentence?     Yes     No



If yes, indicate the end date of the concurrent sentence (MM/DD/YYYY):

\_\_\_\_\_

(v) Explanation (Optional):

\_\_\_\_\_  
\_\_\_\_\_

**(5) Monetary Penalty/Fine:**

(i) Was a monetary penalty/fine imposed?  Yes  No  
If "Yes," provide the following details in (ii) and (iii) below:

(ii) Total Penalty/Fine Amount: \$ \_\_\_\_\_

(iii) Was any portion suspended/reduced?

Yes If "Yes," how much? \$ \_\_\_\_\_  
 No

(iv) Final Amount: \$ \_\_\_\_\_

(v) Was the final amount paid in full?

Yes If "Yes," date paid in full (MM/DD/YYYY): \_\_\_\_\_  
 No

If "No," indicate the amount unpaid: \$ \_\_\_\_\_  
And explain the circumstances:

\_\_\_\_\_  
\_\_\_\_\_

**Report the disposition(s) of each additional *charge* below:**

\_\_\_\_\_  
\_\_\_\_\_

**8. Summary of Circumstances:** Use this space to provide a brief summary of the circumstances leading to the action, allegation(s), finding(s) and disposition(s), if any. Include any relevant information on the current action status, and on any terms, conditions, and dates not already provided above, and any other relevant information. The information must fit within the space provided.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REGULATORY ACTION DISCLOSURE REPORTING PAGE (MA)**

**REGULATORY ACTION DRP – PART 1**

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**

**How to Report an Event or Proceeding on a Regulatory Action DRP:** 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. One event may result in more than one affirmative answer to **Items 9-C, 9-D, 9-E, 9-F, and/or 9-G**. If an event gives rise to actions by more than one regulator, provide details for each action on a separate DRP.

Check all that apply, except where noted:

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

Select only one.

- 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)*

**1. Applicant**

(a) Is this DRP an amendment filed for the applicant that seeks to remove a previously filed DRP concerning the applicant from the record?  Yes  No

(b) If "Yes," 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. Explain the circumstances:

\_\_\_\_\_

\_\_\_\_\_

**2. Associated Person(s)**

(a) Is this DRP being filed for one or more *associated persons*?  Yes  No

(i) If "Yes," indicate the total number of such *associated person(s)*: \_\_\_\_

(b) Identify each such associated firm and/or natural person in the space below:

**Firm**

Full name of the *associated person*:

\_\_\_\_\_

The *associated person* is:

- registered with the *SEC*      *SEC* Registration No. \_\_\_\_\_
- not registered with the *SEC*

*CRD* No., if any: \_\_\_\_\_

Is this *DRP* an amendment that seeks to remove a previously filed *DRP* concerning this *associated person*?

- Yes     No

If “Yes,” 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:

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**Provide the information for each additional firm below:**

\_\_\_\_\_

\_\_\_\_\_

**Natural Person**

Full name of the *associated person*:

Enter all the letters of each name and not initials or other abbreviations.  
If no middle name, enter NMN on that line.

\_\_\_\_\_

Last Name	First Name	Middle Name	Suffix
-----------	------------	-------------	--------

The *associated person* is:

- registered with the *SEC*      *SEC* Registration No. \_\_\_\_\_
- not registered with the *SEC*

*CRD* No., if any: \_\_\_\_\_

Is this *DRP* an amendment that seeks to remove a previously filed *DRP* concerning this *associated person*?

- Yes     No

If “Yes,” 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:

Provide the information for each additional natural person below:

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**B. DRP filed elsewhere for this event:** Is an accurate and up-to-date DRP containing the information regarding the applicant or *associated person* required by this DRP already on file (a) in the *IARD* or *CRD* system (with a Form ADV, BD, or U4), or (b) in the *SEC's* EDGAR system (with a Form MA or Form MA-I)?

**Yes**

If the answer is "Yes," provide the applicable information indicated below that identifies where the DRP may be found.

- 1. Form ADV, BD, or U4 Filing:** For a DRP filed on the *IARD* or *CRD* system with one of these forms, provide the following information:

Name on Registration: \_\_\_\_\_  
CRD No.: \_\_\_\_\_ Disclosure Occurrence No.: \_\_\_\_\_

- 2. Form MA Filing:** For a DRP filed on EDGAR with a Form MA, provide the following information:

Name on Registration: \_\_\_\_\_  
MA Registration Number: \_\_\_\_\_  
Date of filing that contains the DRP (MM/DD/YYYY): \_\_\_\_\_  
Accession number of the filing: \_\_\_\_\_

- 3. Form MA-I Filing:** For a DRP filed on EDGAR with a Form MA-I, provide the following information:

Name of Individual: \_\_\_\_\_  
MA-I File Number: \_\_\_\_\_  
Date of filing that contains the DRP (MM/DD/YYYY): \_\_\_\_\_  
Accession number of the filing: \_\_\_\_\_

**No**

If the answer is "Yes," no other information on this DRP (other than set forth above) must be provided. If the answer is "No," complete Part 2 below.

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

**REGULATORY ACTION DRP – PART 2**

**1. Regulatory Action was initiated by:**

**A. Select the Appropriate Item.**

Select only one box below. A separate Regulatory Action DRP is required for each such regulator or other authority.

