

TOBIAS READ
STATE TREASURER

JACQUELINE KNIGHTS
TREASURER'S DESIGNEE

CHRISTINE REYNOLDS
CHAIR



MUNICIPAL DEBT ADVISORY COMMISSION

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FORM 3 – REPORTING OF AGREEMENT FOR THE EXCHANGE OF INTEREST RATES*

**File within 30 days of execution of each agreement or modification to an agreement*

TYPE OF FILING

Initial Notification
Agreement Modification Notification

FILING DATE:

ISSUER INFORMATION

Issuer:

Address:

City, State, Zip:

Contact Name:

Contact Phone:

Contact Email:

Long Term Ratings:

COUNTERPARTY INFORMATION

Counterparty:

Guarantor to Counterparty:

Collateral Holder/Agent:

Collateral Ratings:

Frequency of Collateral Valuation:

Collateral Description:

IDENTIFICATION OF OTHER PARTIES INVOLVED IN TRANSACTION

Municipal Advisor:

Bond Counsel:

Paying Agent:

Other:

DESCRIPTION OF OBLIGATION TO WHICH THE AGREEMENT RELATES

Obligation Type:

Purpose:

Project:

Series:

Amount Outstanding:

Maturity:

Dated Date:

Closing Date:

DESCRIPTION OF THE TERMS OF THE AGREEMENT

Notional Amount:

Rate:

Execution Date:

Expiration:

Issuer Pays:

Issuer Receives:

Purpose:

Description of Options, if any:

Brief Rational for Agreement Transaction:

PERIODIC REPORTING

Brief description of the change in the Issuer's obligations resulting from a change in ratings, early termination or other event that triggers change in Issuer's obligations under the Agreement.

OTHER

Checkmark to confirm ISDA Confirmation of the Agreement transaction is provided.

FORM 3 PREPARED BY

Name:

Firm:

Contact Phone:

Contact Email: