

# FORM MA-I

## INFORMATION REGARDING NATURAL PERSONS WHO ENGAGE IN MUNICIPAL ADVISORY ACTIVITIES

Please read the General Instructions for this form and other forms in the MA series, as well as its subsection, "Specific Instructions for Form MA-I," 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:

- Every *municipal advisory firm* applying for registration or registered as a *municipal advisor* on Form MA, to provide information regarding each natural person who is an *associated person* of the firm and engages in *municipal advisory activities* on the firm's behalf (for purposes of Form MA-I, the "individual"); and
- Every natural person (sole proprietor) applying for registration as a *municipal advisor* on Form MA, to provide additional personal information.

**WARNING:** Complete this form truthfully. False statements or omissions may result in denial of a *municipal advisor's* application or revocation or suspension of such registration, administrative or civil action, or criminal prosecution. Form MA-I must be amended promptly whenever any information previously provided becomes inaccurate. See General Instruction 9.

**Type of Filing:**

This is an (check the appropriate box):

Initial Form MA-I

Execution Pages: Before submitting 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 Individuals: If the individual is a *non-resident* of the United States, you must attach a completed Form MA-NR signed by the individual to this Form MA-I at the time of the initial filing of Form MA-I. See the General Instructions.

Amendment to the most recent Form MA-I

Amendment to indicate that the individual is no longer an *associated person* of the *municipal advisory firm* or no longer engages in *municipal advisory activities* on its behalf. (If you check this box, complete only Item 1-A and Item 7 below.)

### Item 1 Identifying Information

Is this an amendment to change identifying information regarding the individual named in part A below?

Yes

No

**A. The Individual**

Full Legal Name:

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): \_\_\_\_\_

**B. Municipal Advisory Firms Where the Individual Is Employed**

*In providing your responses, please note that the definition of “employee” for purposes of this form includes an independent contractor who engages in municipal advisory activities on behalf of a municipal advisory firm. See Glossary of Terms.*

Is the individual *employed* at more than one *municipal advisory firm*?

Yes                       No

If the answer is “Yes,” enter the number of *municipal advisory firms* the individual is employed with (sole proprietors not employed with any other firm enter 1): \_\_\_\_\_

(For individuals who are employed with more than one firm, provide the information required by this Item 1-B for each such firm. For sole proprietors, enter the legal name under which you conduct your *municipal advisor-related* activities, and skip to Item 1-B.1.)

Full Legal Name of *municipal advisory firm* with which the individual is employed:

\_\_\_\_\_

Name under which *municipal advisor-related* business is primarily conducted, if different from above:

\_\_\_\_\_

Date that the individual’s most recent employment with this *municipal advisory firm* commenced (MM/DD/YYYY): \_\_\_\_\_

Does the individual have an independent contractor relationship with the above-named firm?  Yes  
 No

**(1) Municipal Advisory Firm’s Registration Information:**

Is the *municipal advisory firm* currently registered on Form MA as a *municipal advisor*? (Answer “Yes” if you have already filed Form MA and your application for registration on that form has been approved. Otherwise, answer “No.”)

Yes    SEC File No. \_\_\_\_\_

No

If “No,” has the *municipal advisory firm* filed a Form MA application?

Yes    Form MA Filing Date: \_\_\_\_\_    EDGAR CIK No.: \_\_\_\_\_  
(MM/DD/YYYY)

No

If "No," please provide an explanation:

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**(2) Office**

Enter the following information for each office of the *municipal advisory firm* where the individual is or will be physically located, and each office from which the individual is or will be supervised:

Located At:       Supervised From:  
Start Date: \_\_\_\_\_  
Street Address 1: \_\_\_\_\_  
Street Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

If the office where the individual is or will be physically located is a private residence, check this box:   
A private residential address will not be included in publicly available versions of this form.

**Item 2 Other Names**

Enter the following information for all other names that the individual has used or is using, or by which the individual is known or has been known, other than the individual's legal name, since the age of 18. This space should include, for example, nicknames, aliases, and names used before or after marriage.

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
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**Item 3 Residential History**

Starting with the current address, enter the following information for all the individual's residential addresses for the past 5 years. Leave no gaps greater than three months between addresses. Report changes in an amendment to this form as they occur in the future. Private residential addresses will not be included in publicly available versions of this form.

**Current Address:**

From (MM/YYYY): \_\_\_\_\_ To (MM/YYYY): \_\_\_\_\_  
Street Address 1: \_\_\_\_\_  
Street Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Prior Address:**

From (MM/YYYY): \_\_\_\_\_ To (MM/YYYY): \_\_\_\_\_  
Street Address 1: \_\_\_\_\_  
Street Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Item 4 Employment History**

Provide complete employment history of the individual for the past 10 years. Include the *municipal advisory firm(s)*

entered in Item 1-B. Enter the following information for each employer. Account for all time, leaving no gaps longer than three months. Include full- and part-time employment, self-employment, military service, and homemaking. Also include statuses such as unemployed, full-time education, extended travel, or other similar statuses. Such statuses should be entered in the space provided below for "Name of *Municipal Advisory Firm* or Company."

**Current Employer:**

From (MM/YYYY): \_\_\_\_\_ To (MM/YYYY): \_\_\_\_\_

Name of *Municipal Advisory Firm* or Company: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

*Municipal Advisor-Related Business?*  Yes  No

*Investment-Related Business?*  Yes  No

Position Held: \_\_\_\_\_

**Prior to the Above:**

From (MM/YYYY): \_\_\_\_\_ To (MM/YYYY): \_\_\_\_\_

Name of *Municipal Advisory Firm* or Company: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

*Municipal Advisor-Related Business?*  Yes  No

*Investment-Related Business?*  Yes  No

Position Held: \_\_\_\_\_

**Item 5 Other Business**

Is the individual currently engaged in any other business either as a proprietor, partner, officer, director, *employee*, trustee, agent or otherwise?  Yes

No

If "Yes," please enter the following details for each other business below:

**Other Business:**

Start Date (MM/YYYY): \_\_\_\_\_

Name of Business: \_\_\_\_\_

Street Address 1: \_\_\_\_\_

Street Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Is this a *municipal advisor-related* business?  Yes

No

Is this an *investment-related* business?  Yes

No

Nature of Business: \_\_\_\_\_

Position/Title/Relationship: \_\_\_\_\_

Approximate No. of Hours / Month Devoted to This Business: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

## Item 6 Disclosure Information

If the answer to any of the questions in Items 6A–6J and 6M is "Yes," provide details of all events or *proceedings* on the appropriate Disclosure Reporting Pages ("DRPs") in Part II.

*One event or proceeding may result in the requirement to answer "Yes" to more than one question below. Refer to the Glossary of Terms for definitions or descriptions of italicized terms.*

### CRIMINAL ACTION DISCLOSURE

If the answer is "Yes" to any question below in Item 6A or 6B, complete a **Criminal Action DRP**.

#### Item 6A.

(1) Has the individual ever:

(a) 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

(b) been *charged* with any *felony*?

Yes  No

(2) Based upon activities that occurred while the individual exercised *control* over it, has an organization ever:

(a) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic or foreign court to any *charge* of a *felony*?

No  Yes

(b) been *charged* with any *felony*?

Yes  No

#### Item 6B.

(1) Has the individual ever:

(a) 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* involving: *municipal advisory activities* or a *municipal advisor-related* or *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

(b) been *charged* with any *misdemeanor* of the kind described in 6B(1)(a)?

Yes  No

(2) Based upon activities that occurred while the individual exercised *control* over it, has an organization ever:

(a) been convicted of any *misdemeanor* or pled guilty or nolo contendere ("no contest") in a domestic or foreign court to any *charge* of a *misdemeanor* of the kind specified in 6B(1)(a)?

Yes  No

(b) been *charged* with any *misdemeanor* of the kind specified in 6B(1)(a)?

Yes  No

## REGULATORY ACTION DISCLOSURE

If the answer is "Yes" to any question below in Items 6C-6G(1), complete a **Regulatory Action DRP**.

### Item 6C.

Has the SEC or the CFTC ever:

(1) found the individual to have made a false statement or omission?

Yes  No

(2) found the individual to have been involved in a violation of any SEC or CFTC regulation or statute?

Yes  No

(3) found the individual to have been a cause of a denial, suspension, revocation, or restriction of the authorization of a municipal advisor-related business or investment-related business to operate?

Yes  No

(4) entered an order against the individual in connection with municipal advisor-related or investment-related activity?

Yes  No

(5) imposed a civil money penalty on the individual, or ordered the individual to cease and desist from any activity?

Yes  No

(6) found the individual to have willfully violated any provision of the Securities Act of 1933, the Securities Exchange Act of 1934, the Investment Advisers Act of 1940, the Investment Company Act of 1940, the Commodity Exchange Act, or any rule or regulation under any of such Acts, or any of the rules of the MSRB, or found the individual to have been unable to comply with any provision of such Acts, rules or regulations?

Yes  No

(7) found the individual to have willfully aided, abetted, counseled, commanded, induced, or procured the violation by any person of any provision of the Securities Act of 1933, the Securities Exchange Act of 1934, the Investment Advisers Act of 1940, the Investment Company Act of 1940, the Commodity Exchange Act, or any rule or regulation under any of such Acts, or any of the rules of the MSRB?

Yes  No

(8) found the individual to have failed reasonably to supervise another person subject to his or her supervision, with a view to preventing the violation of any provision of the Securities Act of 1933, the Securities Exchange Act of 1934, the Investment Advisers Act of 1940, the Investment Company Act of 1940, the Commodity Exchange Act, or any rule or regulation under any of such Acts, or any of the rules of the MSRB?

Yes  No

### Item 6D.

(1) Has any other *federal regulatory agency* or any *state regulatory agency* or *foreign financial regulatory authority* ever:

(a) *found* the individual to have made a false statement or omission or to have been dishonest, unfair or unethical?

Yes No

(b) *found* the individual to have been *involved* in a violation of *municipal advisor-related* or *investment-related* regulation(s) or statute(s)?

Yes No

(c) *found* the individual to have been a cause of a denial, suspension, revocation, or restriction of the authorization of a *municipal advisor-related* or *investment-related* business to operate? Yes

No

(d) entered an *order* against the individual in connection with a *municipal advisor-related* or *investment-related* activity?

Yes No

(e) denied, suspended, or revoked the individual's registration or license or otherwise, by *order*, prevented the individual from associating with a *municipal advisor-related* or *investment-related* business or restricted his or her activities?

No

Yes

(2) Has the individual ever been subject to any final *order* of a state securities commission (or any agency or office performing like functions), a state authority that supervises or examines banks, savings associations, or credit unions, a state insurance commission (or any agency or office performing like functions), a *federal banking agency*, or the National Credit Union Administration, that:

(a) bars the individual from association with an entity regulated by such commission, authority, agency, or office, or from engaging in the business of securities, insurance, banking, savings association activities, or credit union activities; or

Yes No

(b) is based on violations of any laws or regulations that prohibit fraudulent, manipulative, or deceptive conduct?

Yes No

**Item 6E.**

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

(1) *found* the individual to have made a false statement or omission?

Yes No

(2) *found* the individual 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 individual to have been a cause of a denial, suspension, revocation, or restriction of the authorization of a *municipal advisor-related* or *investment-related* business to operate?

Yes No

(4) disciplined the individual by expelling or suspending him or her from membership, barring or suspending the individual's association with its members, or restricting the individual's activities?

Yes No

(5) *found* the individual to have willfully violated any provision of the Securities Act of 1933, the Securities Exchange Act of 1934, the Investment Advisers Act of 1940, the Investment Company Act of 1940, the Commodity Exchange Act, or any rule or regulation under any of such Acts, or any of the rules of the *MSRB*, or *found* the individual to have been unable to comply with any provision of such Acts, rules or regulations?

Yes No

(6) *found* the individual to have willfully aided, abetted, counseled, commanded, induced, or procured the violation by any *person* of any provision of the Securities Act of 1933, the Securities Exchange Act of 1934, the Investment Advisers Act of 1940, the Investment Company Act of 1940, the Commodity Exchange Act, or any rule or regulation under any of such Acts, or any of the rules of the *MSRB*?

Yes No

(7) *found* the individual to have failed reasonably to supervise another *person* subject to his or her supervision, with a view to preventing the violation of any provision of the Securities Act of 1933, the Securities Exchange Act of 1934, the Investment Advisers Act of 1940, the Investment Company Act of 1940, the Commodity Exchange Act, or any rule or regulation under any of such Acts, or any of the rules of the *MSRB*?

Yes No

#### **Item 6F.**

Has the individual ever had an authorization to act as an attorney, accountant or federal contractor that was revoked or suspended?

No

Yes

#### **Item 6G.**

Has the individual been notified, in writing, that he or she is currently the subject of any:

(1) regulatory complaint *or proceeding* that could result in a "Yes" answer to any part of 6C, D or E?

Yes No

#### **INVESTIGATION DISCLOSURE**

If the answer is "Yes" to Item 6G(2) below, complete an **Investigation DRP**.

