

Name of dealer: \_\_\_\_\_

Report period: \_\_\_\_\_

**I. CONTRIBUTIONS made to issuer officials (list by state)**

State	Complete name, title (including any city/county/state or other political subdivision) of issuer official	Contributions by each contributor category ( <i>i.e.</i> , dealer, dealer controlled PAC, municipal finance professional controlled PAC, municipal finance professionals and non-MFP executive officers). For each contribution, list contribution amount and contributor category (For example, \$500 contribution by non-MFP executive officer)
		If any contribution is the subject of an automatic exemption pursuant to Rule G-37(j), list amount of contribution and date of such automatic exemption.

**II. PAYMENTS made to political parties of states or political subdivisions (list by state)**

State	Complete name (including any city/county/state or other political subdivision) of political party	Payments by each contributor category ( <i>i.e.</i> , dealer, dealer controlled PAC, municipal finance professional controlled PAC, municipal finance professionals and non-MFP executive officers). For each payment, list payment amount and contributor category (For example, \$500 payment by non-MFP executive officer)
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**III. CONTRIBUTIONS made to bond ballot campaigns (list by state)**

State	Official name of bond ballot campaign and jurisdiction (including city/county/state or other political subdivision) for which municipal securities would be issued	Contributions by each contributor category ( <i>i.e.</i> , dealer, dealer controlled PAC, municipal finance professional controlled PAC, municipal finance professionals and non-MFP executive officers). For each contribution, list contribution amount and contributor category (For example, \$500 contribution by non-MFP executive officer)
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**IV. ISSUERS with which dealer has engaged in municipal securities business (list by state)**

State	Complete name of issuer and city/county	Type of municipal securities business (negotiated underwriting, agency offering, financial advisor, or remarketing agent)
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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(must be officer of dealer)

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

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Submit two completed forms quarterly by due date (specified by the MSRB) to:**

**Municipal Securities Rulemaking Board**  
1900 Duke Street  
Suite 600  
Alexandria, Virginia 22314