- SEC
- CFTC
- Federal Banking Agency
- National Credit Union Administration
- Other Federal Authority
- State
- SRO
- Foreign Financial Regulatory Authority
- Other: \_\_\_\_\_

**B. Full name of the individual regulator (if not fully identified in Item 1-A) or other authority that initiated the action.** For a *foreign financial regulatory authority*, please provide the full name in English.

\_\_\_\_\_

**2. Sanction(s) Sought:**

Check all that apply.

- Bar (Permanent)
- Bar (Temporary / Time Limited)
- Cease and Desist
- Censure
- Civil and Administrative Penalty(ies)/Fine(s)
- Denial
- Disgorgement
- Expulsion
- Injunction
- Prohibition
- Reprimand
- Rescission
- Restitution
- Requalification
- Revocation
- Suspension
- Undertaking

**Other Sanction(s) Sought** (list each such additional sanction):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Date Initiated (MM/DD/YYYY):** \_\_\_\_\_  Exact  Explanation

If not exact, provide explanation:  
\_\_\_\_\_  
\_\_\_\_\_

**4. Regulatory Action was brought in** (if brought in a foreign jurisdiction, provide all the information below in English):

**A. Name of the Administrative Proceeding, Commission/Agency Hearing, or other regulatory proceeding or forum:** \_\_\_\_\_

**B. Location of the Proceeding / Hearing:**

Street Address: \_\_\_\_\_  
City or County: \_\_\_\_\_ State/Country: \_\_\_\_\_  
Postal Code: \_\_\_\_\_

C. **Docket/Case Number:** \_\_\_\_\_

5. **A. Principal Product Type** (check appropriate item):

No Product

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Annuity – Charitable               | <input type="checkbox"/> Direct Investment – DPP & LP Interest    | <input type="checkbox"/> Oil & Gas             |
| <input type="checkbox"/> Annuity – Fixed                    | <input type="checkbox"/> Equipment Leasing                        | <input type="checkbox"/> Options               |
| <input type="checkbox"/> Annuity – Variable                 | <input type="checkbox"/> Equity Listed (Common & Preferred Stock) | <input type="checkbox"/> Penny Stock           |
| <input type="checkbox"/> Banking Product<br>(other than CD) | <input type="checkbox"/> Equity OTC                               | <input type="checkbox"/> Prime Bank Instrument |
| <input type="checkbox"/> CD                                 | <input type="checkbox"/> Futures – Commodity                      | <input type="checkbox"/> Promissory Note       |
| <input type="checkbox"/> Commodity Option                   | <input type="checkbox"/> Futures – Financial                      | <input type="checkbox"/> Real Estate Security  |
| <input type="checkbox"/> Debt – Asset Backed                | <input type="checkbox"/> Index Option                             | <input type="checkbox"/> Security Futures      |
| <input type="checkbox"/> Debt – Corporate                   | <input type="checkbox"/> Insurance                                | <input type="checkbox"/> Security-based Swap   |
| <input type="checkbox"/> Debt – Government                  | <input type="checkbox"/> Investment Contract                      | <input type="checkbox"/> Swap                  |
| <input type="checkbox"/> Debt – Municipal                   | <input type="checkbox"/> Money Market Fund                        | <input type="checkbox"/> Unit Investment Trust |
| <input type="checkbox"/> Derivative                         | <input type="checkbox"/> Mutual Fund                              | <input type="checkbox"/> Viatical Settlement   |

**Other Principal Product Type (specify):**

**B. Other Product Types?**  Yes  No If “Yes,” describe each additional product type:

\_\_\_\_\_  
\_\_\_\_\_

6. **Allegations:** Describe the allegations related to this regulatory action. (The response must fit within the space provided.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. **Current Status:**  Pending  On Appeal  Final

8. **Pending:** If you checked Item 7 Pending, provide the following information.

**A. Date Served:** The date that notice or other process was served (MM/DD/YYYY): \_\_\_\_\_  
 Exact  Explanation

If not exact, provide explanation:

\_\_\_\_\_  
\_\_\_\_\_

**B. Limitation or Restrictions:** Are there any limitations or restrictions currently in effect?

Yes  No

If the answer is “Yes,” provide details:

\_\_\_\_\_

9. **On Appeal – Administrative or Judicial Review of the Regulatory Action:** If you appealed, provide the following information.

**A. Name of Regulator or Court Action Appealed To:** *Provide the name of the US regulator (i.e., the SEC, an SRO, other), federal court, state court or state regulator, or a foreign or international court or regulator to whom you appealed. If brought in a foreign jurisdiction, provide all the information below in English.*

\_\_\_\_\_

**B. Location of the Regulator or Judicial Court to Whom You Appealed:**

Street Address: \_\_\_\_\_

City or County: \_\_\_\_\_ State/Country: \_\_\_\_\_

Postal Code: \_\_\_\_\_

**C. Docket/Case Name:** \_\_\_\_\_

**D. Docket/Case Number:** \_\_\_\_\_

**E. Date Appeal filed (MM/DD/YYYY):** \_\_\_\_\_  Exact  Explanation

If not exact, provide explanation:

\_\_\_\_\_

\_\_\_\_\_

**F. Appeal Details (including status):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**G. Limitation or Restrictions:** Are there any limitations or restrictions currently in effect while on appeal?

Yes  No

If the answer is “Yes,” provide details:

\_\_\_\_\_

\_\_\_\_\_

**If you checked Item 7 Final or On Appeal, complete Items 10 through 13.  
For Pending Actions, skip to Item 13.**

**10. A. Resolution:** How was the action resolved? (*Check all the applicable boxes that reflect the most recent resolution of the action by a regulator or a court, whether or not any part of the resolution is on appeal. If any part of the resolution is on appeal, identify in Item 10-B which part is currently on appeal.*)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Acceptance, Waiver & Consent (AWC)      | <input type="checkbox"/> Dismissed         | <input type="checkbox"/> Stipulation and Consent      |
| <input type="checkbox"/> Consent                                 | <input type="checkbox"/> Judgment Rendered | <input type="checkbox"/> Withdrawn                    |
| <input type="checkbox"/> Decision                                | <input type="checkbox"/> Order             | <input type="checkbox"/> Other (requires explanation) |
| <input type="checkbox"/> Decision & Order of Offer of Settlement | <input type="checkbox"/> Settled           |   |
| <input type="checkbox"/> Appealed                                |  |   |
| <input type="checkbox"/> Affirmed                                |  |   |
| <input type="checkbox"/> Vacated Nunc Pro Tunc / ab initio       |  |   |

- Vacated & Returned For Further Action
- Vacated / Final
- Other (requires explanation)

**B. Explanation:** *If more than one box in Item 10-A is checked, or Other is checked, or Item 10-A otherwise does not adequately summarize the type of resolution, provide an explanation. For example, if you appealed all or part of a resolution by the regulator or court, indicate what is being appealed.*

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**C. Order:** **If Order is checked above in Item 10-A,** does the *order* constitute a final *order* based on violations of any laws or regulations that prohibit fraudulent, or deceptive conduct?  Yes  No

**11. Resolution Date** (MM/DD/YYYY): \_\_\_\_\_  Exact  Explanation  
*(For a resolution that is being appealed in part, the date to be provided should be the date on which the regulator (reviewing a decision by an SRO or an Administrative Law Judge) or a court provided its resolution.)*

If not exact, provide explanation:

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**12. Resolution Detail**

**A. Sanction(s): Were any Sanctions Ordered?**  Yes  No, none were ordered.

**B. If “Yes,” check each individual sanction below that was ordered:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Bar (Permanent)                                | <input type="checkbox"/> Disgorgement* | <input type="checkbox"/> Restitution*    |
| <input type="checkbox"/> Bar (Temporary / Time Limited)                 | <input type="checkbox"/> Expulsion     | <input type="checkbox"/> Requalification |
| <input type="checkbox"/> Cease and Desist                               | <input type="checkbox"/> Injunction    | <input type="checkbox"/> Revocation      |
| <input type="checkbox"/> Censure  | <input type="checkbox"/> Prohibition   | <input type="checkbox"/> Suspension      |
| <input type="checkbox"/> Civil and Administrative Penalty(ies)/Fine(s)* | <input type="checkbox"/> Reprimand     | <input type="checkbox"/> Undertaking     |
| <input type="checkbox"/> Denial   | <input type="checkbox"/> Rescission    |  |

**\* Monetary Sanction(s):** Were one or more sanctions *ordered* that require a monetary payment?  
 Yes  No

If “Yes,” enter the total amount *ordered*: \$ \_\_\_\_\_

**Other Sanction(s) Ordered (list each such additional sanction):**

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**C. Sanction Detail (Provide the details of the following specific sanctions, if checked above in Item 12-B.)**

**(1) Barred, Enjoined, or Suspended:** If you checked one or more of these sanctions in Item 12-B. above, check the applicable box(es) below and provide the corresponding information.

**(a) Barred**

(i) Duration (length of time):

- Permanent (not limited by length of time).  
 Temporary / Time Limited. Specify the:  Days \_\_\_  Months \_\_\_  Years \_\_\_

(ii) Start Date (MM/DD/YYYY): \_\_\_\_\_  Exact  Explanation

If not exact, provide explanation:

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(iii) End Date (MM/DD/YYYY): \_\_\_\_\_  Exact  Explanation

If not exact, provide explanation:

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(iv) Description: Provide remaining details and the registration capacities affected (General Securities Principal, Financial Operations Principal, etc.). If none, enter "None":

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**If the applicant or an *associated person* received in the above action one or more bars from registration capacities, associations, and/or other activities; and the terms specify different time periods; report the additional details below:**

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**(b) Enjoined**

(i) Duration (length of time):

- Permanent (not limited by length of time).  
 Temporary / Time Limited. Specify the:  Days \_\_\_  Months \_\_\_  Years \_\_\_

(ii) Start Date (MM/DD/YYYY): \_\_\_\_\_  Exact  Explanation

If not exact, provide explanation:

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(iii) End Date (MM/DD/YYYY): \_\_\_\_\_  Exact  Explanation

If not exact, provide explanation:

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(iv) Description: Provide remaining details and the registration capacities affected (General Securities Principal, Financial Operations Principal, etc.). If none, enter "None":

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**If the applicant or an associated person received in the above action one or more injunctions from registration capacities, associations, and/or other activities; and the terms specify different time periods; report the additional details below:**

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**(c) Suspended**

(i) Duration (length of time):

Permanent (not limited by length of time).  
 Temporary / Time Limited. Specify the:  Days \_\_\_  Months \_\_\_  Years \_\_\_

(ii) Start Date (MM/DD/YYYY): \_\_\_\_\_  Exact  Explanation

If not exact, provide explanation:

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(iii) End Date (MM/DD/YYYY): \_\_\_\_\_  Exact  Explanation

If not exact, provide explanation:

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(iv) Description: Provide remaining details and the registration capacities affected (General Securities Principal, Financial Operations Principal, etc.). If none, enter "None":

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**If the applicant or an *associated person* received in the above action one or more suspensions from registration capacities, associations, and/or other activities; and the terms specify different time periods; report the additional details below:**

\_\_\_\_\_  
\_\_\_\_\_

- (2) **Requalification:** Was requalification by examination, retraining, or other process a condition of a sanction?  Yes  No

If "Yes," provide:

- (a) Length of time given to requalify, retrain, or complete other process:

No time period is specified.  
 Time period is specified:  Days \_\_\_\_  Months \_\_\_\_  Years \_\_\_\_

- (b) Type of examination, retraining, or other process required:

\_\_\_\_\_  
\_\_\_\_\_

- (c) Was the condition satisfied?  Yes  No

(1) If "Yes," provide the date (MM/DD/YYYY): \_\_\_\_\_

(2) If "No," explain the circumstances:

\_\_\_\_\_  
\_\_\_\_\_

**If the applicant or an *associated person* received in the above action one or more requalifications in connection with registration capacities, associations, and/or other activities; and the terms specify different time periods; report the additional details below:**

\_\_\_\_\_  
\_\_\_\_\_

- (3) **Monetary Sanction(s):** If you indicated in Item 12-B above that one or more monetary sanctions were *ordered*, provide the following information.

(a) Total Amount *Ordered*: \$ \_\_\_\_\_

- (b) Portion levied against:

**Applicant**

(i) Amount *Ordered*: \$ \_\_\_\_\_

- (ii) Was any portion waived?

Yes  
 No

If "Yes," how much? \$ \_\_\_\_\_

(iii) Final Amount: \$ \_\_\_\_\_

(iv) Was final amount paid in full?

- Yes
- No

If "Yes," date paid in full (MM/DD/YYYY): \_\_\_\_\_

If "No," explain the circumstances:

\_\_\_\_\_

\_\_\_\_\_

**Associated Person**

(i) Amount *Ordered*: \$ \_\_\_\_\_

(ii) Was any portion waived?

- Yes \_\_\_\_\_
- No

If "Yes," how much? \$ \_\_\_\_\_

(iii) Final Amount: \$ \_\_\_\_\_

(iv) Was final amount paid in full?

- Yes
- No

If "Yes," date paid in full (MM/DD/YYYY): \_\_\_\_\_

If "No," explain the circumstances:

\_\_\_\_\_

\_\_\_\_\_

**Provide the information for each additional *associated person* below:**

\_\_\_\_\_

\_\_\_\_\_

**13. Summary of Circumstances:** Use this space to provide a brief summary of the circumstances leading to the action, allegation(s), finding(s) and disposition(s), if any. Include any relevant information on the current action status, and on any terms, conditions, and dates not already provided above, and any other relevant information. The information must fit within the space provided.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CIVIL JUDICIAL ACTION DISCLOSURE REPORTING PAGE (MA)**

**CIVIL JUDICIAL ACTION DRP – PART 1**

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)**

**How to Report an Event or Proceeding on a Civil Judicial Action DRP:** 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. One event may result in more than one affirmative answer to Item 9-H. Separate cases arising out of the same event, and unrelated civil judicial actions, must be reported on separate DRPs; if they are later consolidated into a single civil judicial action, the consolidated action can be reported on one DRP.

Check all that apply, except where noted:

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

Select only one.

- 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)*

**1. Applicant**

(a) Is this DRP an amendment filed for the applicant that seeks to remove a previously filed DRP concerning the applicant from the record?  Yes  No

(b) If “Yes,” 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. Explain the circumstances:

\_\_\_\_\_  
\_\_\_\_\_

**2. Associated Person(s)**

(a) Is this DRP being filed for one or more *associated persons*?  Yes  No

(i) If “Yes,” indicate the total number of such *associated person(s)*: \_\_\_\_

(b) Identify each such associated firm and/or natural person in the space below:

**Firm**

Full name of the *associated person*:

\_\_\_\_\_

The *associated person* is:

- registered with the *SEC*      *SEC* Registration No. \_\_\_\_\_
- not registered with the *SEC*

*CRD* No., if any: \_\_\_\_\_

Is this *DRP* an amendment that seeks to remove a previously filed *DRP* concerning this *associated person*?