(2) *investigation* that could result in a "Yes" answer to any part of 6A, B, C, D or E?

Yes No

## CIVIL JUDICIAL ACTION DISCLOSURE

If the answer is "Yes" to a question below in Item 6H, complete a Civil Judicial Action DRP.

### Item 6H.

(1) Has any domestic or foreign court ever:

(a) *enjoined* the individual in connection with any *municipal advisor-related* or *investment-related* activity?

Yes  No

(b) *found* that the individual 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 individual by a domestic jurisdiction or *foreign financial regulatory authority*?

Yes  No

(2) Is the individual named in any currently pending civil *proceeding* that could result in a "Yes" answer to any part of 6H(1)?

No

Yes

## CUSTOMER COMPLAINT/ARBITRATION/CIVIL LITIGATION DISCLOSURE

If the answer is "Yes" to a question below in Item 6I, complete a Customer Complaint / Arbitration / Civil Litigation DRP.

### Item 6I.

(1) Has the individual ever been the subject of a *municipal advisor-related* or *investment-related*, customer-initiated (written or oral) complaint that alleged that he or she was *involved* in fraud, false statements, omissions, theft, embezzlement, wrongful taking of property, bribery, forgery, counterfeiting, extortion, or dishonest, unfair or unethical practices, which:

(a) is still pending, or;

Yes  No

(b) was settled?

No

Yes

(2) Has the individual ever been the subject of a *municipal advisor-related* or *investment-related*, customer-initiated arbitration or civil litigation that alleged that he or she was *involved* in fraud, false statements, omissions, theft, embezzlement, wrongful taking of property, bribery, forgery, counterfeiting, extortion, or dishonest, unfair or unethical practices, which:

(a) is still pending, or;

Yes  No

(b) resulted in an arbitration award or civil judgment against the individual, regardless of amount, or;

No

Yes

(c) was settled?

Yes

No

## TERMINATION DISCLOSURE

If the answer is "Yes" to a question below in Item 6J, complete a Termination DRP.

### Item 6J.

Has the individual ever voluntarily *resigned*, been discharged or permitted to *resign* after allegations were made that accused him or her of:

(1) violating *municipal advisor-related* or *investment-related* statutes, regulations, rules, or industry standards of conduct?

No

Yes

(2) fraud or the wrongful taking of property?

Yes

No

(3) failure to supervise in connection with *municipal advisor-related* or *investment-related* statutes, regulations, rules or industry standards of conduct?

Yes

No

## FINANCIAL DISCLOSURE

### Item 6K.

Within the past 10 years:

(1) has the individual made a compromise with creditors, filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition?

Yes

No

(2) based upon events that occurred while the individual exercised *control* over it, has an organization made a compromise with creditors, filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition?

Yes

No

(3) based upon events that occurred while the individual exercised *control* over it, has a broker or dealer been the subject of an involuntary bankruptcy petition, had a trustee appointed, or had a direct payment procedure initiated under the Securities Investor Protection Act?

Yes

No

### Item 6L.

Has a bonding company ever denied, paid out on, or revoked a bond for the individual?

Yes

No

**JUDGMENT / LIEN DISCLOSURE**

*If the answer is "Yes" to a question below in Item 6M, complete a Judgment/Lien DRP.*

**Item 6M.** Are there currently any unsatisfied judgments or liens against the individual?

No

Yes

**Item 7 Signature**

NOTE: In addition to completing Item 7, to the extent that the individual is a *non-resident*, a Form MA-NR completed and signed by the individual must be attached as an exhibit to this Form MA-I.

**Complete either Subpart A or Subpart B:**

*By typing a name in the signature field, the signatory acknowledges and represents that the entry constitutes in every way, use, or aspect, his or her legally binding signature.*

**A. For Municipal Advisory Firms filing this form:**

The *municipal advisory firm* has obtained and retained written consent from the individual that service of any civil action brought by, or notice of any *proceeding* before, the *SEC* or any *self-regulatory organization* in connection with the individual's *municipal advisory activities* may be given by registered or certified mail to the individual's address given in Item 1.

I, the undersigned, sign this Form MA-I on behalf of, and with the authority of, the *municipal advisory firm* that is filing this form. The *municipal advisory firm* 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-I, including exhibits and any other information submitted, are true and correct, and that I am signing this Form MA-I as a free and voluntary act.

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

By: \_\_\_\_\_

*(signature)*

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

**B. For Natural Person Municipal Advisors (Sole Proprietors) filing this form:**

The individual named below consents that service of any civil action brought by, or notice of any *proceeding* before, the *SEC* or any *self-regulatory organization* in connection with the individual's *municipal advisory activities* may be given by registered or certified mail to the individual's address given in Item 1.

I, the undersigned, certify, under penalty of perjury under the laws of the United States of America, that the information and statements made in this Form MA-I, including exhibits and any other information submitted, are true and correct, and that I am signing this Form MA-I Execution Page as a free and voluntary act.

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

Full Legal Name of the Individual

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

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Suffix

\_\_\_\_\_  
First Name

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

By: \_\_\_\_\_

*(signature)*

**Warning: Intentional misstatements or omissions of fact constitute Federal criminal violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).12.**

# FORM MA-I

## PART II:

### DISCLOSURE REPORTING PAGES (DRPs)

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

<b>CRIMINAL ACTION DRP – PART 1</b>
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This **Disclosure Reporting Page (DRP MA-I)** is an  **INITIAL** or  **AMENDED** response to report details for affirmative response(s) to **Question(s) 6A and 6B** on Form MA-I.

Check the question(s) to which this DRP pertains:

**6A(1)(a)**    **6A(1)(b)**    **6A(2)(a)**    **6A(2)(b)**

**6B(1)(a)**    **6B(1)(b)**    **6B(2)(a)**    **6B(2)(b)**

Is this DRP an amendment that seeks to remove a previously filed DRP concerning the individual from the record?

Yes    No

If “Yes,” the reason the DRP should be removed is:

The event or *proceeding* was resolved in the individual’s favor

The DRP was filed in error. Explain the circumstances:

\_\_\_\_\_

\_\_\_\_\_

**How to Report an Event or Proceeding on a Criminal Action DRP:** Use a separate DRP for each event or *proceeding*. One event may result in more than one affirmative answer to Items **6A(1)(a), 6A(1)(b), 6A(2)(a), 6A(2)(b), 6B(1)(a), 6B(1)(b), 6B(2)(a) and/or 6B(2)(b)**. 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 cases arising out of the same event, and unrelated criminal actions, must be reported on separate DRPs.

**How 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 as an exhibit if not previously submitted.

**DRP On File for This Event:** Is an accurate and up-to-date DRP containing the information regarding the individual 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)?

*Note: The filer may identify a DRP filed by the individual directly, or filed by another SEC-registrant about the individual as an associated person.*

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 of this DRP.**

**NOTE: The completion of all or any part of this form does not relieve the individual or any *municipal advisor* with which the individual is associated of the obligation to update any relevant Form MA or *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 individual exercise(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 individual’s position, title, or relationship 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 Name:** \_\_\_\_\_

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

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

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

If not exact, provide explanation:

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

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

**(1) First Charge**

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

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

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

(d) Plea for this *charge*:

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

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

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

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

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(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):

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<b>Report each additional <i>charge</i> below:</b>
<hr/>
<hr/>

**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:

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**6. On Appeal – Judicial Review: If you checked “On Appeal” in Item 4, 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): \_\_\_\_\_

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

**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):** \_\_\_\_\_

**For Item 7: If you checked “Final” or “On Appeal” in Item 4, complete Item 7.  
For actions that are “Pending,” 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.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Acquitted             | <input type="checkbox"/> Found not guilty     | <input type="checkbox"/> Pre-trial 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 (requires explanation)     |
| <input type="checkbox"/> Deferred Adjudication | <input type="checkbox"/> Pled not guilty      | _____   |
| <input type="checkbox"/> Dismissed             |   |   |
- Appealed
- Affirmed
  - Vacated & Returned For Further Action
  - Vacated / Final
  - Other (requires explanation) \_\_\_\_\_

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):

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**(4) Was or is the individual incarcerated in connection with this sentence?  Yes  No**

If "Yes," provide the following details:

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

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

(ii) 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):

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**(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:

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

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**8. Summary of Circumstances (Optional):** You may use this space to provide a brief summary of the circumstances leading to the *charge(s)*, as well as the current status or final disposition, if any. Include the relevant dates when the conduct which was the subject of the *charge(s)* occurred, and any other relevant information. The information must fit within the space provided.

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

**REGULATORY ACTION DRP – PART 1**

This **Disclosure Reporting Page (DRP MA-I)** is an  **INITIAL** or  **AMENDED** response to report details for affirmative response(s) to **Question(s) 6C, 6D, 6E, 6F and 6G(1)** on Form MA-I.

Check the question(s) to which this DRP pertains:

- |                                       |  |                                       |                                    |                                       |
|---------------------------------------|--|---------------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> <b>6C(1)</b> | <input type="checkbox"/> <b>6D(1)(a)</b> | <input type="checkbox"/> <b>6E(1)</b> | <input type="checkbox"/> <b>6F</b> | <input type="checkbox"/> <b>6G(1)</b> |
| <input type="checkbox"/> <b>6C(2)</b> | <input type="checkbox"/> <b>6D(1)(b)</b> | <input type="checkbox"/> <b>6E(2)</b> |                                    |                                       |
| <input type="checkbox"/> <b>6C(3)</b> | <input type="checkbox"/> <b>6D(1)(c)</b> | <input type="checkbox"/> <b>6E(3)</b> |                                    |                                       |
| <input type="checkbox"/> <b>6C(4)</b> | <input type="checkbox"/> <b>6D(1)(d)</b> | <input type="checkbox"/> <b>6E(4)</b> |                                    |                                       |
| <input type="checkbox"/> <b>6C(5)</b> | <input type="checkbox"/> <b>6D(1)(e)</b> | <input type="checkbox"/> <b>6E(5)</b> |                                    |                                       |
| <input type="checkbox"/> <b>6C(6)</b> | <input type="checkbox"/> <b>6D(2)(a)</b> | <input type="checkbox"/> <b>6E(6)</b> |                                    |                                       |
| <input type="checkbox"/> <b>6C(7)</b> | <input type="checkbox"/> <b>6D(2)(b)</b> | <input type="checkbox"/> <b>6E(7)</b> |                                    |                                       |
| <input type="checkbox"/> <b>6C(8)</b> |  |                                       |                                    |                                       |

Is this DRP an amendment that seeks to remove a previously filed DRP concerning the individual from the record?

Yes  No

If “Yes,” the reason the DRP should be removed is:

The event or *proceeding* was resolved in the individual’s favor

The DRP was filed in error. Explain the circumstances:

\_\_\_\_\_

\_\_\_\_\_

**How to Report an Event or *Proceeding* on a Regulatory Action DRP:** Use a separate DRP for each event or *proceeding*. One event may result in more than one affirmative answer to the above items. If an event gives rise to actions by more than one regulator, provide details for each action on a separate DRP.

**DRP On File for This Event:** Is an accurate and up-to-date DRP containing the information regarding the individual 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)?

*Note: The filer may identify a DRP filed by the individual directly, or filed by another SEC registrant about the individual as an associated person.*

**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 of this DRP.**

**NOTE: The completion of all or any part of this form does not relieve the individual or any *municipal advisor* with which the individual is associated of the obligation to update any relevant Form MA or *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**

Select 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
- Requalification
- Rescission
- Restitution
- 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. **Employing Firm:** Provide the full legal name of the individual’s employing firm, if any, when the activity occurred which led to the regulatory action (if there was no such employing firm at that time, enter “None”). Enter the employing firm’s MA and CRD registration numbers below, if any.

A. **Employing Firm:** \_\_\_\_\_

B. **Municipal Advisor Registration Number, if any:** \_\_\_\_\_

C. **CRD Number, if any:** \_\_\_\_\_

6. **A. Principal Product Type**

Check appropriate item.

No Product

Annuity – Charitable

Annuity – Fixed

Annuity – Variable

Banking Product  
(other than CD)

CD

Commodity Option

Debt – Asset Backed

Debt – Corporate

Debt – Government

Debt – Municipal

Derivative

Direct Investment – DPP & LP Interest

Equipment Leasing

Equity Listed (Common & Preferred Stock)

Equity OTC

Futures – Commodity

Futures – Financial

Index Option

Insurance

Investment Contract

Money Market Fund

Mutual Fund

Oil & Gas

Options

Penny Stock

Prime Bank Instrument

Promissory Note

Real Estate Security

Security Futures

Security-based Swap

Swap

Unit Investment Trust

Viatical Settlement

**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 regulatory action. (The response must fit within the space provided.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**9. Pending: If you checked “Pending” in Item 8, 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 – Administrative or Judicial Review of the Regulatory Action:** If the individual 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 the individual appealed. If brought in a foreign jurisdiction, provide all the information below in English.*

\_\_\_\_\_

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

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**If you checked "Final" or "On Appeal" in Item 8, complete Items 11 through 13, and consider Item 14. For actions that are "Pending," skip to Item 14.**

