

# Audit Report

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**Title:** Aud01

**Date:** 2025-01-09 - 2025-01-10

**Auditor:** Joe Denver

**Auditee:** Alex Harper

**Status:** Complete

## ① Outside Business Activities

1. Name of Organization: (Please Note: If the activity is insurance sales, the name of the organization will be the name on the insurance license used for those sales, most likely your full name)

answerd

3. Do you handle Money or Funds for the organization in any capacity (Registered Rep or not)?

☒Yes ☐No

3.1. Please explain

answerd

4. Do you have check signing or writing authority please indicate how many signatures are required?

☐Yes ☒No

5. Are you responsible for making financial decisions for this organization?

☐Yes ☒No

5.1. Please explain in detail how those decisions are made

6. Are you the sole decision maker for this organization?

☒Yes ☐No

7. Please provide your position/title in the organization: (Please Note: If this activity is not for an RIA, your title with this organization cannot reflect a title that is related to the broker dealer (i.e. Registered Representative) or a title that reflects an association with an RIA (i.e. Research Analyst, Chief Investment Officer, Advisor, etc.)

answerd

8. Do any of your duties involve investment-related activity? (Please Note: Insurance related OBA's are considered by FINRA to be investment related)?

☒Yes    ☐No

**Comment:**

Joe Denver(2025-01-09)

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9. Are/Will any of yours clients be involved in any way with this activity?This could include ownership, investments in, rentals from or to, etc. from this activity?

☐Yes    ☒No

9.1. Please include the name of all clients involved and the nature of the business relationship in detail.

10. Provide the start date for this activity:

Jan-14-2025

11. Please provide the City, State and Phone Number of the Business Location:

11.1. City

answerd

11.2. State

answerd

11.3. Phone(Work)

answerd

12. Will this activity be conducted out of a registered branch location?

☒Yes    ☐No

13. What products/Services , if any, do you offer through this activity? Note: Registered Representatives are generally not permitted to engage in **Private Securities Transactions**.

answerd

14. List the website address for this activity (if none type N/A):

answerd

15. List the email address for this activity (if none type N/A):

answerd

16. Hours per month devoted to this business:

answerd

17. Hours per month during trading hours devoted to this business:

answerd

18. How are you compensated for this outside activity?

☐Hourly Fee    ☒Commission    ☐Referral Fee  
☐N/A (no compensation received)    ☐Other



18.1. Please explain:

19. Select the approximate percentage of annual compensation received from this outside activity:

- ☐ <5    ☒ 5-10    ☐ 11-20    ☐ 21-30    ☐ 31-50    ☐ 51+  
☐ N/A (no compensation received)

20. Please enter the dollar amount of annual compensation you receive from this outside activity:

answerd

21. Description of Duties or Responsibilities (be as specific as possible to clearly explain your Duties/Responsibilities for this activity. One word answers are not acceptable):

answerd

22. Do any of your duties with this outside activity involve raising capital or issuing debt instruments for this entity?

- ☐ Yes    ☒ No

22.1. Please explain in detail your role in raising capital or issuing debt instruments.

23. Are there any potential conflicts of interest your involvement in this activity may pose to your affiliation with Company?

- ☐ Yes    ☒ No

23.1. Please explain in detail the potential conflict(s) of interest:

24. Does the nature of your role in this outside business activity require you to have a license, designation or special registration(s)?

- ☒ Yes    ☐ No

24.1. Please list the required license, designation or registration requirements:

answerd

24.2. Are the licenses, designations or registrations currently maintained?

- ☐ Yes    ☒ No