- Yes     No

If “Yes,” 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:

\_\_\_\_\_  
\_\_\_\_\_

**Provide the information for each additional firm below:**

\_\_\_\_\_  
\_\_\_\_\_

**Natural Person**

Full name of the *associated person*:

Enter all the letters of each name and not initials or other abbreviations.  
If no middle name, enter NMN on that line.

\_\_\_\_\_  
Last Name                      First Name                      Middle Name                      Suffix

The *associated person* is:

- registered with the *SEC*      *SEC* Registration No. \_\_\_\_\_
- not registered with the *SEC*

*CRD* No., if any: \_\_\_\_\_

Is this *DRP* an amendment that seeks to remove a previously filed *DRP* concerning this *associated person*?

- Yes     No

If “Yes,” 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:

\_\_\_\_\_  
\_\_\_\_\_

Provide the information for each additional natural person below:

\_\_\_\_\_

\_\_\_\_\_

**B. DRP filed elsewhere for this event:** Is an accurate and up-to-date DRP containing the information regarding the applicant or *associated person* required by this DRP already on file (a) in the *IARD* or *CRD* system (with a Form ADV, BD, or U4), or (b) in the *SEC's* EDGAR system (with a Form MA or Form MA-I)?

Yes

If the answer is “Yes,” provide the applicable information indicated below that identifies where the DRP may be found.

**1. Form ADV, BD, or U4 Filing:** For a DRP filed on the *IARD* or *CRD* system with one of these forms, provide the following information:

Name on Registration: \_\_\_\_\_  
CRD No.: \_\_\_\_\_ Disclosure Occurrence No.: \_\_\_\_\_

**2. Form MA Filing:** For a DRP filed on EDGAR with a Form MA, provide the following information:

Name on Registration: \_\_\_\_\_  
MA Registration Number: \_\_\_\_\_  
Date of filing that contains the DRP (MM/DD/YYYY): \_\_\_\_\_  
Accession number of the filing: \_\_\_\_\_

**3. Form MA-I Filing:** For a DRP filed on EDGAR with a Form MA-I, provide the following information:

Name of Individual: \_\_\_\_\_  
MA-I File Number: \_\_\_\_\_  
Date of filing that contains the DRP (MM/DD/YYYY): \_\_\_\_\_  
Accession number of the filing: \_\_\_\_\_

No

If the answer is “Yes,” no other information on this DRP (other than set forth above) must be provided. If the answer is “No,” complete Part 2 below.

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

**CIVIL JUDICIAL ACTION DRP – PART 2**

**1. Court Action was initiated by:**

**A. Select the Appropriate Item(s).**

Check all that apply.

- SEC
- CFTC
- Other Federal Authority
- State
- SRO
- Commodities Exchange
- Foreign Financial Regulatory Authority
- Municipal Advisory Firm
- Private Plaintiff

Other: \_\_\_\_\_

**B. Plaintiff(s): Enter the full name(s) of the plaintiff(s), unless only SEC and/or CFTC is/are checked above. For a foreign financial regulatory authority, please provide the full name in English.**

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Were all plaintiffs fully identified in the space provided?  Yes  No

**2. Defendant(s):**

**A. Enter the full name(s) of the defendant(s). For foreign defendant(s), please provide the full name(s) in English:**

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**B. Are you a named defendant?**  Yes  No If “No,” describe how this action involves you:

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**3. Sanction(s) or Relief Sought (check appropriate items):**

- Bar (Permanent)
- Bar (Temporary / Time Limited)
- Cease and Desist
- Censure
- Civil /Administrative Penalty(ies)/Fine(s)
- Denial
- Disgorgement
- Exemption
- Expulsion
- Injunction
- Money Damage(s)  
(Private/Civil Complaint)
- Prohibition
- Reprimand
- Rescission
- Restitution
- Restraining Order
- Requalification
- Revocation
- Suspension
- Undertaking



**Other Sanction(s) or Relief Sought:**

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**4. A. Filing Date of Court Action (MM/DD/YYYY):** \_\_\_\_\_

Exact     Explanation

If not exact, provide explanation:

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**B. Date Notice/Process was served (MM/DD/YYYY):** \_\_\_\_\_

Exact     Explanation

If not exact, provide explanation:

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**5. Formal Action was brought in** *(If brought in a foreign jurisdiction, provide all the information below in English):*

**Check the applicable box:**

Federal Court     Military Court     State Court     Foreign Court     International Court

Other : \_\_\_\_\_

**A. Name of the Court:** \_\_\_\_\_

**B. Location of the Court**

Street Address: \_\_\_\_\_

City or County: \_\_\_\_\_ State/Country: \_\_\_\_\_

Postal Code: \_\_\_\_\_

**C. Docket/Case Number and Case Name:** \_\_\_\_\_

**6. A. Principal Product Type (check appropriate item):**

No Product

Annuity – Charitable

Annuity – Fixed

Annuity – Variable

Banking Product  
(other than CD)

Direct Investment – DPP & LP Interest

Equipment Leasing

Equity Listed (Common & Preferred Stock)

Equity OTC

Futures – Commodity

Oil & Gas

Options

Penny Stock

Prime Bank Instrument

Promissory Note

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> CD                  | <input type="checkbox"/> Futures – Financial | <input type="checkbox"/> Real Estate Security  |
| <input type="checkbox"/> Commodity Option    | <input type="checkbox"/> Index Option        | <input type="checkbox"/> Security Futures      |
| <input type="checkbox"/> Debt – Asset Backed | <input type="checkbox"/> Insurance           | <input type="checkbox"/> Security-based Swap   |
| <input type="checkbox"/> Debt – Corporate    | <input type="checkbox"/> Investment Contract | <input type="checkbox"/> Swap                  |
| <input type="checkbox"/> Debt – Government   | <input type="checkbox"/> Money Market Fund   | <input type="checkbox"/> Unit Investment Trust |
| <input type="checkbox"/> Debt – Municipal    | <input type="checkbox"/> Mutual Fund         | <input type="checkbox"/> Viatical Settlement   |
| <input type="checkbox"/> Derivative          |  |  |

**Other Principal Product Type (specify):**

\_\_\_\_\_

**B. Other Product Types?**  Yes  No If “Yes,” describe each additional product type:

\_\_\_\_\_

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**8. Current Status:**  Pending  On Appeal  Final

**9. Pending: If you checked Item 8 Pending, provide the following information.**

**A. Date Served:** The date that notice or other process was served (MM/DD/YYYY): \_\_\_\_\_  
 Exact  Explanation

If not exact, provide explanation:

\_\_\_\_\_  
 \_\_\_\_\_

**B. Limitation or Restrictions:** Are there any limitations or restrictions currently in effect?  
 Yes  No

If the answer is “Yes,” provide details:

\_\_\_\_\_  
 \_\_\_\_\_

**10. On Appeal – Judicial Review:** If you appealed, provide the following information.  
*(If brought in a foreign jurisdiction, provide all the information below in English):*

**A. Action Appealed to:** *(Provide the name of the federal, state, foreign, or international court to whom you appealed.)* \_\_\_\_\_

**B. Location of the Court:**

Street Address: \_\_\_\_\_  
 City or County: \_\_\_\_\_ State/Country: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_

C.Docket/Case Name: \_\_\_\_\_

D.Docket/Case Number: \_\_\_\_\_

E. Date Appeal filed (MM/DD/YYYY): \_\_\_\_\_  Exact  Explanation

If not exact, provide explanation:

\_\_\_\_\_

\_\_\_\_\_

F. Appeal Details (including status):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

G. Limitation or Restrictions: Are there any limitations or restrictions currently in effect while on appeal?

Yes  No

If the answer is "Yes," provide details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If you checked Item 8 Final or On Appeal, complete Items 11 through 14.  
For Pending Actions, skip to Item 14.**

11. A. **Resolution:** How was the action resolved? *Check all the applicable boxes that reflect the most recent resolution of the action by a court, whether or not any part of the resolution is on appeal. If any part of the resolution is on appeal, identify in Item 11-B which part is currently on appeal.*

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Consent                                 | <input type="checkbox"/> Judgment Rendered | <input type="checkbox"/> Stipulation and Consent |
| <input type="checkbox"/> Decision                                | <input type="checkbox"/> Opinion           | <input type="checkbox"/> Withdrawn               |
| <input type="checkbox"/> Decision & Order of Offer of Settlement | <input type="checkbox"/> Order             |  |
| <input type="checkbox"/> Dismissed                               | <input type="checkbox"/> Settled           |  |

Other: \_\_\_\_\_

- Appealed
- Affirmed
  - Vacated Nunc Pro Tunc / ab initio
  - Vacated & Returned For Further Action
  - Vacated / Final
  - Other: \_\_\_\_\_

B. **Explanation:** *If more than one box in Item 11-A is checked or Item 11-A otherwise does not adequately summarize the type of resolution, provide an explanation. For example, if you appealed all or part of a resolution by the regulator or court, indicate what is being appealed.*

\_\_\_\_\_

\_\_\_\_\_

C. **Order:** If *Order* is checked above in Item 11-A, does the *order* constitute a final *order* based on violations of any laws or regulations that prohibit fraudulent, or deceptive conduct?  Yes  No

12. **Resolution Date** (MM/DD/YYYY): \_\_\_\_\_  Exact  Explanation  
(For a resolution that is being appealed in part, the date to be provided should be the date on which the regulator or court provided its resolution.)

If not exact, provide explanation:

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13. **Resolution Detail**

A. **Sanction(s): Were any Sanctions Ordered or Relief Granted?**

- Yes  
 No, none were *ordered*, or granted.

B. If “Yes,” check each individual sanction *ordered* and/or relief granted below:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Bar (Permanent)                             | <input type="checkbox"/> Exemption       | <input type="checkbox"/> Rescission        |
| <input type="checkbox"/> Bar (Temporary / Time Limited)              | <input type="checkbox"/> Expulsion       | <input type="checkbox"/> Restitution*      |
| <input type="checkbox"/> Cease and Desist                            | <input type="checkbox"/> Injunction      | <input type="checkbox"/> Restraining Order |
| <input type="checkbox"/> Censure                                     | <input type="checkbox"/> Money Damage(s) | <input type="checkbox"/> Requalification   |
| <input type="checkbox"/> Civil /Administrative Penalty(ies)/Fine(s)* | (Private/Civil Complaint)*               | <input type="checkbox"/> Revocation        |
| <input type="checkbox"/> Denial                                      | <input type="checkbox"/> Prohibition     | <input type="checkbox"/> Suspension        |
| <input type="checkbox"/> Disgorgement*                               | <input type="checkbox"/> Reprimand       | <input type="checkbox"/> Undertaking       |

\* **Monetary Sanction(s):** Were one or more sanctions *ordered* that require a monetary payment?