**11. A. Resolution:** How was the matter resolved?

*Check all the applicable boxes that reflect the most recent resolution of the matter 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 11-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           |   |
- Appealed
- Affirmed
  - Vacated Nunc Pro Tunc / ad initio
  - Vacated & Returned For Further Action
  - Vacated / Final
  - Other (requires explanation)

**B. Explanation:** *If more than one box in Item 11-A is checked, or Other is checked, or Item 11-A otherwise does not adequately summarize the type of resolution, provide an explanation. For example, if the individual 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 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 (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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**13. Resolution Detail**

- A. Sanction(s): Was/were any Sanction(s) 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 13-B.)**

(1) **Barred, Enjoined, or Suspended:** If you checked one or more of these sanctions in Item 13-B. above, check the appropriate 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

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

(iv) Description: Provide remaining details, including any explanation boxes checked above, and the registration capacities affected (General Securities Principal, Financial Operations Principal, etc.):

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**If, in the above action, the individual received 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

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

(iv) Description: Provide remaining details, including any explanation boxes checked above, and the registration capacities affected (General Securities Principal, Financial Operations Principal, etc.):

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**If, in the above action, the individual received 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

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

(iv) Description: Provide remaining details, including any explanation boxes checked above, and the registration capacities affected (General Securities Principal, Financial Operations Principal, etc.):

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**If, in the above action, the individual received one or more suspensions from registration capacities, associations, and/or other activities, and the terms specify different time periods,**

**report the additional details below:**

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**(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:

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(c) Was the condition satisfied?  Yes  No

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

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

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**If, in the above action, the individual received 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 the individual:

(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:

\_\_\_\_\_

\_\_\_\_\_

**14. Summary of Circumstances (Optional):** You may 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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## INVESTIGATION DISCLOSURE REPORTING PAGE (MA-I)

### INVESTIGATION DRP – PART 1

This **Disclosure Reporting Page (DRP MA-I)** is an  **INITIAL** or  **AMENDED** response to report details for an affirmative response to *Question 6G(2)* on Form MA-I.

Check the question(s) to which this DRP pertains:

**6G(2) Investigation that could result in a “Yes” answer to any part of:**  
Check all that apply.

- 6A (Criminal Action Disclosure – Felony)**
- 6B (Criminal Action Disclosure – Misdemeanor)**
- 6C (Regulatory Action Disclosure – SEC or CFTC)**
- 6D (Regulatory Action Disclosure – Other Federal, State, Foreign)**
- 6E (Regulatory Action Disclosure – SRO)**

Is this DRP an amendment that seeks to remove a previously filed DRP concerning the individual from the record?

Yes  No

If “Yes,” the reason the DRP should be removed is:

- The event or *proceeding* was resolved in the individual’s favor
- The DRP was filed in error. Explain the circumstances:

\_\_\_\_\_

\_\_\_\_\_

**How to Report an Event or Investigation on an Investigation DRP:** Complete this *Investigation* DRP only if you are answering “yes” to Item 6G(2), *i.e.*, that the individual has been notified, in writing, that he or she is currently the subject of an *investigation*. (If you answered “yes” to Item 6G(1), *i.e.*, that the individual has been notified in writing that he or she is currently the subject of a regulatory complaint or *proceeding*, complete the Regulatory Action DRP.) Use a separate *Investigation* DRP for each event or *investigation*. One event may result in more than one *investigation*. If an event gives rise to more than one authority *investigating* the individual, provide the details of each *investigation* on a separate DRP.

**Investigation Concluded Without Formal Action:** If the individual has been notified that the *investigation* has been concluded without formal action, complete items 4 and 5 of this DRP to update.

**DRP on File for This Event:** Is an accurate and up-to-date DRP containing the information regarding the individual 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)?

*Note: The filer may identify a DRP filed by the individual directly, or filed by another SEC-registrant about the individual as an associated person.*

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 of this DRP.**

**NOTE: The completion of all or any part of this form does not relieve the individual or any *municipal advisor* with which the individual is associated of the obligation to update any relevant Form MA or *IARD* or *CRD* records.**



Derivative

Other Product Type:

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5. **Current Status:** Is the *investigation* pending?  Yes **If “Yes,” skip to Item 7.**  
 No **If “No,” complete Item 6.**

6. **Resolution Details:**

A. **Date Closed/Resolved** (MM/DD/YYYY): \_\_\_\_\_  Exact  Explanation  
If not exact, provide explanation:

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B. **How was the *investigation* resolved?** (select appropriate item):

Closed Without Further Action  Closed - Regulatory Action Initiated  
 Other (Explain):

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**If you checked “Closed - Regulatory Action Initiated” in Item 6-B, you must promptly complete and file an accurate and up-to-date Regulatory Action DRP (MA-I).**

7. **Summary of Circumstances (Optional):** You may use this space to provide a brief summary of the circumstances leading to the *investigation*, as well as the current status or final disposition and/or finding(s), if any. Include any other relevant information. The information must fit within the space provided.

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## TERMINATION DISCLOSURE REPORTING PAGE (MA-I)

### TERMINATION DRP – PART 1

This **Disclosure Reporting Page (DRP MA-I)** is an  **INITIAL** or  **AMENDED** response to report details for affirmative response(s) to **Question 6J** on Form MA-I;

Check the question(s) to which this DRP pertains:

- 6J(1)**       **6J(2)**       **6J(3)**

Is this DRP an amendment that seeks to remove a previously filed DRP concerning the individual from the record?  
 Yes     No

If “Yes,” the reason the DRP should be removed is:

- The event or *proceeding* was resolved in the individual’s favor
- The DRP was filed in error. Explain the circumstances:

\_\_\_\_\_

\_\_\_\_\_

**How to Report a Termination on a Termination DRP:** One termination may result in more than one affirmative answer to the above items. Use only one Termination DRP to report details about the same termination. Use a separate Termination DRP for each termination reported.

**DRP on File for This Event:** Is an accurate and up-to-date DRP containing the information regarding the individual 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)?

*Note: The filer may identify a DRP filed by the individual directly, or filed by another SEC registrant about the individual as an associated person.*

**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 of this DRP.**

**NOTE: The completion of all or any part of this form does not relieve the individual or any *municipal advisor* with which the individual is associated of the obligation to update any relevant Form MA or IARD or CRD records.**

**TERMINATION DRP – PART 2**

1. **Name of Employing Firm:** \_\_\_\_\_

**MA Registration Number, if any:** \_\_\_\_\_ **CRD Number, if any:** \_\_\_\_\_

2. **Termination Type:**  Discharged  Permitted to *Resign*  Voluntary *Resignation*

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

If not exact, provide explanation:

\_\_\_\_\_

\_\_\_\_\_

4. **Allegation(s):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. **Product Type(s):** (Select all that apply.)

No Product

Annuity – Charitable

Annuity – Fixed

Annuity – Variable

Banking Product  
(other than CD)

CD

Commodity Option

Debt – Asset Backed

Debt – Corporate

Debt – Government

Debt – Municipal

Derivative

Direct Investment – DPP & LP Interest

Equipment Leasing

Equity Listed (Common & Preferred Stock)

Equity OTC

Futures – Commodity

Futures – Financial

Index Option

Insurance

Investment Contract

Money Market Fund

Mutual Fund

Oil & Gas

Options

Penny Stock

Prime Bank Instrument

Promissory Note

Real Estate Security

Security Futures

Security-based Swap

Swap

Unit Investment Trust

Viatical Settlement

**Other Product Type:**

\_\_\_\_\_

6. **Summary of Circumstances (Optional):** You may use this space to provide a brief summary of the circumstances leading to the termination, including any relevant information. The information must fit within the space provided.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**JUDGMENT / LIEN DISCLOSURE REPORTING PAGE (MA-I)**

**JUDGMENT / LIEN DISCLOSURE DRP – PART 1**

This **Disclosure Reporting Page (DRP MA-I)** is an  **INITIAL** or  **AMENDED** response to report details for an affirmative response to **Question 6M** on Form MA-I.

Is this DRP an amendment that seeks to remove a previously filed DRP concerning the individual from the record?  
 Yes  No

If “Yes,” the reason the DRP should be removed is:

The event or *proceeding* was resolved in the individual’s favor

The DRP was filed in error. Explain the circumstances:

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

**How to Report an Event or a Judgment/Lien on a Judgment/Lien DRP:** If multiple, unrelated events result in the same affirmative answer, details relating to each separate event must be provided on a separate Judgment/Lien DRP.

**DRP on File for This Event:** Is an accurate and up-to-date DRP containing the information regarding the individual 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)?

*Note: The filer may identify a DRP filed by the individual directly, or filed by another SEC-registrant about the individual as an associated person.*

**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 of this DRP.**

**NOTE: The completion of all or any part of this form does not relieve the individual or any *municipal advisor* with which the individual is associated of the obligation to update Supplement Form MA or MSA or CSA records.**

**JUDGMENT / LIEN DISCLOSURE DRP – PART 2**

1. Judgment/Lien Amount: \$ \_\_\_\_\_

2. Judgment/Lien Holder: \_\_\_\_\_

3. Judgment/Lien Type:  Civil  Tax

4. Date Filed (MM/DD/YYYY): \_\_\_\_\_  Exact  Explanation

If not exact, provide explanation:

\_\_\_\_\_

\_\_\_\_\_

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

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

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

6. Is Judgment/Lien outstanding?  Yes **If “Yes,” skip to item 8.**  
 No **If “No,” complete item 7.**

7. If Judgment/Lien is not outstanding, provide:

A. Status Date (MM/DD/YYYY): \_\_\_\_\_  Exact  Explanation

If not exact, provide explanation:

\_\_\_\_\_

\_\_\_\_\_

B. How was matter resolved? (select appropriate item):

Discharged  Released  Removed  Satisfied

Other (provide explanation):

\_\_\_\_\_

\_\_\_\_\_

**8. Summary of Circumstances (Optional):** You may use this space to provide a brief summary of the circumstances leading to the action as well as the current status or final disposition. Include any other relevant information. The information must fit within the space provided.

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

**CIVIL JUDICIAL ACTION DRP – PART 1**

This **Disclosure Reporting Page (DRP MA-I)** is an  **INITIAL** or  **AMENDED** response to report details for affirmative response(s) to **Question(s) 6H** on Form MA-I.

Check the question(s) to which this DRP pertains:

- 6H(1)(a)**    **6H(1)(b)**    **6H(1)(c)**    **6H(2)**

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

If “Yes,” the reason the DRP should be removed is:

- The event or *proceeding* was resolved in the individual’s favor
- The DRP was filed in error. Explain the circumstances:

\_\_\_\_\_

\_\_\_\_\_

**How to Report an Event or Proceeding on a Civil Judicial Action DRP:** Use a separate DRP for each event or *proceeding*. One event may result in more than one affirmative answer to Item 6H. 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.

**DRP on File for This Event:** Is an accurate and up-to-date DRP containing the information regarding the individual 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)?

*Note: The filer may identify a DRP filed by the individual directly, or filed by another SEC-registrant about the individual as an associated person.*

- 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 of this DRP.**

**NOTE: The completion of all or any part of this form does not relieve the individual or any *municipal advisor* with which the individual is associated of the obligation to update any relevant Form MA or IARD or CRD records.**

**CIVIL JUDICIAL ACTION DRP – PART 2**

**1. Court Action initiated by:**

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

Check all that apply.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> SEC                     | <input type="checkbox"/> State                | <input type="checkbox"/> Foreign Financial Regulatory Authority |
| <input type="checkbox"/> CFTC                    | <input type="checkbox"/> SRO                  | <input type="checkbox"/> Municipal Advisory Firm                |
| <input type="checkbox"/> Other Federal Authority | <input type="checkbox"/> Commodities Exchange | <input type="checkbox"/> Private Plaintiff                      |
| <input type="checkbox"/> 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.

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

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:

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

**B. Is the individual a named defendant?**  Yes  No If “No,” describe how this action involves the individual:

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

**3. Sanction(s) or Relief Sought:**

Check appropriate items.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Bar (Permanent)                            | <input type="checkbox"/> Exemption       | <input type="checkbox"/> Requalification   |
| <input type="checkbox"/> Bar (Temporary / Time Limited)             | <input type="checkbox"/> Expulsion       | <input type="checkbox"/> Rescission        |
| <input type="checkbox"/> Cease and Desist                           | <input type="checkbox"/> Injunction      | <input type="checkbox"/> Restitution       |
| <input type="checkbox"/> Censure                                    | <input type="checkbox"/> Money Damage(s) | <input type="checkbox"/> Restraining Order |
| <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       |

**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 appropriate 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 Name:** \_\_\_\_\_

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

6. **Employing Firm:** Provide the full legal name of the individual's employing firm, if any, when the activity occurred which led to the civil judicial action. (If there was no such employing firm at that time, enter "None"). Enter the employing firm's MA and CRD registration numbers below, if any.

**A. Employing Firm:** \_\_\_\_\_

**B. Municipal Advisor Registration Number, if any:** \_\_\_\_\_

**C. CRD Number, if any:** \_\_\_\_\_

7. **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:

\_\_\_\_\_

\_\_\_\_\_

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

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

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

**10. Pending:** If you checked “Pending” in Item 9, 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:

\_\_\_\_\_

\_\_\_\_\_

**11. On Appeal – Judicial Review:** If the individual 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 the individual 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 “Final” or “On Appeal” in Item 9, complete Items 12 through 14.  
For Pending Actions, skip to Item 15.**

**12. 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 12-B which part is currently on appeal.*

Consent

Decision

Decision & Order of Offer of Settlement

Dismissed

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

Judgment Rendered

Stipulation and Consent

Opinion

Order

Settled

Withdrawn

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

**B. Explanation:** *If more than one box in Item 12-A is checked or Item 12-A otherwise does not adequately summarize the type of resolution, provide an explanation. For example, if the individual 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 12-A, does the *order* constitute a final *order* based on violations of any laws or regulations that prohibit fraudulent, or deceptive conduct?  Yes  No

**13. 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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#### 14. Resolution Detail

**A. Sanctions(s): Was/were any Sanction(s) 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"/> Requalification          |
| <input type="checkbox"/> Bar (Temporary / Time Limited)              | <input type="checkbox"/> Expulsion       | <input type="checkbox"/> Rescission               |
| <input type="checkbox"/> Cease and Desist                            | <input type="checkbox"/> Injunction      | <input type="checkbox"/> Restitution*             |
| <input type="checkbox"/> Censure                                     | <input type="checkbox"/> Money Damage(s) | <input type="checkbox"/> Restraining <i>Order</i> |
| <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 14-B.)

**(1) Barred, Enjoined, or Suspended:** If you checked one or more of these sanctions in Item 14-B. above, check the appropriate 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

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

(iv) Description: Provide remaining details, including any explanation boxes checked above, and the registration capacities affected (General Securities Principal, Financial Operations Principal, etc.):

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**If, in the above action, the individual received 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

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

(iv) Description: Provide remaining details, including any explanation boxes checked above, and the registration capacities affected (General Securities Principal, Financial Operations Principal, etc.):

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**If, in the above action, the individual received 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

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

(iv) Description: Provide remaining details, including any explanation boxes checked above, and the registration capacities affected (General Securities Principal, Financial Operations Principal, etc.):

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**If, in the above action, the individual received 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:

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(c) Was the condition satisfied?  Yes  No

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

If "No," explain the circumstances:

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**If, in the above action, the individual received 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:**

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**(3) Monetary Sanction(s):** If you indicated in Item 14-B above that one or more monetary sanctions were *ordered*, provide the following information.

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

(b) Portion levied against the individual:

(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:

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

**15. Summary of Circumstances (Optional):** You may 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.

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

**CUSTOMER COMPLAINT / ARBITRATION / CIVIL LITIGATION  
DISCLOSURE REPORTING PAGE (MA-I)**

**CUSTOMER COMPLAINT / ARBITRATION / CIVIL LITIGATION DRP – PART 1**

This **Disclosure Reporting Page (DRP MA-I)** is an  **INITIAL** or  **AMENDED** response to report details for affirmative response(s) to **Question(s) 6I** on Form MA-I.

Check the question(s) to which this DRP pertains:

- 6I(1)(a)**     **6I(2)(a)**     **6I(2)(c)**  
 **6I(1)(b)**     **6I(2)(b)**

Is this DRP an amendment that seeks to remove a previously filed DRP concerning the individual from the record?  
 Yes     No

If “Yes,” the reason the DRP should be removed is:

- The event or *proceeding* was resolved in the individual’s favor  
 The DRP was filed in error. Explain the circumstances:

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

**How to Report a Matter or a Proceeding on this DRP:** Use a separate DRP for each matter or *proceeding*. One matter may result in more than one affirmative answer to the above items. Use a single DRP to report details relating to a particular matter (*i.e.*, a customer complaint, arbitration, *CFTC* reparation, or civil litigation). If an event gives rise to separate *proceedings* by more than one regulator or other authority, or other plaintiff, provide details for each *proceeding* on a separate DRP. Separate cases arising out of the same matter, 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.

**DRP on File for This Event:** Is an accurate and up-to-date DRP containing the information regarding the individual 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)?

*Note: The filer may identify a DRP filed by the individual directly, or filed by another SEC-registrant about the individual as an associated person.*

- 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 of this DRP.**

**NOTE: The completion of all or any part of this form does not relieve the individual or any *municipal advisor* with which the individual is associated of the obligation to update any relevant Form MA or *IARD* or *CRD* records.**

**CUSTOMER COMPLAINT / ARBITRATION / CIVIL LITIGATION DRP – PART 2**

**Disclosure Instructions and the Individual’s Status: You must indicate the individual’s status in Items II and III below:**

**I. All Matters: Items 1-6. Complete Items 1-6 for all matters, whether or not the individual is named as a party, including:**

- A. Customer complaints, arbitrations/*CFTC* reparations and civil litigation in which the individual is not named as a party, as well as,
- B. Arbitrations/*CFTC* reparations and civil litigation in which the individual is named as a party.

**II. If the individual is not named as a party, check here:  **And complete Items 7-11.****

- A. If the matter *involves* a customer complaint, or an arbitration/*CFTC* reparation or civil litigation in which the individual is not named as a party, complete Items 7-11 as appropriate.
- B. If a customer complaint has evolved into an arbitration/*CFTC* reparation or civil litigation, amend the existing Disclosure Form by completing Items 9 and 10.

**III. If the individual is named as a party, check here:  **And check the appropriate boxes below:****

- A. **Arbitration/*CFTC* Reparation:** If the matter *involves* an arbitration/*CFTC* reparation in which the individual is a named party, check here:  **And complete Items 12-16, as appropriate.**
- B. **Civil Litigation:** If the matter *involves* a civil litigation in which the individual is a named party, check here:  **And complete Items 17-23.**

**IV. Summary of the Circumstances: Item 24.** This is an optional space and applies to all event types (*i.e.*, customer complaint, arbitration/*CFTC* reparation, civil litigation).

**Complete Items 1-6 for all matters (*i.e.*, customer complaints, arbitrations/*CFTC* reparations, civil litigation).**

**1. Customer Name(s):** \_\_\_\_\_

**2. A. Customer(s) State of Residence or domicile, if applicable:**  
\_\_\_\_\_

**B. Does/do the customer(s) have other state(s) of residence or domicile, if applicable?**  Yes  No  
If “Yes,” provide the information:  
\_\_\_\_\_

**3. Employing Firm:** Provide the full legal name of the individual’s employing firm, if any, when activities occurred which led to the customer complaint, arbitration, *CFTC* reparation or civil litigation. (If there was no such employing firm at that time, enter “None”). Enter the employing firm’s MA and *CRD* registration numbers below, if any.

**A. Employing Firm:** \_\_\_\_\_

B. **Municipal Advisor Registration Number, if any:** \_\_\_\_\_

C. **CRD Number, if any:** \_\_\_\_\_

4. **Product Type(s): (select all that apply)**

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 Product Type?**     Yes     No    If “Yes,” describe each additional product type:  
\_\_\_\_\_  
\_\_\_\_\_

5. **Allegation(s):** Describe the allegation(s) and provide a brief summary of events related to the allegation(s), including dates when activities leading to the allegation(s) occurred:

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

6. **Alleged Compensatory Damage(s)**

A. **Do the allegations include any amount(s) for compensatory damage(s)?**     Yes     No

B. **If “Yes,” indicate the amount:** \$ \_\_\_\_\_

Exact     Explanation

If not exact, provide explanation:

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

**If the Individual Is Not a Named Party:** If the matter *involves* a customer complaint, arbitration/*CFTC* reparation or civil litigation in which the individual is not named as a party, complete items 7-11 as appropriate.

**If the Individual Is a Named Party:** Report in Items 12-16, or 17-23, as appropriate, only arbitrations/*CFTC* reparations or civil litigation in which the individual is named as a party.

7. A. Is this an oral complaint?  Yes  No

B. Is this a written complaint?  Yes  No

C. Is this an arbitration/*CFTC* reparation or civil litigation?  Yes  No

If "Yes," provide:

(1) Arbitration/reparation forum or court name: \_\_\_\_\_

(2) Location of the Forum or Court

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

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

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

(3) Docket/Case Name: \_\_\_\_\_

(4) Docket/Case Number: \_\_\_\_\_

(5) Filing date of arbitration/*CFTC* reparation or civil litigation (MM/DD/YYYY): \_\_\_\_\_

D. Date received by/served on firm (MM/DD/YYYY): \_\_\_\_\_  Exact  Explanation

If not exact, provide explanation:

\_\_\_\_\_

\_\_\_\_\_

8. Pending: Is the complaint, arbitration/*CFTC* reparation or civil litigation pending?  Yes  No  
If "No," complete item 9.

9. Final: If the complaint, arbitration/*CFTC* reparation or civil litigation is not pending, provide status:

Closed/No Action  Withdrawn  Denied  Settled

Arbitration Award/Monetary Judgment (for claimants/plaintiffs)

Arbitration Award/Monetary Judgment (for respondents/defendants)

Evolved into Arbitration/*CFTC* reparation (individual is a named party): **Complete Items 12-16.**

Evolved into Civil litigation (individual is a named party): **Complete Items 17-23.**

**Status:**

**If the Individual Is Not a Named Party: If the status is arbitration/*CFTC* reparation in which the individual is not a named party, provide details in Item 7C.**

**If the Individual Is a Named Party: If the status is arbitration/*CFTC* reparation in which the individual is a named party, complete Items 12-16. If the status is civil litigation in which the individual is a named party, complete Items 17-23.**

**10. Status Date (MM/DD/YYYY):** \_\_\_\_\_  Exact  Explanation

If not exact, provide explanation:

\_\_\_\_\_

**11. Settlement/Award/Monetary Judgment:**

**A. Is there a Settlement/Award/Monetary Judgment?**  Yes  No  
If “Yes,” provide the details below in Item 11-B. and Item 11-C.

**B. Settlement/Award/Monetary Judgment Amount:** \$ \_\_\_\_\_

**C. Was the individual required to pay any portion of the total amount?**  Yes  No

If “Yes,” indicate:

(1) The individual’s contribution amount: \$ \_\_\_\_\_

(2) Was any portion waived?

Yes

No

If “Yes,” how much? \$ \_\_\_\_\_

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

(4) Was final amount paid in full?

Yes

No

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

If “No,” explain the circumstances:

\_\_\_\_\_

**If the matter *involves* an arbitration or *CFTC* reparation in which the individual is a named respondent, complete Items 12-16, as appropriate.**

**12. A. Arbitration/CFTC reparation claim filed with (FINRA, AAA, CFTC, etc.):**

\_\_\_\_\_

**B. Location of the Forum**

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

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

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

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

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

**E. Date notice/process was served (MM/DD/YYYY):** \_\_\_\_\_  Exact  Explanation

If not exact, provide explanation:

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

**13. Pending: Is arbitration/CFTC reparation pending?**  Yes  No

If "No," complete Items 14 and 15.

**14. Final:** If the arbitration/CFTC reparation is not pending, what was the disposition?

- Award to the Individual (Agent/Representative)
- Award to Customer
- Denied
- Dismissed
- Judgment (other than monetary)
- No Action
- Settlement that includes a monetary payment to customer
- Settlement without a monetary payment to customer
- Withdrawn

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

**15. Disposition Date (MM/DD/YYYY):** \_\_\_\_\_  Exact  Explanation

If not exact, provide explanation:

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

**16. Monetary Compensation Details (If you checked "Award to Customer," or "Settlement that includes a monetary payment to customer" in Item 14, or otherwise a payment of money must be made to the customer, provide the following information.)**

**A. Total Amount:** \$ \_\_\_\_\_

**B. The Individual's Portion: Was the individual required to pay any portion of the total amount?**

Yes  No

**C. If you answered "Yes," to Item 16-B, indicate:**

(1) The individual's contribution amount: \$ \_\_\_\_\_

(2) Was any portion waived?

- Yes  
 No

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

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

(4) Was final amount paid in full?

- Yes  
 No

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

If "No," explain the circumstances:

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

**If the matter *involves* a civil litigation in which the individual is a defendant, complete items 17-23.**

**17.**

**Court in which case was filed (if brought in a foreign jurisdiction, provide all the information below in English):**

- 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 Name:** \_\_\_\_\_

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

**18. Date received by/served on firm (MM/DD/YYYY):** \_\_\_\_\_

- Exact     Explanation

If not exact, provide explanation:

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

**19. Current Status of the Civil Litigation:**

- Pending    (Skip to Item 24.)



If "No," explain the circumstances:

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**23. On Appeal – Judicial Review:** If the individual 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, military, state, foreign, or international court to which the individual appealed.)

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**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:

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

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**24. Summary of the Circumstances (Optional).** You may use this space to provide a brief summary of the circumstances leading to the customer complaint, arbitration/*CFTC* reparation and/or civil litigation as well as the current status or final disposition(s). The information must fit within the space provided.

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