Name of Representative:

(Please print)

 **I. ISSUERS with which you have engaged in municipal business**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Issuer** | **State** | **Date** | **Type of Business** **(negotiated underwriting, agency offering, financial advisor, or remarketing agent)**  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

 **II. List Ballot-Approved primary offerings you engaged in**

|  |  |  |
| --- | --- | --- |
| **Full Issuer Name** | **Full Issue Description** | **Reportable Date of Selection** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Please return to the Compliance Department either via scan and email to compliance@natalliance.com or fax to 512-609-1650.**

Representative’s Signature Date