Date

City of Los Angeles Responsible Banking Investment Monitoring Program For Investment Banks

Investment banks providing City investment banking services or seeking City investment banking business must complete and submit this form no later than July 1st of each year to the City Administrative Officer to comply with Chapter 5.1, Section 20.95.1 of the Los Angeles Administrative Code.

Contact Information:

MICHAEL IVCIC, VP

Print Name, Title

DREXEL HAMILTON LLC			
Name of Financial Institution			
77 WATER ST., SHITE 201	NEWYORK	NY	10005
Street Address	City	State	Zip Code
MICHAEL IVCIC, VICE	PRESIDENT		
Contact Person Name and Title			
212-632-0401	MIVCIC	@ DREXEL.	HAMILTON . COM
Telephone No.	Email Address		
Please answer the following questions fo	or the preceding calen	dar year.	
 Did your firm make monetary Yes No _X If yes, please c 	donations to charitab complete the attached	le programs wiform.	ithin the City limits?
2. Did your firm provide any scho	plarship awards to res	idents of the C	City of Los Angeles
a. How many scholarsb. What was the total	ships were awarded? _value of the awarded s	scholarships? _	
 Does your firm have internal processing designated as "women owned Yes No _X If yes, please process. 	," "minority owned," o	or "disabled" be	ontractors which are usiness enterprises
CERTIFICATION	UNDER PENALTY O	R PERJURY	
I certify under penalty of perjury that I I form and the responses contained in the have provided full and complete answer.	ne form and on all the	attachments.	I further certify that

PLEASE SEND THE ORIGINAL SIGNED FORM TO THE ADDRESS BELOW AND EMAIL A COPY TO CAO.DEBT@LACITY.ORG.

response to this form is true and accurate to the best of my knowledge and belief.

Office of the City Administrative Officer 200 North Main St. Room 1500 Los Angeles, CA 90012 Attention: Debt Management Group