

FORM MA-I

OMB APPROVAL	
OMB Number:	3235-0681
Expires:	February 28, 2017
Estimated average burden hours per initial response.	3.0
per amendment.05

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.

<u>LLOYD</u>	<u>BARBARA</u>	<u>ANNE</u>	<u> </u>
Last Name	First Name	Middle Name	Suffix

Individual CRD No. (if any):

Social Security No.: 551-47-4819 The Social Security Number will not be included in publicly available versions of this form.

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): 2

(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:

(1) Barbara A. Lloyd, a sole proprietor (see DBA name below) and (2) Sperry Capital Inc.

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

(1) Barbara A. Lloyd, Municipal Advisory Services

Date that the individual's most recent employment with this *municipal advisory firm* commenced (MM/DD/YYYY): 10/07/2013 (for firm (1), above). 07/01/2014 (for firm (2), above).

Does the individual have an independent contractor relationship with the above-named firm? ☒ Yes ☐ No
Yes as to firm (2), above, only.

(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. 866-01388-00 (for firm (1), above).

☐ No See below as to firm (2)

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

☒ Yes Form MA Filing Date: 07/31/2014 EDGAR CIK No.: 0001615072 (for firm (2), above).
(MM/DD/YYYY)

☐ No

If "No," please provide an explanation:

(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: ** For firm (2), only, supervised from
Start Date: 10/7/2013 Three Harbor Drive, Sausalito, CA 94965
Street Address 1: 1290 Holmby Avenue
Street Address 2: _____
City: Los Angeles State: CA Country: USA Postal Code: 90024-5282

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.

<u>Lloyd-Bailey</u>	<u>Barbara</u>	<u>Anne</u>	_____
Last Name	First Name	Middle Name	Suffix

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): 11/2005 To (MM/YYYY): present
Street Address 1: 1290 Holmby Avenue
Street Address 2: _____
City: Los Angeles State: CA Country: USA Postal Code: 90024-5282

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): 10/2013 To (MM/YYYY): present

Name of *Municipal Advisory Firm* or Company:

Barbara A. Lloyd, doing business as "Barbara A. Lloyd, Municipal Advisory Services" (this is firm (1), above)

City: Los Angeles State: CA Country: USA Postal Code: 90024-5282

Municipal Advisor-Related Business? ☒ Yes ☐ No

Investment-Related Business? ☐ Yes ☒ No

Position Held: Founder and Principal Advisor, for firm (1), above.

Independent Contractor, for firm (2), above

Prior to the Above: **Also see Attachment 1 for additional prior employers before 2008**

From (MM/YYYY): 10/2008 To (MM/YYYY): 8/2013

Name of *Municipal Advisory Firm* or Company:

KPMG Corporate Finance LLC

City: Los Angeles State: CA Country: USA Postal Code: 90071

Municipal Advisor-Related Business? ☒ Yes ☐ No

Investment-Related Business? ☐ Yes ☒ No

Position Held: Managing Director, Infrastructure Advisory Services

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): 08/2013

Name of Business:

Barbara A. Lloyd, doing business as "IMPACTS USA Advisory Services"

Street Address 1: 1290 Holmby Avenue

Street Address 2: _____

City: Los Angeles State: CA Country: USA Postal Code: 90024-5282

Is this a *municipal advisor-related* business? ☐ Yes ☒ No

Is this an *investment-related* business? ☐ Yes ☒ No

Nature of Business: Management consulting, organizational assessment, development, strategic advising

Position/Title/Relationship: Founder and Principal Advisor

Approximate No. of Hours / Month Devoted to This Business: 60 - 100 (roughly half time, but varies)

Description of Duties: Provide strategic advise to senior management on new business initiatives, organizational transition and enhancement, social innovations, etc.

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*? ☐ Yes ☒ No

(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? ☐ Yes ☒ No

(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? ☐ Yes ☒ No

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)? ☐ Yes ☒ No

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? ☐ Yes ☒ No

(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; ☐ Yes ☒ No

(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? ☐ Yes ☒ No

(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?

☐ Yes

☒ No

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.

July 29, 2014

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.

<u>Lloyd</u>	<u>Barbara</u>	<u>Anne</u>	<u></u>
Last Name	First Name	Middle Name	Suffix
Individual <i>CRD</i> No. (if any): _____			

By: Barbara A. Lloyd
(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

NO Disclosure Pages Required

PART II:

DISCLOSURE REPORTING PAGES (DRPS)

CRIMINAL ACTION DISCLOSURE REPORTING PAGE (MA-I)

CRIMINAL 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) 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:

(b) Number of counts: ____

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

(d) Plea for this *charge*:

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

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

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

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

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

☐ Yes ☐ No

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

Report each additional *charge* below:

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

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

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

☐ Exact ☐ Explanation

If not exact, provide explanation:

6. On Appeal – Judicial Review: If 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"/> <i>Found</i> 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 | | |
|
 | | |
| <input type="checkbox"/> Appealed | | |
| <input type="checkbox"/> Affirmed | | |
| <input type="checkbox"/> Vacated & Returned For Further Action | | |
| <input type="checkbox"/> Vacated / Final | | |
| <input type="checkbox"/> Other (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):

(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):

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

(i) Was a monetary penalty/fine imposed? ☐ Yes ☐ No

If "Yes," provide the following details in (ii) and (iii) below:

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

(iii) Was any portion suspended/reduced?

☐ Yes If "Yes," how much? \$ _____
☐ No

(iv) Final Amount: \$ _____

(v) Was the final amount paid in full?

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

If “No,” indicate the amount unpaid: \$ _____

And explain the circumstances:

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

- 8. Summary of Circumstances (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.

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

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.

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

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*
Authority

☐ State

☐ *Foreign Financial Regulatory*

☐ *CFTC*

☐ *SRO*

☐ Other:

☐ *Federal Banking Agency*

☐ National Credit Union Administration

☐ Other Federal Authority

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)

☐ Disgorgement

☐ Rescission

☐ Bar (Temporary / Time Limited)

☐ Expulsion

☐ Restitution

☐ Cease and Desist

☐ Injunction

☐ Revocation

☐ Censure

☐ Prohibition

☐ Suspension

☐ Civil and Administrative Penalty(ies)/Fine(s)

☐ Reprimand

☐ Undertaking

☐ Denial

☐ Requalification

☐ **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
Instrument

(other than CD)

☐ CD

☐ Commodity Option

☐ Debt – Asset Backed
Swap

☐ Debt – Corporate

☐ Debt – Government

Trust

☐ 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

☐ Promissory Note

☐ Real Estate Security

☐ Security Futures

☐ Security-based

☐ Swap

☐ Unit Investment

☐ 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:

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
explanation) | <input type="checkbox"/> Order | <input type="checkbox"/> Other (requires |
| <input type="checkbox"/> Decision & Order of Offer of Settlement | <input type="checkbox"/> Settled | |
|
<input type="checkbox"/> Appealed | | |
| <input type="checkbox"/> Affirmed | | |
| <input type="checkbox"/> Vacated Nunc Pro Tunc / ad initio | | |
| <input type="checkbox"/> Vacated & Returned For Further Action | | |
| <input type="checkbox"/> Vacated / Final | | |
| <input type="checkbox"/> 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.*

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:

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):**

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.):

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:

(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.):

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:

) *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.):

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:

- (c) Was the condition satisfied? ☐ Yes ☐ No

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

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

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.

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

INVESTIGATION DRP – PART 2

1. *Investigation* was initiated by:

A. Notice Received From (select appropriate item):

Select only one box below. A separate *Investigation* DRP is required for each notice received from a regulator or other authority.

☐ **Criminal *Investigation***

☐ Federal ☐ Military ☐ State ☐ Foreign Country ☐ International Authority
☐ Other: _____

☐ **Regulatory or Other Civil Authority *Investigation***

☐ *SEC* ☐ State ☐ *Foreign Financial Regulatory Authority*
☐ *CFTC* ☐ *SRO* ☐ Other Foreign Authority
☐ Other Federal Authority
☐ Other: _____

B. Full name of the criminal, regulatory or other civil authority that initiated the *investigation* (unless *SEC* or *CFTC* is checked above). For a foreign *investigation*, please provide the full name in English.

2. Notice Date (MM/DD/YYYY): _____ ☐ Exact ☐ Explanation

If not exact, provide explanation:

3. Description:

A. Does the individual know the nature of the *investigation*? ☐ Yes ☐ No

B. If the answer is “Yes,” describe the nature of the *investigation*:

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 Instrument	<input type="checkbox"/> Equity OTC	<input type="checkbox"/> Prime Bank
(other than CD)	<input type="checkbox"/> Futures – Commodity	<input type="checkbox"/> Promissory Note
<input type="checkbox"/> CD	<input type="checkbox"/> Futures – Financial	<input type="checkbox"/> Real Estate Security
<input type="checkbox"/> Commodity Option	<input type="checkbox"/> Index Option	<input type="checkbox"/> Security Futures

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

☐ **Other Product Type:**

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:
-
-

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

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

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.
-
-
-

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

Instrument

(other than CD)

☐ CD

☐ Commodity Option

☐ Debt – Asset Backed

Swap

☐ Debt – Corporate

☐ Debt – Government

Trust

☐ 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

☐ Promissory Note

☐ Real Estate Security

☐ Security Futures

☐ Security-based

☐ Swap

☐ Unit Investment

☐ 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.

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

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 ☐ No **If “Yes,” skip to item 8.**
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.

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.

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

CIVIL JUDICIAL ACTION DRP – PART 2

1. Court Action initiated by:

A. Select the Appropriate Item(s).

Check all that apply.

- | | | |
|--|---|--|
| <input type="checkbox"/> <i>SEC</i>
Authority | <input type="checkbox"/> State | <input type="checkbox"/> <i>Foreign Financial Regulatory</i> |
| <input type="checkbox"/> <i>CFTC</i> | <input type="checkbox"/> <i>SRO</i> | <input type="checkbox"/> <i>Municipal Advisory Firm</i> |
| <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 |
| <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:**

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

☐ Exact ☐ Explanation

If not exact, provide explanation:

B. Date Notice/Process was served (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*):

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

☐ Annuity – Charitable

☐ Annuity – Fixed

☐ Annuity – Variable

☐ Banking Product

Instrument

(other than CD)

☐ CD

☐ Commodity Option

☐ Debt – Asset Backed

Swap

☐ Debt – Corporate

☐ Debt – Government

Trust

☐ 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

☐ Promissory Note

☐ Real Estate Security

☐ Security Futures

☐ Security-based

☐ Swap

☐ Unit Investment

☐ 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.

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

☐ Other: _____

- ☐ 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.*

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:

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 |

☐ Cease and Desist

☐ Censure

Order

☐ Civil /Administrative Penalty(ies)/Fine(s)*

☐ Denial

☐ Disgorgement*

☐ Injunction

☐ Money Damage(s)

(Private/Civil Complaint)*

☐ Prohibition

☐ Reprimand

☐ Restitution*

☐ Restraining

☐ Revocation

☐ Suspension

☐ 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):

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.):

**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:**

(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.):

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.):

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:

(c) Was the condition satisfied? ☐ Yes ☐ No

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

If "No," explain the circumstances:

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 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).

<p style="text-align: center;">Complete Items 1-6 for all matters (<i>i.e.</i>, customer complaints, arbitrations/<i>CFTC</i> reparations, civil litigation).</p>
--

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

☐ Annuity – Charitable

☐ Annuity – Fixed

☐ Annuity – Variable

☐ Banking Product

Instrument

(other than CD)

☐ CD

☐ Commodity Option

☐ Debt – Asset Backed

Swap

☐ Debt – Corporate

☐ Debt – Government

Trust

☐ 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

☐ Promissory Note

☐ Real Estate Security

☐ Security Futures

☐ Security-based

☐ Swap

☐ Unit Investment

☐ 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

19. Current Status of the Civil Litigation:

- ☐ **Pending** (Skip to Item 24.)
- ☐ **On Appeal** (Complete Items 20-23; and consider Item 24.)
- ☐ **Final** (Complete Items 20-22; and Item 23 if applicable; and consider Item 24.)

20. Resolution:

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

☐ Other:

21. Disposition Date (MM/DD/YYYY):

- ☐
- Exact
- ☐
- Explanation

22. Monetary Compensation Details (If you checked “Monetary Judgment to Customer” or “Settlement that includes a monetary payment to customer” in Item 20, or otherwise a payment of money must be made to the customer, provide the following information.)

A. Total Amount: \$

B. Was the individual required to pay any portion of the total amount? ☐ Yes ☐ No

C. If you answered “Yes” to Item 22-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:

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.)*

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):

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.

ATTACHMENT 1 – TO FORM MA-I

Prior to the Above:

From (MM/YYYY): 05/2005 To (MM/YYYY): 09/2008

Name of *Municipal Advisory Firm* or Company:

LEHMAN BROTHERS

City: LOS ANGELES State: CA Country: USA Postal Code: 90066

Municipal Advisor-Related Business? Yes ☐ No ☒

Investment-Related Business? Yes ☐ No ☒

Position Held: Senior Vice President, Public Finance Investment Banking

Prior to the Above:

From (MM/YYYY): 01/2005 To (MM/YYYY): 07/2005

Name of *Municipal Advisory Firm* or Company:

Barbara A. Lloyd, doing business as Capital Advisors

City: SACRAMENTO State: CA Country: USA Postal Code: 95821

Municipal Advisor-Related Business? Yes ☐ No ☒

Investment-Related Business? Yes ☐ No ☒

Position Held: Sole proprietor, independent market and business development consultant

Prior to the Above:

From (MM/YYYY): 02/1999 To (MM/YYYY): 10/2004

Name of *Municipal Advisory Firm* or Company:

STATE OF CALIFORNIA, STATE TREASURER'S OFFICE

City: SACRAMENTO State: CA Country: USA Postal Code: 95814

Municipal Advisor-Related Business? Yes ☐ No ☒

Investment-Related Business? Yes ☐ No ☒

Position Held: Deputy Treasurer for Public Finance and Chief Deputy Treasurer