- Yes  No

If “Yes,” enter the total amount *ordered*: \$ \_\_\_\_\_

**Other Sanctions Ordered or Relief Granted** (list each such additional sanction or relief):

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C. **Sanction Detail** (Provide the details of the following specific sanctions, if checked above in Item 13-B.)

(1) **Barred, Enjoined, or Suspended:** If you checked one or more of these sanctions in Item 13-B. above, check the applicable box(es) below and provide the corresponding information.

(a) **Barred**

(i) Duration (length of time):

- Permanent (not limited by length of time).  
 Temporary / Time Limited. Specify the:  Days \_\_\_  Months \_\_\_  Years \_\_\_

(ii) Start Date (MM/DD/YYYY): \_\_\_\_\_  Exact  Explanation

If not exact, provide explanation:

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(iii) End Date (MM/DD/YYYY): \_\_\_\_\_  Exact  Explanation

If not exact, provide explanation:

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(iv) Description: Provide remaining details and the registration capacities affected (General Securities Principal, Financial Operations Principal, etc.). If none, enter "None":

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**If the applicant or an associated person received in the above action one or more bars from registration capacities, associations, and/or other activities; and the terms specify different time periods; report the additional details below:**

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**(b) Enjoined**

(i) Duration (length of time):

Permanent (not limited by length of time).  
 Temporary / Time Limited. Specify the:  Days \_\_\_  Months \_\_\_  Years \_\_\_

(ii) Start Date (MM/DD/YYYY): \_\_\_\_\_  Exact  Explanation

If not exact, provide explanation:

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(iii) End Date (MM/DD/YYYY): \_\_\_\_\_  Exact  Explanation

If not exact, provide explanation:

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(iv) Description: Provide remaining details and the registration capacities affected (General Securities Principal, Financial Operations Principal, etc.). If none, enter "None":

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**If the applicant or an *associated person* received in the above action one or more injunctions from registration capacities, associations, and/or other activities; and the terms specify different time periods; report the additional details below:**

\_\_\_\_\_  
\_\_\_\_\_

**(c) Suspended**

(i) Duration (length of time):

Permanent (not limited by length of time).

Temporary / Time Limited. Specify the:  Days \_\_\_  Months \_\_\_  Years \_\_\_

(ii) Start Date (MM/DD/YYYY): \_\_\_\_\_  Exact  Explanation

If not exact, provide explanation:

\_\_\_\_\_  
\_\_\_\_\_

(iii) End Date (MM/DD/YYYY): \_\_\_\_\_  Exact  Explanation

If not exact, provide explanation:

\_\_\_\_\_  
\_\_\_\_\_

(iv) Description: Provide remaining details and the registration capacities affected (General Securities Principal, Financial Operations Principal, etc.). If none, enter "None":

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If the applicant or an *associated person* received in the above action one or more suspensions from registration capacities, associations, and/or other activities; and the terms specify different time periods; report the additional details below:**

\_\_\_\_\_  
\_\_\_\_\_

**(2) Requalification:** Was requalification by examination, retraining, or other process a condition of a sanction?  Yes  No

If "Yes," provide:

(a) Length of time given to requalify, retrain, or complete other process:

No time period is specified.

Time period is specified:  Days \_\_\_  Months \_\_\_  Years \_\_\_

(b) Type of examination, retraining, or other process required:

\_\_\_\_\_

(c) Was the condition satisfied?  Yes  No

(1) If "Yes," provide the date (MM/DD/YYYY): \_\_\_\_\_

(2) If "No," explain the circumstances:

\_\_\_\_\_  
\_\_\_\_\_

**If the applicant or an *associated person* received in the above action one or more requalifications in connection with registration capacities, associations, and/or other activities; and the terms specify different time periods; report the additional details below:**

\_\_\_\_\_  
\_\_\_\_\_

**(3) Monetary Sanction(s):** If you indicated in Item 13-B above that one or more monetary sanctions were *ordered*, provide the following information.

(a) Total Amount *Ordered*: \$\_\_\_\_\_

(b) Portion levied against:

**Applicant**

(i) Amount *Ordered*: \$\_\_\_\_\_

(ii) Was any portion waived?

Yes

No

If "Yes," how much? \$\_\_\_\_\_

(iii) Final Amount: \$\_\_\_\_\_

(iv) Was final amount paid in full?

Yes \_\_\_\_\_

No

If "Yes," date paid in full (MM/DD/YYYY): \_\_\_\_\_

If "No," explain the circumstances:

\_\_\_\_\_  
\_\_\_\_\_

***Associated Person***

(i) Amount *Ordered*: \$\_\_\_\_\_

(ii) Was any portion waived?

Yes

No

If "Yes," how much? \$\_\_\_\_\_

(iii) Final Amount: \$ \_\_\_\_\_

(iv) Was final amount paid in full?

- Yes
- No

If "Yes," date paid in full (MM/DD/YYYY): \_\_\_\_\_

If "No," explain the circumstances:

\_\_\_\_\_

\_\_\_\_\_

**Provide the information for each additional *associated person* below:**

\_\_\_\_\_

\_\_\_\_\_

**14. Summary of Circumstances:** Use this space to provide a brief summary of the circumstances leading to the action, allegation(s), finding(s) and disposition(s), if any. Include any relevant information on the current action status, and on any terms, conditions, and dates not already provided above, and any other relevant information. The information must fit within the space provided.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Form MA APPLICATION FOR MUNICIPAL ADVISOR REGISTRATION

## DOMESTIC MUNICIPAL ADVISOR EXECUTION

You must complete the following execution page to Form MA. This execution page must be signed and attached to your initial application for *SEC* registration and all amendments to registration.

### Appointment of Agent for Service of Process

By signing this Form MA, you, the undersigned advisor, irrevocably appoint the Secretary of State or other legally designated officer, of the state in which you maintain your *principal office and place of business*, as your agents to receive service, and agree that such *persons* may be served any process, pleadings, subpoenas, or other papers in (a) any *investigation* or administrative *proceeding* conducted by the *Commission* that relates to the applicant or about which the applicant may have information; and (b) any civil suit or action brought against the applicant or to which the applicant has been joined as defendant or respondent, in any appropriate court in any place subject to the jurisdiction of any state or of the United States of America or of any of its territories or possessions or of the District of Columbia, where the *investigation, proceeding* or cause of action arises out of or relates to or concerns *municipal advisory activities* of the *municipal advisor*. The applicant stipulates and agrees that any such civil suit or action or administrative *proceeding* may be commenced by the service of process upon, and that service of an administrative subpoena shall be effected by service upon the above-named Agent for Service of Process, and that service as aforesaid shall be taken and held in all courts and administrative tribunals to be valid and binding as if personal service thereof had been made.

### Signature

I, the undersigned, sign this Form MA on behalf of, and with the authority of, the *municipal advisor*. The *municipal advisor* and I both certify, under penalty of perjury under the laws of the United States of America, that the information and statements made in this Form MA, including exhibits and any other information submitted, are true and correct, and that I am signing this Form MA as a free and voluntary act.

I certify that the advisor's books and records will be preserved and available for inspection as required by law. Finally, I authorize any *person* having custody or possession of these books and records to make them available to federal regulatory representatives.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Advisor *CRD* Number (if any): \_\_\_\_\_

Title: \_\_\_\_\_

# Form MA

## APPLICATION FOR MUNICIPAL ADVISOR REGISTRATION

### NON-RESIDENT MUNICIPAL ADVISOR EXECUTION

**Instructions:** If you are a *non-resident*, you must complete these steps:

1. **Execution Page:** You must complete the following *non-resident* execution page to Form MA. This execution page must be signed and attached to your initial application for *SEC* registration and all amendments to registration.
2. **Opinion of Counsel:** You must also attach to Form MA an Opinion of Counsel. See General Instructions.
3. **Form MA-NR:** You must also attach to Form MA one or more executed Form MA-NR(s) for the *non-resident municipal advisor* applicant, and, if any, the *non-resident* general partner(s) and/or *non-resident managing agents*. See General Instructions for Form MA-NR.

### *Non-Resident Municipal Advisor Undertaking Regarding Books and Records*

By signing this Form MA, you agree to provide, at your own expense, to the U.S. Securities and Exchange Commission at its principal office in Washington D.C., at any Regional or District Office of the *Commission*, or at any one of its offices in the United States, as specified by the *Commission*, correct, current, and complete copies of any or all records that you are required to maintain by law. This undertaking shall be binding upon you, your heirs, successors and assigns, and any *person* subject to your written irrevocable consents or powers of attorney or any of your general partners and *managing agents*.

### Signature

I, the undersigned, sign this Form MA on behalf of, and with the authority of, the *non-resident municipal advisor*. The *municipal advisor* and I both certify, under penalty of perjury under the laws of the United States of America, that the information and statements made in this Form MA, including exhibits and any other information submitted, are true and correct, and that I am signing this Form MA as a free and voluntary act.

I certify that the *municipal advisor's* books and records will be preserved and available for inspection as required by law. Finally, I authorize any *person* having custody or possession of these books and records to make them available to federal regulatory representatives. Further, attached to this Form MA as an exhibit is an opinion of counsel that the *municipal advisor* can, as a matter of law, provide the *Commission* with access to the books and records of such *municipal advisor*, as required by law, and that the *municipal advisor* can, as a matter of law, submit to inspection and examination by the *Commission*. Finally, attached to this Form MA is one or more executed Form MA-NR(s) for the *non-resident municipal advisor* applicant, and, if any, the *non-resident* general partner(s) and/or *non-resident managing agents*.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Advisor *CRD* Number (if any): \_\_\_\_\_

Title: \_\_\_\_\_