

# FORM BD

## UNIFORM APPLICATION FOR BROKER-DEALER REGISTRATION

Primary Business Name: BOUSTEAD SECURITIES, LLC

BD Number: 141391

BD - AMENDMENT

03/31/2021

**BD - APPLICANT INFORMATION**

OMB Number .....3235-0012

Expires.....August 31, 2019

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):

BOUSTEAD SECURITIES, LLC

B. **IRS Empl. Ident. No.:**

20-4882456

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

BOUSTEAD SECURITIES, 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:

6 VENTURE

Number and Street 2:

SUITE 395

**City:**

IRVINE

**State:**

California

**Country:**

USA

**Zip/Postal Code:**

92618

F. **Mailing Address, if different:****Number and Street 1:**

6 VENTURE

**Number and Street 2:**

SUITE 395

**City:**

IRVINE

**State:**

California

**Country:**

USA

**Zip/Postal Code:**

92618

G. **Business Telephone Number:**

949-295-1580

**H. Contact Employee:****Name:**

JOANNE PARK

**Title:**

CHIEF COMPLIANCE OFFICER

**Telephone Number:**

310-955-4814

**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**

03/31/2021

**Name of Applicant**

BOUSTEAD SECURITIES, LLC

**Authorized Signatory**

JOANNE PARK

**Title**

CCO

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by \_\_\_\_\_  
Year

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_ County of \_\_\_\_\_ State of \_\_\_\_\_

**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 <i>applicant</i> registered or registering as a broker-dealer under Section 15(b) or Section 15B of the Securities Exchange Act of 1934?  | <input checked="" type="radio"/> | <input type="radio"/>            |
| B. Is <i>applicant</i> 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? | <input checked="" type="radio"/> | <input type="radio"/>            |
| C. Is <i>applicant</i> registered or registering <u>solely</u> as a government securities broker or dealer under Section 15C of the Securities Exchange Act of 1934?  | <input type="radio"/>            | <input checked="" type="radio"/> |

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"/> ISE      | <input type="checkbox"/> MIAX OPTIONS | <input type="checkbox"/> NYSE-CHI     |
| <input type="checkbox"/> BOX              | <input type="checkbox"/> CBOE C2   | <input type="checkbox"/> ISE GEMX | <input type="checkbox"/> NQX          | <input type="checkbox"/> NYSE-NAT     |
| <input type="checkbox"/> BX               | <input type="checkbox"/> CBOE EDGA | <input type="checkbox"/> ISE MRX  | <input type="checkbox"/> NYSE         | <input type="checkbox"/> NqLX         |
| <input type="checkbox"/> CBOE             | <input type="checkbox"/> CBOE EDGX | <input type="checkbox"/> LTSE     | <input type="checkbox"/> NYSE-AMER    | <input type="checkbox"/> PHLX         |
| <input type="checkbox"/> CBOE BYX         | <input type="checkbox"/> IEX       | <input type="checkbox"/> MEMX     | <input type="checkbox"/> NYSE-ARCA    | <input type="checkbox"/> MIAX PEARL   |
|   |                                    |                                   |                                       | <input type="checkbox"/> MIAX EMERALD |

#### BD - JURISDICTION

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

### BD - LEGAL STATUS

3. A. Indicate legal status of *applicant*:

- ☐ Corporation
 ☐ Sole Proprietorship
 ☐ Other (specify)
 ☒ Partnership
 ☒ Limited Liability Company

B. Month *applicant's* fiscal year ends:  
DECEMBER

C. 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:**  
California

**Country of formation:**  
USA

**Date of formation: MM/DD/YYYY**  
04/19/2006

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*

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

### BD - Control Affiliates

- ## CIVIL JUDICIAL ACTION DISCLOSURE

- ## FINANCIAL DISCLOSURE

- ## BD - TYPES OF BUSINESS

- [https://firms.finra.org/firm-gateway/#Place=registrations%7Ccrd\\_submenu\\_forms\\_BD&workspaceURL=https%253A%252F%252Fcrd.firms.finra.org%252Ffrm%2...](https://firms.finra.org/firm-gateway/#Place=registrations%7Ccrd_submenu_forms_BD&workspaceURL=https%253A%252F%252Fcrd.firms.finra.org%252Ffrm%2...) 6/19

- |   |  | 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"/>            |
| If "yes", describe each other business briefly on Schedule D, Page 1, Section II, Other Business. |  |                                  |                                  |



**BD - DIRECT OWNERS/EXECUTIVE OFFICERS**Are 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)
BOUSTEAD & COMPANY LIMITED	DE	MEMBER	08/2016	D	N	N	81-3173977
BULL, ROBERT LEE IV	I	FINOP & PRINCIPAL & CCO	11/2017	NA	N	N	1521134
MOORE, KEITH CHARLES	I	CEO, ALTERNATE CCO & AMLCO	10/2014	NA	Y	N	5191450
PARK, JOANNE JUNGMIN	I	CCO	02/2018	NA	Y	N	4120874

**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**    NA - less than 5%      B - 10% but less than 25%      D - 50% but less than 75%      F - Other General Partners  
**are:**  
                                  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)
BULL, ROBERT LEE IV	I	C	FINOP & PRINCIPAL & CCO	11/2017	NA	N	N	1521134
PARK, JOANNE JUNGMIN	I	D	CCO	02/2018	NA	Y	N	4120874

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).**

UNDERWRITER OR SELLING GROUP PARTICIPANT ON A FIRM COMMITMENT OR BEST EFFORTS BASIS, MERGER AND ACQUISITION SERVICES, CREATE AND DISTRIBUTE RESEARCH, DISTRIBUTE THIRD PARTY RESEARCH, CONDUCT SECURITIES BUSINESS WITH RETAIL CUSTOMERS, INSTITUTIONAL CUSTOMERS AND BROKER DEALERS, PROPRIETARY TRADING-TRADING SECURITIES FOR ITS OWN ACCOUNT.

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

OTHER ADVISORY SERVICES

**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:**  
VISION FINANCIAL MARKETS LLC

**CRD Number:**  
142271

☒ **Entity**  
☐ **Individual**

**Business Address**

**Street 1:**  
120 LONG RIDGE ROAD

**Street 2:**  
3 NORTH

**City:**  
STAMFORD

**State:**  
Connecticut

**Country:**  
USA

**Zip/Postal Code:**  
06902

**Effective Date MM/DD/YYYY**  
12/17/2019

**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)**

APPLICANT ENTERED INTO A FULLY DISCLOSED CARRYING AGREEMENT WITH VISION FINANCIAL MARKETS LLC

(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.

(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.

<b>Organization/Individual Name:</b> GLOBAL RELAY		<b>CRD Number:</b>	<input checked="" type="radio"/> <b>Entity</b> <input type="radio"/> <b>Individual</b>
<b>Business Address</b>			
<b>Street 1:</b> 286 MADISON AVE.		<b>Street 2:</b>	
<b>City:</b> NEW YORK	<b>State:</b> New York	<b>Country:</b> USA	<b>Zip/Postal Code:</b> 10017
<b>Effective Date MM/DD/YYYY</b> 01/03/2013		<b>Termination Date MM/DD/YYYY</b>	
<b>Briefly describe the nature of reference or arrangement (ITEM 7 or ITEM 8); the nature of the <i>control</i> or agreement (ITEM 9A); or the method and amount of financing (ITEM 9B)</b>			
BOUSTEAD SECURITIES USES GLOBAL RELAY TO ARCHIVE EMAILS.			

## BD - AFFILIATES

The details supplied relate to:

**CRD Number (if any)**  
288442

☒ is under common *control* with *applicant*

**Street 1**

## Street 2

<b>Business</b>			
The details supplied relate to:			
<b>Partnership, Corporation, or Organization Name</b>		<b>CRD Number (if any)</b>	
SUTTER SECURITIES CLEARING, LLC		134742	
<b>The Partnership, Corporation, or Organization</b>			
<input type="radio"/> <i>controls applicant</i>			
<input type="radio"/> <i>is controlled by applicant</i>			
<input checked="" type="radio"/> <i>is under common control with applicant</i>			
<b>Business Address</b>			
<b>Street 1</b>		<b>Street 2</b>	
6 VENTURE		SUITE 395	
<b>City</b>	<b>State</b>	<b>Country</b>	<b>Zip/Postal Code</b>
IRVINE	California	UNITED STATES	92618
<b>Effective Date (MM/DD/YYYY)</b>		<b>Termination Date (MM/DD/YYYY)</b>	
08/24/2017			
<b>Is Partnership, Corporation or Organization a foreign entity?</b>		<b>If Yes, provide country of domicile or incorporation</b>	
<input type="radio"/> Yes <input checked="" type="radio"/> No			
<b>Activities of this Partnership, Corporation, or Organization:</b>			
<b>Securities Activities</b>		<input checked="" type="radio"/> Yes <input type="radio"/> No	
<b>Investment Advisory Activities</b>		<input type="radio"/> Yes <input checked="" type="radio"/> No	
<b>Briefly describe the <i>control</i> relationship</b>			
SUTTER SECURITIES CLEARING, LLC, THROUGH COMMON OWNERSHIP AND CONTROL BY ITS PARENT COMPANY, SUTTER SECURITIES GROUP, INC. AND BOUSTEAD SECURITIES, LLC ARE UNDER THE COMMON OWNERSHIP AND CONTROL OF BOUSTEAD & COMPANY LIMITED			

[https://firms.finra.org/firm-gateway/#Place=registrations%7Ccrd\\_submenu\\_forms\\_BD&workspaceURL=https%253A%252F%252Fcrd.firms.finra.org%252Ffrm%...](https://firms.finra.org/firm-gateway/#Place=registrations%7Ccrd_submenu_forms_BD&workspaceURL=https%253A%252F%252Fcrd.firms.finra.org%252Ffrm%...) 11/19

<b>Business</b>			
The details supplied relate to:			
<b>Partnership, Corporation, or Organization Name</b>		<b>CRD Number (if any)</b>	
INITIATE ADVISORS LLC		182513	
<b>The Partnership, Corporation, or Organization</b>			
<input type="radio"/> <i>controls applicant</i>			
<input type="radio"/> <i>is controlled by applicant</i>			
<input checked="" type="radio"/> <i>is under common control with applicant</i>			
<b>Business Address</b>			
<b>Street 1</b>		<b>Street 2</b>	
6 VENTURE		SUITE 395	
<b>City</b>	<b>State</b>	<b>Country</b>	<b>Zip/Postal Code</b>
IRVINE	California	UNITED STATES	92618
<b>Effective Date (MM/DD/YYYY)</b>		<b>Termination Date (MM/DD/YYYY)</b>	
08/24/2017			
<b>Is Partnership, Corporation or Organization a foreign entity?</b>		<b>If Yes, provide country of domicile or incorporation</b>	
<input type="radio"/> Yes <input checked="" type="radio"/> No			
<b>Activities of this Partnership, Corporation, or Organization:</b>			
<b>Securities Activities</b>		<input type="radio"/> Yes <input checked="" type="radio"/> No	
<b>Investment Advisory Activities</b>		<input checked="" type="radio"/> Yes <input type="radio"/> No	
<b>Briefly describe the <i>control</i> relationship</b>			
INITIATE ADVISORS LLC, IS OWNED BY SUTTER SECURITIES GROUP, INC. WHICH IS OWNED BY BOUSTEAD & COMPANY LIMITED WHICH BY COMMON OWNERSHIP AND CONTROL IS AFFILIATED WITH BOUSTEAD SECURITIES, LLC WHICH IS ALSO OWNED BY BOUSTEAD & COMPANY LIMITED			

Business	
The details supplied relate to:	
<b>Partnership, Corporation, or Organization Name</b>	<b>CRD Number (if any)</b>
SUTTER SECURITIES INCORPORATED	30770
<b>The Partnership, Corporation, or Organization</b>	
<input type="radio"/> <i>controls applicant</i>	
<input type="radio"/> <i>is controlled by applicant</i>	
<input checked="" type="radio"/> <i>is under common control with applicant</i>	
<b>Business Address</b>	

**Street 1**

220 MONTGOMERY STREET

**City**

SAN FRANCISCO

**State**

California

**Street 2**

SUITE 468

**Country**

USA

**Zip/Postal Code**

94104

**Effective Date (MM/DD/YYYY)**

03/07/2019

**Termination Date (MM/DD/YYYY)****Is Partnership, Corporation or Organization a foreign entity?**☐ Yes ☒ No**If Yes, provide country of domicile or incorporation****Activities of this Partnership, Corporation, or Organization:****Securities Activities**☒ Yes ☐ No**Investment Advisory Activities**☐ Yes ☒ No**Briefly describe the *control* relationship**

SUTTER SECURITIES INCORPORATED, THROUGH OWNERSHIP AND CONTROL BY ITS PARENT COMPANY, SUTTER SECURITIES GROUP, INC., AND BOUSTEAD SECURITIES, LLC ARE UNDER THE COMMON OWNERSHIP AND CONTROL OF BOUSTEAD & COMPANY LIMITED

**BD - BRANCHES****No Information Filed****BD - CRIMINAL DRP**

No Information Filed

**BD - REGULATORY ACTION DRP**

This Disclosure Reporting Page (DRP BD) is an ☐ **INITIAL OR** ☒ **AMENDED** response used to report details for affirmative responses to **Items 11C, 11D, 11E, 11F or 11G** of Form BD;

**Check item(s) being responded to:****Regulatory Action**☐ **11C(1)**☐ **11C(5)**☐ **11D(4)**☐ **11E(3)**☐ **11C(2)**☐ **11D(1)**☐ **11D(5)**☐ **11E(4)**☐ **11C(3)**☐ **11D(2)**☐ **11E(1)**☐ **11F**☐ **11C(4)**☐ **11D(3)**☒ **11E(2)**☐ **11G**

Use a separate DRP for each event or *proceeding*. An event or *proceeding* may be reported for more than one *person* or entity using one DRP. File with a completed Execution Page.

One event may result in more than one affirmative answer to Items 11C, 11D, 11E, 11F or 11G. Use only one DRP to report details related to the same event. If an event gives rise to actions by more than one regulator, provide details to each action on a separate DRP.

It is not a requirement that documents be provided for each event or *proceeding*. Should they be provided, they will not be accepted as disclosure in lieu of answering the questions on this DRP.

If a *control affiliate* is an individual or organization registered through the CRD, such *control affiliate* need only complete Part I of the *applicant's* appropriate DRP (BD). Details of the event must be submitted on the *control affiliate's* appropriate DRP (BD) or DRP (U4). If a *control affiliate* is an individual or organization not registered through the CRD, provide complete answers to all the items on the *applicant's* appropriate DRP (BD). The completion of this DRP does not relieve the *control affiliate* of its obligation to update its CRD records.

**PART I**

A. The *person(s)* or entity(ies) for whom this DRP is being filed is (are):

- ☐ **The Applicant**
- ☐ **Applicant and one or more control affiliates**
- ☒ **One or more control affiliates**

If this DRP is being filed for a *control affiliate*, give the full name of the *control affiliate* below (for individuals, Last name, First name, Middle name).

If the *control affiliate* is registered with the CRD, provide the CRD number. If not, indicate "non-registered" by checking the appropriate checkbox.

**BD DRP - Control Affiliate**

Control Affiliate Name	CRD#	Registered
SUTTER SECURITIES INCORPORATED	30770	Y

☐ **This DRP should be removed from the BD record because the *control affiliate(s)* are no longer associated with the BD.**

- B. If the *control affiliate* is registered through the CRD, has the *control affiliate* submitted a DRP (with Form U4) or BD DRP to the CRD System for the event? If the answer is "Yes," no other information on this DRP must be provided.

☒ **Yes** ☐ **No**

**NOTE:** The completion of this form does not relieve the *control affiliate* of its obligation to update its CRD records.

**PART II**

1. Regulatory Action initiated by:

☐ **SEC** ☐ **Other Federal** ☐ **State** ☐ **SRO** ☐ **Foreign**

(Full name of regulator, *foreign financial regulatory authority*, federal, state, or SRO)

2. Principal Sanction:

Other Sanctions:

3. Date Initiated (MM/DD/YYYY):

☐ **Exact** ☐ **Explanation**

If not exact, provide explanation:

4. Docket/Case Number:

5. *Control Affiliate* Employing Firm when activity occurred which led to the regulatory action (if applicable):

6. Principal Product Type:

Other Product Types:

7. Describe the allegations related to this regulatory action. (The information must fit within the space provided.)

8. Current status ? ☐ **Pending** ☐ **On Appeal** ☐ **Final**

9. If on appeal, regulatory action appealed to: (SEC, SRO, Federal or State Court) and Date Appeal Filed:

**If Final or On Appeal, complete all items below. For Pending Actions, complete Item 13 only.**

10. How was matter resolved:

11. Resolution Date (MM/DD/YYYY):

☐ **Exact** ☐ **Explanation**

If not exact, provide explanation:

12. **Resolution Detail:**

A. Were any of the following Sanctions Ordered? (Check all appropriate items):

☐ **Monetary/Fine**

**Amount: \$**

☐ **Revocation/Expulsion/Denial**

☐ **Disgorgement/Restitution**

☐ **Censure**

☐ **Cease and Desist/Injunction**

☐ **Bar**

☐ **Suspension**

B. Other Sanctions Ordered:

C. Sanction detail: if suspended, *enjoined* or barred, provide duration including start date and capacities affected (General Securities Principal, Financial Operations Principal, etc.). If requalification by exam/retraining was a condition of the sanction, provide length of time given to requalify/retrain, type of exam required and whether condition has been satisfied. If disposition resulted in a fine, penalty, restitution, disgorgement or monetary compensation, provide total amount, portion levied against *applicant* or *control affiliate*, date paid and if any portion of penalty was waived:

13. Provide a brief summary of details related to the action status and (or) disposition and include relevant terms, conditions and dates. (The information must fit within the space provided.)

### BD - CIVIL JUDICIAL DRP

This Disclosure Reporting Page (DRP BD) is an ☐ **INITIAL OR** ☒ **AMENDED** response used to report details for affirmative responses to **Item 11H** of Form BD;

**Check item(s) being responded to:**

#### Civil Judicial

☐ **11H(1)(a)**

☐ **11H(1)(b)**

☐ **11H(1)(c)**

☒ **11H(2)**

Use a separate DRP for each event or *proceeding*. An event or *proceeding* may be reported for more than one *person* or entity using one DRP. File with a completed Execution Page.

One event may result in more than one affirmative answer to Item 11H. Use only one DRP to report details related to the same event. Unrelated civil judicial actions must be reported on separate DRPs.

It is not a requirement that documents be provided for each event or *proceeding*. Should they be provided, they will not be accepted as disclosure in lieu of answering the questions on this DRP.

If a *control affiliate* is an individual or organization registered through the CRD, such *control affiliate* need only complete Part I of the *applicant's* appropriate DRP (BD). Details of the event must be submitted on the *control affiliate's* appropriate DRP (BD) or DRP (U4). If a *control affiliate* is an individual or organization not registered through the CRD, provide complete answers to all the items on the *applicant's* appropriate DRP (BD). The completion of this DRP does not relieve the *control affiliate* of its obligation to update its CRD records.

#### PART I

A. The *person(s)* or entity(ies) for whom this DRP is being filed is (are):

☒ **The Applicant**

☐ **Applicant and one or more control affiliates**

☐ **One or more control affiliates**



If this DRP is being filed for a *control affiliate*, give the full name of the *control affiliate* below (for individuals, Last name, First name, Middle name).

If the *control affiliate* is registered with the CRD, provide the CRD number. If not, indicate "non-registered" by checking the appropriate checkbox.

☐ **This DRP should be removed from the BD record because the *control affiliate(s)* are no longer associated with the BD.**

- B. If the *control affiliate* is registered through the CRD, has the *control affiliate* submitted a DRP (with Form U4) or BD DRP to the CRD System for the event? If the answer is "Yes," no other information on this DRP must be provided.

☐ **Yes** ☐ **No**

**NOTE:** The completion of this form does not relieve the *control affiliate* of its obligation to update its CRD records.

## PART II

1. Court Action initiated by: (Name of regulator, *foreign financial regulatory authority*, SRO, commodities exchange, agency, firm, private plaintiff, etc.)  
PRIVATE PLAINTIFFS
2. Principal Relief Sought:  
Money Damages (Private/Civil Complaint)  
Other Relief Sought:
3. Filing Date of Court Action (MM/DD/YYYY):  
12/06/2018 ☐ **Exact** ☒ **Explanation**  
If not exact, provide explanation:  
THE FIRM INTENDS TO STRENUOUSLY DEFEND ITS ACTIONS ON THE BASIS THAT THE ALLEGATIONS ARE WITHOUT MERIT AND A SUBSTANTIAL NUMBER OF PLAINTIFFS WERE NEVER CUSTOMERS OF THE FIRM. THE FIRM WILL FILE MOTIONS TO DISMISS CHARGES AND EXPUNGE THE CLAIM FROM ITS RECORD.
4. Principal Product Type:  
Other  
Other Product Types:  
PRIVATE PLACEMENTS
5. Formal Action was brought in (include name of Federal, State or Foreign Court, Location of Court - City or County and State or Country, Docket/Case Number):  
IN THE COURT OF COMMON PLEAS OF ALLEGHENY COUNTY, PA, CASE NO. GD-18-015969
6. *Control Affiliate* Employing Firm when activity occurred which led to the civil judicial action (if applicable):
7. Describe the allegations related to this civil action. (The information must fit within the space provided.)  
THE ALLEGATIONS CLAIM FALSE REPRESENTATION ABOUT THE ISSUER.
8. Current Status? ☒ **Pending** ☐ **On Appeal** ☐ **Final**
9. If on appeal, action appealed to (provide name of court): Date Appeal Filed (MM/DD/YYYY):
10. If pending, date notice/process was served (MM/DD/YYYY):  
12/06/2018 ☐ **Exact** ☒ **Explanation**  
If not exact, provide explanation:  
THE FIRM INTENDS TO STRENUOUSLY DEFEND ITS ACTIONS ON THE BASIS THAT THE ALLEGATIONS ARE

WITHOUT MERIT AND A SUBSTANTIAL NUMBER OF PLAINTIFFS WERE NEVER CUSTOMERS OF THE FIRM. THE FIRM WILL FILE MOTIONS TO DISMISS CHARGES AND EXPUNGE THE CLAIM FROM ITS RECORD.

**If Final or On Appeal, complete all items below. For Pending Actions, complete Item 14 only.**

11. How was matter resolved:

12. Resolution Date (MM/DD/YYYY):

☐ **Exact** ☐ **Explanation**

If not exact, provide explanation:

13. **Resolution Detail:**

A. Were any of the following Sanctions Ordered or Relief Granted? (Check appropriate items):

☐ **Monetary/Fine**

**Amount: \$**

☐ **Revocation/Expulsion/Denial**

☐ **Disgorgement/Restitution**

☐ **Censure**

☐ **Cease and Desist/Injunction**

☐ **Bar**

☐ **Suspension**

B. Other Sanctions:

C. Sanction detail: if suspended, *enjoined* or barred, provide duration including start date and capacities affected (General Securities Principal, Financial Operations Principal, etc.). If requalification by exam/retraining was a condition of the sanction, provide length of time given to requalify/retrain, type of exam required and whether condition has been satisfied. If disposition resulted in a fine, penalty, restitution, disgorgement or monetary compensation, provide total amount, portion levied against *applicant* or *control affiliate*, date paid and if any portion of penalty was waived:

14. Provide a brief summary of circumstances related to action(s), allegation(s), disposition(s) and/or finding(s) disclosed above. (The information must fit within the space provided.)

THE FIRM INTENDS TO STRENUOUSLY DEFEND ITS ACTIONS ON THE BASIS THAT THE ALLEGATIONS ARE WITHOUT MERIT AND A SUBSTANTIAL NUMBER OF PLAINTIFFS WERE NEVER CUSTOMERS OF THE FIRM. THE FIRM WILL FILE MOTIONS TO DISMISS CHARGES AND EXPUNGE THE CLAIM FROM ITS RECORD.

This Disclosure Reporting Page (DRP BD) is an ☐ **INITIAL OR** ☒ **AMENDED** response used to report details for affirmative responses to **Item 11H** of Form BD;

**Check item(s) being responded to:**

#### Civil Judicial

☐ **11H(1)(a)**

☐ **11H(1)(b)**

☐ **11H(1)(c)**

☒ **11H(2)**

Use a separate DRP for each event or *proceeding*. An event or *proceeding* may be reported for more than one *person* or entity using one DRP. File with a completed Execution Page.

One event may result in more than one affirmative answer to Item 11H. Use only one DRP to report details related to the same event. Unrelated civil judicial actions must be reported on separate DRPs.

It is not a requirement that documents be provided for each event or *proceeding*. Should they be provided, they will not be accepted as disclosure in lieu of answering the questions on this DRP.

If a *control affiliate* is an individual or organization registered through the CRD, such *control affiliate* need only complete Part I of the *applicant's* appropriate DRP (BD). Details of the event must be submitted on the *control affiliate's* appropriate DRP (BD) or DRP (U4). If a *control affiliate* is an individual or organization not registered through the CRD, provide complete answers to all the items on the *applicant's* appropriate DRP (BD). The completion of this DRP does not relieve the *control affiliate* of its obligation to update its CRD records.

#### PART I

A. The *person(s)* or entity(ies) for whom this DRP is being filed is (are):

- ☒ **The Applicant**
- ☐ **Applicant and one or more control affiliates**
- ☐ **One or more control affiliates**

If this DRP is being filed for a *control affiliate*, give the full name of the *control affiliate* below (for individuals, Last name, First name, Middle name).

If the *control affiliate* is registered with the CRD, provide the CRD number. If not, indicate "non-registered" by checking the appropriate checkbox.

☐ **This DRP should be removed from the BD record because the *control affiliate(s)* are no longer associated with the BD.**

- B. If the *control affiliate* is registered through the CRD, has the *control affiliate* submitted a DRP (with Form U4) or BD DRP to the CRD System for the event? If the answer is "Yes," no other information on this DRP must be provided.

☐ **Yes** ☒ **No**

**NOTE:** The completion of this form does not relieve the *control affiliate* of its obligation to update its CRD records.

## PART II

- Court Action initiated by: (Name of regulator, *foreign financial regulatory authority*, SRO, commodities exchange, agency, firm, private plaintiff, etc.)  
PRIVATE PLAINTIFF
- Principal Relief Sought:  
Money Damages (Private/Civil Complaint)  
Other Relief Sought:
- Filing Date of Court Action (MM/DD/YYYY):  
10/16/2020 ☒ **Exact** ☐ **Explanation**  
If not exact, provide explanation:
- Principal Product Type:  
Other  
Other Product Types:  
PRIVATE PLACEMENTS
- Formal Action was brought in (include name of Federal, State or Foreign Court, Location of Court - City or County and State or Country, Docket/Case Number):  
US BANKRUPTCY COURT FOR THE WESTERN DISTRICT OF PA CASE NO. 18-24070-GLT
- Control Affiliate* Employing Firm when activity occurred which led to the civil judicial action (if applicable):  
BOUSTEAD SECURITIES, LLC
- Describe the allegations related to this civil action. (The information must fit within the space provided.)  
THE PLAINTIFF ACTING AS THE TRUSTEE OF ONEJET ALLEGING EXCESSIVE COMMISSIONS.
- Current Status? ☒ **Pending** ☐ **On Appeal** ☐ **Final**
- If on appeal, action appealed to (provide name of court): Date Appeal Filed (MM/DD/YYYY):

10. If pending, date notice/process was served (MM/DD/YYYY):

10/16/2020 ☒ **Exact** ☐ **Explanation**

If not exact, provide explanation:

**If Final or On Appeal, complete all items below. For Pending Actions, complete Item 14 only.**

11. How was matter resolved:

12. Resolution Date (MM/DD/YYYY):

☐ **Exact** ☐ **Explanation**

If not exact, provide explanation:

**13. Resolution Detail:**

A. Were any of the following Sanctions Ordered or Relief Granted? (Check appropriate items):

☐ **Monetary/Fine**

**Amount: \$**

☐ **Revocation/Expulsion/Denial**

☐ **Disgorgement/Restitution**

☐ **Censure**

☐ **Cease and Desist/Injunction**

☐ **Bar**

☐ **Suspension**

B. Other Sanctions:

C. Sanction detail: if suspended, *enjoined* or barred, provide duration including start date and capacities affected (General Securities Principal, Financial Operations Principal, etc.). If requalification by exam/retraining was a condition of the sanction, provide length of time given to requalify/retrain, type of exam required and whether condition has been satisfied. If disposition resulted in a fine, penalty, restitution, disgorgement or monetary compensation, provide total amount, portion levied against *applicant* or *control affiliate*, date paid and if any portion of penalty was waived:

14. Provide a brief summary of circumstances related to action(s), allegation(s), disposition(s) and/or finding(s) disclosed above. (The information must fit within the space provided.)  
THE FIRM INTENDS TO STRENUOUSLY DEFEND ITS ACTIONS ON THE BASIS THAT THE ALLEGATIONS ARE WITHOUT MERIT. THE FIRM WILL FILE MOTIONS TO DISMISS CHARGES AND EXPUNGE THE CLAIM FROM ITS RECORD.

**BD - BANKRUPTCY DRP**

No Information Filed

**BD - BOND DRP**

No Information Filed

**BD - JUDGMENT LIEN DRP**

No Information Filed