

**TOBIAS READ**  
STATE TREASURER

**LAURA LOCKWOOD-McCALL**  
TREASURER'S DESIGNEE

**NANCY BREWER**  
CHAIR



**MUNICIPAL DEBT ADVISORY COMMISSION**

350 WINTER STREET NE, SUITE 100  
SALEM, OR 97301-3896  
(503) 378-4930  
[DMD@OST.state.or.us](mailto:DMD@OST.state.or.us)

**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:**

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**ISSUER INFORMATION**

Issuer:

Address:

City, State, Zip:

Contact Name:

Contact Phone:

Contact Email:

Long Term Ratings:

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**COUNTERPARTY INFORMATION**

Counterparty:

Guarantor to Counterparty:

Collateral Holder/Agent:

Collateral Ratings:

Frequency of Collateral Valuation:

Collateral Description:

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**IDENTIFICATION OF OTHER PARTIES INVOLVED IN TRANSACTION**

Municipal Advisor:

Bond Counsel:

Paying Agent:

Other:

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**DESCRIPTION OF OBLIGATION TO WHICH THE AGREEMENT RELATES**

Obligation Type:

Purpose:

Project:

Series:

Amount Outstanding:

Maturity:

Dated Date:

Closing Date:

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**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:

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**PERIODIC REPORTING**

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

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**OTHER**

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

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**FORM 3 PREPARED BY**

Name:

Firm:

Contact Phone:

Contact Email: