

**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 1<sup>st</sup> 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:**

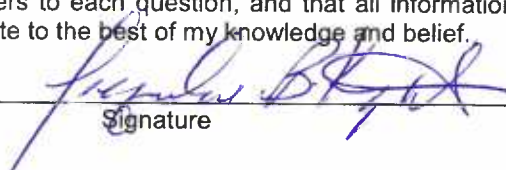
The Williams Capital Group, L.P.  
Name of Financial Institution  
650 Fifth Avenue, 9th Floor                      New York                      NY                      10019  
Street Address                                      City                                      State                                      Zip Code  
Jacqueline B. Knights, CFA, Principal, Director of Public Finance  
Contact Person Name and Title  
(212) 373-4282                                      knights@willcap.com  
Telephone No.                                      Email Address

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 \_\_\_ No X If yes, please complete the attached form.
  
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.

**CERTIFICATION UNDER PENALTY OR 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.

Jacqueline B. Knights, CFA,  
Principal, Director of Public Finance                                            9/11/2019  
Print Name, Title                                      Signature                                      Date

**PLEASE SEND THE ORIGINAL SIGNED FORM TO THE ADDRESS BELOW AND EMAIL A COPY TO [CAO.DEBT@LACITY.ORG](mailto:CAO.DEBT@LACITY.ORG).**

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

