

FORM BD UNIFORM APPLICATION FOR BROKER-DEALER REGISTRATION

Primary Business Name: ALDERMAN & COMPANY CAPITAL, LLC

BD Number: 136492

BD - AMENDMENT

01/03/2019

BD - APPLICANT INFORMATION

OMB Number3235-0012

Expires.....
 Estimated average burden hours per:
 Response.....2.75
 Amendment.....0.33

WARNING: Failure to keep this form current and to file accurate supplementary information on a timely basis, or the failure to keep accurate books and records or otherwise to comply with the provisions of law applying to the conduct of business as a broker-dealer would violate the Federal securities laws and the laws of the *jurisdictions* and may result in disciplinary, administrative, injunctive or criminal action.

INTENTIONAL MISSTATEMENTS OR OMISSIONS OF FACTS MAY CONSTITUTE CRIMINAL VIOLATIONS.

APPLICATION AMENDMENT

1. Exact name, principal business address, mailing address, if different, and telephone number of *applicant*:

A. **Full name of *applicant***(if sole proprietor, state last, first and middle name):
 ALDERMAN & COMPANY CAPITAL, LLC

B. **IRS Empl. Ident. No.:**
 20-2928303

C. (1) Name under which broker-dealer business primarily is conducted, if different from Item 1A.
 ALDERMAN & COMPANY CAPITAL, LLC

(2) List on Schedule D, Page 1, Section I, Other Business Names any other name by which the firm conducts business and where it is used.

D. If this filing makes a name change on behalf of the *applicant*, enter the new name and specify whether the name change is of the

☐ **applicant name (1A)** or ☐ **business name (1C):**

Please check above.

E. **Firm main address: (Do not use a P.O. Box)**

Number and Street 1:
 35 WARRINGTON ROUND

Number and Street 2:

City:
 DANBURY

State:
 Connecticut

Country:
 USA

Zip/Postal Code:
 06810

F. **Mailing Address, if different:**

Number and Street 1:

35 WARRINGTON ROUND

City:

DANBURY

State:

Connecticut

Number and Street 2:**Country:**

USA

Zip/Postal Code:

06810

G. Business Telephone Number:

203 917 4672

H. Contact Employee:**Name:**

WILLIAM H. ALDERMAN

Title:

PRESIDENT

Telephone Number:

203 917 4672

BD - EXECUTION**EXECUTION:**

For the purposes of complying with the laws of the State(s) designated in Item 2 relating to either the offer or sale of securities or commodities, the undersigned and *applicant* hereby certify that the *applicant* is in compliance with applicable state surety bonding requirements and irrevocably appoint the administrator of each of those State(s) or such other person designated by law, and the successors in such office, attorney for the *applicant* in said State(s), upon whom may be served any notice, process, or pleading in any action or *proceeding* against the *applicant* arising out of or in connection with the offer or sale of securities or commodities, or out of the violation or alleged violation of the laws of those State(s), and the *applicant* hereby consents that any such action or *proceeding* against the *applicant* may be commenced in any court of competent jurisdiction and proper venue within said State(s) by service of process upon said appointee with the same effect as if *applicant* were a resident in said State(s) and had lawfully been served with process in said State(s).

The *applicant* consents that service of any civil action brought by or notice of any *proceeding* before the Securities and Exchange Commission or any *self-regulatory organization* in connection with the *applicant's* broker-dealer activities, or of any application for a protective decree filed by the Securities Investor Protection Corporation, may be given by registered or certified mail or confirmed telegram to the *applicant's* contact employee at the main address, or mailing address if different, given in Items 1E and 1F.

The undersigned, being first duly sworn, deposes and says that he/she has executed this form on behalf of, and with the authority of, said *applicant*. The undersigned and *applicant* represent that the information and statements contained herein, including exhibits attached hereto, and other information filed herewith, all of which are made a part hereof, are current, true and complete. The undersigned and *applicant* further represent that to the extent any information previously submitted is not amended such information is currently accurate and complete.

Date MM/DD/YYYY

01/03/2019

Name of Applicant

ALDERMAN & COMPANY CAPITAL, LLC

Authorized Signatory

WILLIAM H. ALDERMAN

Title

PRESIDENT

Subscribed and sworn before me this 3RD day of JANUARY, 2019 by
Year

Nancy Smaldi
Notary Public

My commission expires 2/28/23 County of FAIRFIELD State of CONNECTICUT

BD - SECURITIES AND EXCHANGE COMMISSION

2. Indicate by checking the appropriate box(es) each governmental authority, organization, or jurisdiction in which the *applicant* is registered or registering as a broker-dealer. ☒

If *applicant* is registered or registering with the SEC, check here and answer Items 2A through 2D below.

YES NO

A. Is *applicant* registered or registering as a broker-dealer under Section 15(b) or Section 15B of the Securities Exchange Act of 1934? ☒ ☐

B. Is *applicant* registered or registering as a broker-dealer under Section 15(b) of the Securities Exchange Act of 1934 and also acting or intending to act as a government securities broker or dealer? ☐ ☒

C. Is *applicant* registered or registering solely as a government securities broker or dealer under Section 15C of the Securities Exchange Act of 1934? ☐ ☒

Do not answer "yes" to Item 2C if applicant answered "yes" to Item 2A or Item 2B.

D. Is *applicant* ceasing its activities as a government securities broker or dealer? ☐ ☒

If applicant answers "yes" to Items 2A and 2D, applicant expressly consents to the withdrawal of its registration as a government securities broker or dealer under Section 15C of the Securities Exchange Act of 1934. See "Instructions."

SECURITY FUTURES PRODUCTS ACTIVITIES

(Note: The field below is reserved exclusively for the reporting of single stock futures activities by registered broker-dealers. This field cannot be utilized until the SEC approves rules relating to the form and content of such reporting.)

BD - SRO / JURISDICTION

BD - SELF REGULATORY ORGANIZATIONS

- | | | | | |
|---|------------------------------------|---------------------------------------|------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> FINRA | <input type="checkbox"/> CBOE BZX | <input type="checkbox"/> IEX | <input type="checkbox"/> NQX | <input type="checkbox"/> NqLX |
| <input type="checkbox"/> BOX | <input type="checkbox"/> CBOE C2 | <input type="checkbox"/> ISE | <input type="checkbox"/> NYSE | <input type="checkbox"/> PHLX |
| <input type="checkbox"/> BX | <input type="checkbox"/> CBOE EDGA | <input type="checkbox"/> ISE GEMX | <input type="checkbox"/> NYSE-AMER | <input type="checkbox"/> MIAX PEARL |
| <input type="checkbox"/> CBOE | <input type="checkbox"/> CBOE EDGX | <input type="checkbox"/> ISE MRX | <input type="checkbox"/> NYSE-ARCA | |
| <input type="checkbox"/> CBOE BYX | <input type="checkbox"/> CHX | <input type="checkbox"/> MIAX OPTIONS | <input type="checkbox"/> NYSE-NAT | |

BD - JURISDICTION

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Alabama | <input type="checkbox"/> Illinois | <input type="checkbox"/> Montana | <input type="checkbox"/> Puerto Rico |
| <input type="checkbox"/> Alaska | <input type="checkbox"/> Indiana | <input type="checkbox"/> Nebraska | <input type="checkbox"/> Rhode Island |
| <input type="checkbox"/> Arizona | <input type="checkbox"/> Iowa | <input type="checkbox"/> Nevada | <input type="checkbox"/> South Carolina |
| <input type="checkbox"/> Arkansas | <input type="checkbox"/> Kansas | <input type="checkbox"/> New Hampshire | <input type="checkbox"/> South Dakota |
| <input type="checkbox"/> California | <input type="checkbox"/> Kentucky | <input type="checkbox"/> New Jersey | <input type="checkbox"/> Tennessee |
| <input type="checkbox"/> Colorado | <input type="checkbox"/> Louisiana | <input type="checkbox"/> New Mexico | <input type="checkbox"/> Texas |
| <input checked="" type="checkbox"/> Connecticut | <input type="checkbox"/> Maine | <input type="checkbox"/> New York | <input type="checkbox"/> Utah |
| <input type="checkbox"/> Delaware | <input type="checkbox"/> Maryland | <input type="checkbox"/> North Carolina | <input type="checkbox"/> Vermont |
| <input type="checkbox"/> District of Columbia | <input type="checkbox"/> Massachusetts | <input type="checkbox"/> North Dakota | <input type="checkbox"/> Virgin Islands |
| <input type="checkbox"/> Florida | <input type="checkbox"/> Michigan | <input type="checkbox"/> Ohio | <input type="checkbox"/> Virginia |
| <input type="checkbox"/> Georgia | <input type="checkbox"/> Minnesota | <input type="checkbox"/> Oklahoma | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Hawaii | <input type="checkbox"/> Mississippi | <input type="checkbox"/> Oregon | <input type="checkbox"/> West Virginia |
| <input type="checkbox"/> Idaho | <input type="checkbox"/> Missouri | <input type="checkbox"/> Pennsylvania | <input type="checkbox"/> Wisconsin |
| | | | <input type="checkbox"/> Wyoming |

BD - LEGAL STATUS3. A. Indicate legal status of *applicant*:☐ Corporation☐ Sole Proprietorship☐ Other (*specify*)☐ Partnership☒ Limited Liability CompanyB. Month *applicant's* fiscal year ends:
DECEMBERC. If other than a sole proprietor, indicate date and place *applicant* obtained its legal status (i.e., state or country where incorporated, where partnership agreement was filed, or where *applicant* entity was formed):**State of formation:**
Connecticut**Country of formation:****Date of formation: MM/DD/YYYY**
05/27/2005*Schedule A, Direct Owners and Executive Officers Section and, if applicable, Schedule B, Indirect Owners Section must be completed as part of all initial applications. Amendments to these schedules must be provided on Schedule C.*4. If *applicant* is a sole proprietor, state full residence address and Social Security Number.**Social Security Number:****Number and Street 1:****Number and Street 2:****City:****State:****Country:****Zip/Postal Code:****BD - SUCCESSION****YES NO**5. Is *applicant* at the time of this filing *succeeding* to the business of a currently registered broker-dealer? ☐ ☒*Do not report previous successions already reported on Form BD.**If "Yes," contact CRD prior to submitting form; complete appropriate items on Schedule D, Page 1, Section III.***BD - ARRANGEMENTS****Yes No**6. Does *applicant* hold or maintain any funds or securities or provide clearing services for any other broker or dealer? ☐ ☒7. Does *applicant* refer or introduce customers to any other broker or dealer? ☐ ☒*If "yes," complete appropriate items on Schedule D, Page 1, Section IV, Arrangement Detail.*

8. Does *applicant* have any arrangement with any other *person*, firm, or organization under which:

- A. any books or records of *applicant* are kept or maintained by such other *person*, firm or organization? ☐ ☐
- B. accounts, funds, or securities of the *applicant* are held or maintained by such other *person*, firm, or organization? ☐ ☐
- C. accounts, funds, or securities of customers of the *applicant* are held or maintained by such other *person*, firm, or organization? ☐ ☐

For purposes of 8B and 8C, do not include a bank or satisfactory control location as defined in paragraph(c) of Rule 15c3-3 under the Securities Exchange Act of 1934 (17 CFR 240.15c3-3).

If "Yes" to any part of Item 8, complete appropriate items on Schedule D, Page 1, Section IV, Arrangement Detail.

9. Does any *person* not named in Item 1 or Schedules A, B, or C, directly or indirectly:

- A. *control* the management or policies of the *applicant* through agreement or otherwise? ☐ ☐
- B. wholly or partially finance the business of *applicant*? ☐ ☐

Do not answer "yes" to 9B if the person finances the business of the applicant through: 1) a public offering of securities made pursuant to the Securities Act of 1933; 2) credit extended in the ordinary course of business by suppliers, banks, and others; or 3) a satisfactory subordination agreement, as defined in Rule 15c3-1 under the Securities Exchange Act of 1934 (17 CFR 240.15c3-1).

If "Yes" to any part of Item 9, complete appropriate items on Schedule D, Page 1, Section IV, Arrangement Detail.

BD - BUSINESS AFFILIATES

BD - Control Affiliates

YES NO

10. A. Directly or indirectly, does *applicant control*, is *applicant controlled* by, or is *applicant* under common *control* with, any partnership, corporation, or other organization that is engaged in the securities or investment advisory business? ☐ ☐

If "Yes" to Item 10A, complete appropriate items on Schedule D, Page 2, Section V, Firm Affiliates.

- B. Directly or indirectly, is *applicant controlled* by any bank holding company, national bank, state member bank of the Federal Reserve System, state non-member bank, savings bank or association, credit union, or foreign bank? ☐ ☐

If "Yes" to Item 10B, complete appropriate items on Schedule D, Page 3, Section VI, Bank Affiliates.

BD - DISCLOSURE QUESTIONS

11. Use the appropriate DRP for providing details to "yes" answers to the questions in Item 11. Refer to the Explanation of Terms section of Form BD Instructions for explanations of italicized terms.

CRIMINAL DISCLOSURE

- | | YES | NO |
|--|--------------------------|--------------------------|
| A. In the past ten years has the <i>applicant</i> or a <i>control affiliate</i> : | | |
| (1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign or military court to any <i>felony</i> ? | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) been <i>charged</i> with any <i>felony</i> ? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. In the past ten years has the <i>applicant</i> or a <i>control affiliate</i> : | | |
| (1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign or military court to a <i>misdemeanor involving</i> : investments or an <i>investment-related</i> 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) been <i>charged</i> with a <i>misdemeanor</i> specified in 11B(1)? | <input type="checkbox"/> | <input type="checkbox"/> |

REGULATORY ACTION DISCLOSURE

- | | YES | NO |
|---|--------------------------|--------------------------|
| C. Has the U.S. Securities and Exchange Commission or the Commodity Futures Trading Commission ever: | | |
| (1) <i>found</i> the <i>applicant</i> or a <i>control affiliate</i> to have made a false statement or omission? | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) <i>found</i> the <i>applicant</i> or a <i>control affiliate</i> to have been <i>involved</i> in a violation of its regulations or statutes? | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) <i>found</i> the <i>applicant</i> or a <i>control affiliate</i> to have been a cause of an <i>investment-related</i> business having its authorization to do business denied, suspended, revoked, or restricted? | <input type="checkbox"/> | <input type="checkbox"/> |
| (4) entered an <i>order</i> against the <i>applicant</i> or a <i>control affiliate</i> in connection with an <i>investment-related</i> activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| (5) imposed a civil money penalty on the <i>applicant</i> or a <i>control affiliate</i> , or <i>ordered</i> the <i>applicant</i> or a <i>control affiliate</i> to cease and desist from any activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Has any other federal regulatory agency, any state regulatory agency, or <i>foreign financial regulatory authority</i> : | | |
| (1) ever <i>found</i> the <i>applicant</i> or a <i>control affiliate</i> to have made a false statement or omission or been dishonest, unfair, or unethical? | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) ever <i>found</i> the <i>applicant</i> or a <i>control affiliate</i> to have been <i>involved</i> in a violation of <i>investment-related</i> regulations or statutes? | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) ever <i>found</i> the <i>applicant</i> or a <i>control affiliate</i> to have been a cause of an <i>investment-related</i> business having its authorization to do business denied, suspended, revoked, or restricted? | <input type="checkbox"/> | <input type="checkbox"/> |
| (4) in the past ten years, entered an <i>order</i> against the <i>applicant</i> or a <i>control affiliate</i> in connection with an <i>investment-related</i> activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| (5) ever denied, suspended, or revoked the <i>applicant's</i> or a <i>control affiliate's</i> registration or license or otherwise, by <i>order</i> , prevented it from associating with an <i>investment-related</i> business or restricted its activities? | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Has any <i>self-regulatory organization</i> or commodities exchange ever: | | |
| (1) <i>found</i> the <i>applicant</i> or a <i>control affiliate</i> to have made a false statement or omission? | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) <i>found</i> the <i>applicant</i> or a <i>control affiliate</i> to have been <i>involved</i> in a violation of its rules (other than a violation designated as a " <i>minor rule violation</i> " under a plan approved by the U.S. Securities and Exchange Commission)? | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) <i>found</i> the <i>applicant</i> or a <i>control affiliate</i> to have been the cause of an <i>investment-related</i> business having its authorization to do business denied, suspended, revoked, or restricted? | <input type="checkbox"/> | <input type="checkbox"/> |
| (4) disciplined the <i>applicant</i> or a <i>control affiliate</i> by expelling or suspending it from membership, barring or suspending its association with other members, or otherwise restricting its activities? | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Has the <i>applicant's</i> or a <i>control affiliate's</i> authorization to act as an attorney, accountant, or federal contractor ever been revoked or suspended? | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Is the <i>applicant</i> or a <i>control affiliate</i> now the subject of any regulatory <i>proceeding</i> that could result in a "yes" answer to any part of 11C, D, or E? | <input type="checkbox"/> | <input type="checkbox"/> |

CIVIL JUDICIAL ACTION DISCLOSURE

- | | | |
|--|--------------------------|--------------------------|
| H. (1) Has any domestic or foreign court: | YES | NO |
| (a) in the past ten years, <i>enjoined</i> the <i>applicant</i> or a <i>control affiliate</i> in connection with any <i>investment-related</i> activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) ever <i>found</i> that the <i>applicant</i> or a <i>control affiliate</i> was <i>involved</i> in a violation of <i>investment-related</i> statutes or regulations? | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) ever dismissed, pursuant to a settlement agreement, an <i>investment-related</i> civil action brought against the <i>applicant</i> or <i>control affiliate</i> by a state or <i>foreign financial regulatory authority</i> ? | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) Is the <i>applicant</i> or a <i>control affiliate</i> now the subject of any civil <i>proceeding</i> that could result in a "yes" answer to any part of 11H(1)? | <input type="checkbox"/> | <input type="checkbox"/> |

FINANCIAL DISCLOSURE

- | | | |
|--|--------------------------|--------------------------|
| I. In the past ten years has the <i>applicant</i> or a <i>control affiliate</i> of the <i>applicant</i> ever been a securities firm or a <i>control affiliate</i> of a securities firm that: | YES | NO |
| (1) has been the subject of a bankruptcy petition? | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) has had a trustee appointed or a direct payment procedure initiated under the Securities Investor Protection Act? | <input type="checkbox"/> | <input type="checkbox"/> |
| J. Has a bonding company ever denied, paid out on, or revoked a bond for the <i>applicant</i> ? | <input type="checkbox"/> | <input type="checkbox"/> |
| K. Does the <i>applicant</i> have any unsatisfied judgments or liens against it? | <input type="checkbox"/> | <input type="checkbox"/> |

BD - TYPES OF BUSINESS

12. Check types of business engaged in (or to be engaged in, if not yet active) by *applicant*. Do not check any category that accounts for (or is expected to account for) less than 1% of annual revenue from the securities or investment advisory business.

- | | |
|---|-------------------------------------|
| A. Exchange member engaged in exchange commission business other than floor activities. | <input type="checkbox"/> EMC |
| B. Exchange member engaged in floor activities. | <input type="checkbox"/> EMF |
| C. Broker or dealer making inter-dealer markets in corporate securities over-the-counter. | <input type="checkbox"/> IDM |
| D. Broker or dealer retailing corporate equity securities over-the-counter. | <input type="checkbox"/> BDR |
| E. Broker or dealer selling corporate debt securities. | <input type="checkbox"/> BDD |
| F. Underwriter or selling group participant (corporate securities other than mutual funds). | <input type="checkbox"/> USG |
| G. Mutual fund underwriter or sponsor. | <input type="checkbox"/> MFU |
| H. Mutual fund retailer. | <input type="checkbox"/> MFR |
| I. 1. U.S. government securities dealer. | <input type="checkbox"/> GSD |
| 2. U.S. government securities broker. | <input type="checkbox"/> GSB |
| J. Municipal securities dealer. | <input type="checkbox"/> MSD |
| K. Municipal securities broker. | <input type="checkbox"/> MSB |
| L. Broker or dealer selling variable life insurance or annuities. | <input type="checkbox"/> VLA |

- M. Solicitor of time deposits in a financial institution. ☐ **SSL**
- N. Real estate syndicator. ☐ **RES**
- O. Broker or dealer selling oil and gas interests. ☐ **OGI**
- P. Put and call broker or dealer or option writer. ☐ **PCB**
- Q. Broker or dealer selling securities of only one issuer or associate issuers (other than mutual funds). ☐ **BIA**
- R. Broker or dealer selling securities of non-profit organizations (e.g., churches, hospitals). ☐ **NPB**
- S. Investment advisory services. ☐ **IAD**
- T. 1. Broker or dealer selling tax shelters or limited partnerships in primary distributions. ☐ **TAP**
2. Broker or dealer selling tax shelters or limited partnerships in the secondary market. ☐ **TAS**
- U. Non-exchange member arranging for transactions in listed securities by exchange member. ☐ **NEX**
- V. Trading securities for own account. ☐ **TRA**
- W. Private placement of securities. ☒ **PLA**
- X. Broker or dealer selling interests in mortgages or other receivables. ☐ **MRI**
- Y. Broker or dealer involved in a networking, kiosk or similar arrangement with a:
1. bank, savings bank or association, or credit union. ☐ **BNA**
2. insurance company or agency ☐ **INA**
- Z. Other (give details on Schedule D, Page 1, Section II, Other Business) ☒ **OTH**

	YES	NO
13. A. Does <i>applicant</i> effect transactions in commodity futures, commodities or commodity options as a broker for others or as a dealer for its own account?	<input type="radio"/>	<input checked="" type="radio"/>
B. Does <i>applicant</i> engage in any other non-securities business?	<input checked="" type="radio"/>	<input type="radio"/>
<i>If "yes", describe each other business briefly on Schedule D, Page 1, Section II, Other Business.</i>		

BD - DIRECT OWNERS/EXECUTIVE OFFICERSAre there any indirect owners of the *applicant* required to be reported on Schedule B?☐ Yes ☒ No

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

Full Legal Name	DE/FE/I	Title or Status	Date Acquired	Own. Code	Control Person	PR	CRD # (or S.S.No., IRS Tax #, Emp. ID)
ALDERMAN, WILLIAM HARRIS	I	PRESIDENT AND CHIEF COMPLIANCE OFFICER	01/2006	E	Y	N	1990080
GOLDBACH, KRISTINE MARIE	I	FINOP, PFO, POO	01/2019	NA	N	N	2352622

BD - INDIRECT OWNERS
No Information Filed

BD Schedule C - Amendments to Schedules A & B

In the Type of Amd. column, indicate "A" (addition), "D" (deletion), or "C" (change of information about the same person).

Ownership Codes are:	NA - less than 5%	B - 10% but less than 25%	D - 50% but less than 75%	F - Other General Partners
	A - 5% but less than 10%	C - 25% but less than 50%	E - 75% or more	

List below all changes to Schedule A: (DIRECT OWNERS AND EXECUTIVE OFFICERS)

Full Legal Name	DE/FE/I	Type of Amd.	Title or Status	Date Acquired	Own. Code	Control Person	PR	CRD # (or SSN, IRS Tax #, Emp. ID)
GOLDBACH, KRISTINE MARIE	I	A	FINOP, PFO, POO	01/2019	NA	N	N	2352622
MACLEOD, LEE JAMES	I	D	FINANCIAL AND OPERATIONS PRINCIPAL	01/2017	NA	N	N	2389604
MACLEOD, LEE JAMES	I	D	PFO, POO	10/2018	NA	N	N	2389604

List below all changes to Schedule B: (INDIRECT OWNERS)

Full Legal Name	DE/FE/I	Type of Amd.	Entity in Which Interest is Owned	Status	Date Acquired	Own. Code	Control Person	PR	CRD # (or SSN, IRS Tax #, Emp. ID)
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No Information Filed

BD - OTHER BUSINESS NAMES
No Information Filed

BD - OTHER BUSINESS

Briefly describe any other business (Item 12Z).

APPLICANT WILL ENGAGE IN BUSINESS AS AN ADVISER IN THE SALE OF SUBSTANTIALLY ALL THE ASSETS OF BUSINESSES.

Briefly describe any other non-securities business (Item 13B).

APPLICANT WILL ENGAGE IN BUSINESS AS AN ADVISER IN THE SALE OF SUBSTANTIALLY ALL THE ASSETS OF BUSINESSES.

BD - SUCCESSIONS

Date of Succession:
MM/DD/YYYY

Name of Predecessor:

Firm CRD Number

IRS Employer Identification Number (if any)

SEC File Number (if any)
8-

Briefly describe details of the *succession* including any assets or liabilities not assumed by the *successor*.

BD - ARRANGEMENTS / CONTROL PERSONS / FINANCING

(check one)

☐ Item 7 ☒ Item 8A ☐ Item 8B ☐ Item 8C ☐ Item 9A ☐ Item 9B

Applicant must complete a separate Schedule D Page 1, Arrangement Detail for each affirmative response in this section including any multiple responses to any item. Complete the "Effective Date" box with Month, Day and Year that the arrangement or agreement became effective. When reporting a change or termination of an arrangement or agreement, enter the effective date of the change.

Organization/Individual Name:

KRAUSS WHITING LLC CERTIFIED PUBLIC ACCOUNTANTS

CRD Number:

☒ Entity

☐ Individual

Business Address

Street 1:

FOUR LANDMARK SQUARE

Street 2:

City:

STAMFORD

State:

Connecticut

Country:

Zip/Postal Code:

06901

Effective Date MM/DD/YYYY

05/27/2005

Termination Date MM/DD/YYYY

Briefly describe the nature of reference or arrangement (ITEM 7 or ITEM 8); the nature of the *control* or agreement (ITEM 9A); or the method and amount of financing (ITEM 9B)

KRAUSS WHITING, LLC A CERTIFIED PUBLIC ACCOUNTANT, IS A THIRD PARTY UNAFFILIATED RECORDKEEPER, ENGAGED FOR BOOK KEEPING AND TAX RECORD WORK FOR APPLICANT.

BD - AFFILIATES

No Information Filed

BD - BRANCHES

No Information Filed

BD - CRIMINAL DRP

No Information Filed

BD - REGULATORY ACTION DRP

No Information Filed

BD - CIVIL JUDICIAL DRP

No Information Filed

BD - BANKRUPTCY DRP

No Information Filed

BD - BOND DRP

No Information Filed

BD - JUDGMENT LIEN DRP

No Information Filed