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:
Cabrera Capital Markets, LLC

<table>
<thead>
<tr>
<th>Name of Financial Institution</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>444 South Flower Street, 13th Floor</td>
<td>Los Angeles CA 90071</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
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<tr>
<td>444 South Flower Street, 13th Floor</td>
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<td>CA</td>
<td>90071</td>
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<tr>
<th>Contact Person Name and Title</th>
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</thead>
<tbody>
<tr>
<td>Brian Corley, Senior Vice President</td>
<td></td>
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<thead>
<tr>
<th>Telephone No.</th>
<th>Email Address</th>
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</thead>
<tbody>
<tr>
<td>(213) 279-2120</td>
<td><a href="mailto:bcorley@cabreracapital.com">bcorley@cabreracapital.com</a></td>
</tr>
</tbody>
</table>

SOCIAL RESPONSIBILITY

Please answer the following questions for the preceding calendar year.

1. Did your firm make monetary donations to charitable programs within the City limits?

   Yes X No ___

   If yes, please complete the attached form, labeled at Exhibit 1.

2. Did your firm provide any scholarship awards to residents of the City of Los Angeles?

   Yes ___ No X

   a. How many scholarships were awarded? ______
   b. What was the total value of the awarded scholarships? ______

3. Does your firm have internal policies regarding utilization of subcontractors which are designated as “women owned,” “minority owned,” or “disabled” business enterprises? Yes ___ No X

   If yes, please provide a copy of your policies, labeled as Exhibit 2
CONSUMER PROTECTION

1. Is the financial institution currently in compliance with all applicable consumer financial protection laws?
   Yes □ No □
   If no, please briefly explain: ________________________________________________________________
   ________________________________________________________________

2. Does the financial institution have policies to prevent the use of illegal predatory consumer adverse sales goals as the bases for evaluation, promotion, discipline or compensation of employees?
   Yes □ No □
   If no, please briefly explain: ________________________________________________________________
   ________________________________________________________________

3. Does the financial institution encourage and maintain whistleblower protection policies for its employees and/or customers to report suspected illegal practices, including predatory sales goals?
   Yes □ No □
   If no, please briefly explain: ________________________________________________________________
   ________________________________________________________________

4. In the last five years, has the financial institution been subject to any disciplinary actions such as fines, suspensions, or settlements, undertaken by the Securities and Exchange Commission, the Consumer Financial Protection Bureau, the Municipal Securities Regulation Board, the Financial Industry Regulatory Agency and/or any State regulatory agency?
   Yes □ No □

5. If the answer to question no. 4 is yes, please provide in separate attachment labeled Exhibit 3, what the violation(s) are, the reason for the enforcement action, what government agencies are involved, the date of the enforcement action, what is the current status, and how were or will the issues be resolved?
   ________________________________________________________________
   ________________________________________________________________
CERTIFICATION UNDER PENALTY OF PERJURY (*)

I certify under penalty of perjury that I have read and understand the questions contained in this form and the responses contained in the form and on all the attachments. I further certify that I have provided full and complete answers to each question, and that all information provided in response to this form is true and accurate to the best of my knowledge and belief.

______________________________
Print Name                  Title      Signature     Date

(*) Signature must be that of the Head of Public Finance or equivalent corporate executive.

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

Office of the City Administrative Officer
200 North Main St. Room 1500
Los Angeles, CA 90012
Attention: Debt Management Group
## Attachment for Question #1 - Responsible Banking Investment Monitoring Program for Investment Banks

<table>
<thead>
<tr>
<th>Name of Charitable Organization</th>
<th>Type</th>
<th>Amount ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community in Schools Los Angeles</td>
<td>Education</td>
<td>700</td>
</tr>
<tr>
<td>Lincoln Heights Tutorial Program</td>
<td>Education</td>
<td>700</td>
</tr>
<tr>
<td>Little Tokyo Service Center</td>
<td>Social and Education</td>
<td>700</td>
</tr>
<tr>
<td>End Homelessness California (dba The Shower of Hope)</td>
<td>Social and Education</td>
<td>700</td>
</tr>
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