

**MUNICIPAL DEBT ADVISORY COMMISSION – FORM 3  
REPORTING OF AGREEMENT FOR THE EXCHANGE OF INTEREST RATES**

(Adopted February 5, 2004)

(Filed within 30 days of Execution of each Agreement or Modification to an Agreement )

Phone: (503) 378-4930 Fax: (503) 378-2870

E-Mail: [DMD@OST.STATE.OR.US](mailto:DMD@OST.STATE.OR.US)

Initial Notification. Agreement Modification Notification.

Date Filed:

**Issuer Name:**

Street Address 1:

City, State, Zip:

**Counterparty:**

**&**

**Guarantor to Counterparty:**

Collateral Description:

Collateral Ratings:

Collateral Holder / Agent:

Frequency of Collateral Valuation Requirements:

Contact Person/Firm:

E-mail Address:

Phone/Fax:

**Long-term Ratings:**

**Long-term Ratings:**

**Identification of Other Parties Involved In Transaction**

Financial Advisor:

Transaction/Bond Counsel:

Transaction Agent:

Other:

Other:

Other:

**Description of Obligation to Which the Agreement Relates**

Obligation Type:

Series:

Dated Date:

Closing Date:

Amount Outstanding:

Purpose:

Project:

Maturity:

**Description of the Terms of the Agreement**

Notional Amount:

Date of Execution:

Purpose:

Rate:

Expiration Date:

Issuer Pays:

Issuer Receives

and

Description of Options (if any):

Brief Rationale 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**

Please attach ISDA Confirmation of the Agreement transaction.

Form 3 Prepared By:

Firm:

Phone:

E-Mail: