

**CITY OF CASCADE, IOWA  
SPECIAL COUNCIL MEETING AGENDA  
MONDAY, DECEMBER 8, 2025, 4:00 P.M.  
CITY HALL, 320 1<sup>ST</sup> AVE WEST**

NOTICE: Notice is hereby given Cascade City Council will hold a Special Meeting at 4:00 PM on Monday, December 8, 2025, at Cascade City Hall.

- 1. Call to Order**
- 2. Pledge of Allegiance**
- 3. Roll Call**
- 4. Approve Agenda**
- 5. Public Comment**
- 6. Consideration of Resolution #111-25- Resolution Authorizing an Account to be Open with D.A. Davidson to Receive a Donation for the Cascade Public Library in the Form of Shares of Stock**
- 7. Adjournment**



## **December 8, 2025 Agenda Special City Council Meeting**

Date: December 5, 2025  
To: Mayor, City Council and Staff  
RE: Authorizing an account to be open at D.A. Davidson  
From: Deanna McCusker, City Administrator

A person wishing to make a sizable donation to the Cascade Public Library contacted us and wants to donate shares of stock. In order to receive shares of stock, we must open a new account with D.A. Davidson. This account has to be one that allows the owner(s) to buy, sell or trade stock or bonds. By approving this resolution, it is authorizing Samie and I to open this account, receive the shares of stock and then authorize D.A. Davidson to liquidate the shares into cash. The cash then will be transferred to our regular checking account and put into the reserves for the Library to be used for a Tool Library. This will be a wonderful addition to our already amazing library. Other cities have Tool Libraries that allow patrons to check out tools or to use certain tools at the library.

We are drafting an agreement for those who wish to check out a tool. We are also discussing this with Cascade Lumber to see if they can assist us with purchasing the tools and house larger items that don't conflict with items they currently rent to the public.

Once this transaction has been completed, the account at D.A. Davidson will be closed.

**RESOLUTION #111-25**

**A RESOLUTION AUTHORIZING AN ACCOUNT TO BE OPEN WITH D.A. DAVIDSON TO RECEIVE A DONATION FOR THE CASCADE PUBLIC LIBRARY IN THE FORM OF SHARES OF STOCK**

WHEREAS, the Cascade Public Library was contacted by a donor who wishes to make a donation to the library for a Tool Library in the form of shares of stock; and,

WHEREAS, to receive shares of stock, it is necessary to open an account for the purpose of buying, selling and trading stocks, bonds and other securities; and,

WHEREAS, once the shares of stock are received, the shares will be liquidated and converted into cash, which will then be deposited into the regular checking account for the City of Cascade, earmarked for the Cascade Public Library; and,

WHEREAS, to open the account and authorize the City Administrator and City Clerk to conduct this transaction, City Council must authorize them to open the new account.

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF CASCADE, IOWA, as follows:

SECTION I. That the City Council hereby approves the City Administrator and City Clerk to open an account with D.A. Davidson for the sole purpose of receiving shares of stock from a donor and converting the shares of stock into cash to be used for a tool library.

SECTION II. The Mayor and City Clerk are hereby authorized to sign the paperwork establishing this new account with D.A. Davidson.

PASSED AND APPROVED this 8<sup>th</sup> day of December, 2025.

\_\_\_\_\_  
Steve Knepper, Mayor

ATTEST:

\_\_\_\_\_  
Samie Simon, City Clerk



## Corporate Resolution

Account #: \_\_\_\_\_ Branch #: 1201 FA #: 8380 TRAX #: \_\_\_\_\_

I, SAMANTHA SIMON, do hereby certify that at a meeting of the Board of Directors of  
(Print Name of Corporation Secretary)

CITY OF CASCADE organized under the laws of IOWA  
(Print Name of Corporation) (Print Name of State)

duly called and held in the city of CASCADE state of IOWA on the 8th day of  
December, 2025, a quorum being present and voting throughout, the following resolutions, upon motion made,

seconded and carried, were duly adopted and are now in full force and effect:

**RESOLVED**, that the corporation open an account with D.A. Davidson & Co., for the purpose of buying, selling and trading in, for the account and risk of the corporation, and in its name, stocks, bonds and other securities and contracts for commodities or securities and put and call options for cash and on margin or otherwise, including short sales and in accordance with the terms and conditions required by D.A. Davidson & Co.;

**RESOLVED**, that any one of the following officers of the corporation, viz.

DEANNA MCCUSKER, SAMANTHA SIMON

(Print Name(s))

(Print Name(s))

and their successors in such offices be, and hereby are, and each is authorized and empowered to enter orders for purchases of securities including, but not limited to, stocks, bonds and option contracts, and to enter orders for sales, assignments or transfers of stocks, bonds or in any other securities or option contracts now owned or hereafter acquired by the corporation in its own right or in fiduciary capacity, and said officers and each of them is authorized and empowered to give instructions in every respect concerning said account with D.A. Davidson & Co., and said firm is authorized and empowered to make payment of monies and deliveries of securities and contracts to said officers or otherwise as they and each of them may order and direct, and said officers and each of them is authorized and empowered to execute any and all agreements with said firm on behalf of the corporation in connection with said account in order to conform with the rules and regulations of D.A. Davidson & Co. concerning any of the aforesaid transactions, and in all matters and things before mentioned said officers, and each of them alone, is authorized to act for the corporation and on its behalf;

**RESOLVED**, that the authority vested in said officers will be a continuing one and will remain in full force and effect until D.A. Davidson & Co. shall receive from the corporation a written notice of the revocation of such authority; and the persons named (and their successors) shall be presumed to be continuously the holders of such offices until D.A. Davidson & Co. receives from the corporation a written notice of the election of their successors, properly certified by the Secretary of the corporation; and

**RESOLVED**, that the Secretary of the corporation be, and hereby is authorized to certify to said firm the foregoing resolutions, and that the provisions thereof are in conformity with the charter and by-laws of the corporation.



## Corporate Resolution

Account #: \_\_\_\_\_ Branch #: 1201 FA #: 8380 TRAX #: \_\_\_\_\_

I do further certify that the present officers of the corporation are as follows:

Print Name(s):	Print Officer Title:
_____	_____
_____	_____
_____	_____
_____	_____

WITNESS my hand and the seal of the corporation this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

X

Secretary of the Corporation Signature<sup>1</sup>

X

Officer of the Corporation Signature

<sup>1</sup>If the resolution authorizes the Secretary to act thereunder, and the Secretary, alone or in conjunction with some other officer, does so act, certification should be by another officer in addition to the Secretary.



**D A DAVIDSON**  
D.A. Davidson & Co. member SIPC

**New Account Application**  
(Corporations, Institutions and other Legal Entities)

**Shaded Fields Are Required**

Account #: \_\_\_\_\_ Branch #: 1201 FP #: 8380 TRAX #: \_\_\_\_\_

**Firm Use Only: Account Type Recommendation**

☒ Brokerage ☐ Advisory

**Brokerage Account**

**Select all options that support a brokerage account as being in the client's best interest at this time:**

- ☐ Client's account and financial profile (ex: net worth, investable assets, annual income) does not suggest the need for advisory services (such as financial planning or retirement plan services).
- ☐ Client intends to direct their own trades and/or make final decisions based on FP's recommendations.
- ☐ Client will benefit from margin, investments, or investment strategies (including certain option strategies or very conservative/aggressive strategies) that are only available in brokerage accounts.
- ☐ Client expects to engage in infrequent transactions or has a buy and hold strategy.
- ☒ Account will be used for short-term liquidity needs best suited in an account that charges commissions by trade.

**Section One: Account Registration and Tax Classification**

**Account Type**

**If this is a Held Away/Fund Direct Account, please indicate which type:** ☐ Mutual Fund ☐ Annuity/Insurance

**Is this an Institutional Account?** ☐ Yes ☒ No

*"Institutional" per FINRA Rule 4512(c) and FINRA 2210 shall mean the account of a: Bank; Credit Union; Insurance Company; Savings & Loan; Registered Investment Advisor; Investment Advisor; Qualified Plans – 100 or more participants and not self-directed by participant.*

**Corporation<sup>1</sup>**

- ☐ C – Corporation
- ☐ S – Corporation

**Limited Liability Company (LLC)<sup>1</sup>**

- ☐ C – Corporation
- ☐ S – Corporation
- ☐ Partnership

☐ Partnership<sup>2</sup>

☐ Limited Liability Partnership (LLP)<sup>2</sup>

☐ Investment Club<sup>7</sup>

☐ Non-Profit<sup>8</sup>

☐ Estate<sup>3</sup>

☐ Trust<sup>4</sup>

☒ Municipality/Gov't Entity<sup>5</sup>

**Qualified Plans (not Held Away)<sup>6</sup>**

- ☐ Profit Sharing Plan
- ☐ 401(k)-Solo
- ☐ 401(k)
- ☐ Money Purchase Plan-Solo
- ☐ Money Purchase Plan
- ☐ Defined Benefit Plan

- 1 – Supply Corporate Resolution / LLC Investment Authorization/Entity Due Diligence-Beneficial Owners
- 2 – Supply Partnership Agreement/ Entity Due Diligence-Beneficial Owners
- 3 – Supply Letter of Appointment from the court
- 4 – Supply copy of Trust Certificate of Investment Powers
- 5 – Supply copy of a document designating trading authority
- 6 – Supply copy of Qualified Plan Certificate of Investment Powers (QCIP)
- 7 – Supply copy of Investment Club Appointment
- 8 - Supply Non-Corporate Resolution

**Account Registration and Address**

CITY OF CASCADE

PO BOX 400

CASCADE, IA 52033



**New Account Application**  
(Corporations, Institutions and other Legal Entities)**Shaded Fields Are Required**

Account #: \_\_\_\_\_ Branch #: 1201 FP #: 8380 TRAX #: \_\_\_\_\_

**Section Two: Account Owner**

Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. Accordingly, when you open an account with us, we will ask for your name, address, and other information that will allow us to identify you. We may also request to see other documentation, which could include information relating to the persons authorized to transact business in this Account.

**Entity (except Trusts) or Primary Account Owner**

(Tax Reporting Registration)

Name: CITY OF CASCADE

\*Legal Address (do not use P.O. Box):

320 1ST AVENUE WEST CASCADE, IA, 52033

Mailing Address (if different from legal address):

PO BOX 400 CASCADE, IA, 52033

*\*Requires a legal street address in the United States. A United States P.O. Box mailing address is not sufficient. Legal address of third party Custodian/ Trustee, if any, must be specified. If account statements and trade confirmations are to be mailed to a P.O. Box address, please note under Mailing Address.*

Home Phone:

Business Phone: 563-852-3114

Cell Phone:

Fax:

EIN: [REDACTED]

Email:

Is this Legal Entity an Accredited Investor?

☐ Yes ☒ No

Refer to Appendix A for the definition of Accredited Investor.

Is this Legal Entity a Registered Investment Advisor?

☐ Yes ☒ No

A registered investment advisor (RIA) is an individual or firm that advises clients on their investments and may manage their investment portfolios. RIAs are registered either with the U.S. Securities and Exchange Commission (SEC) or state securities administrators.

**Trust Account Owner***Complete this section for a Trust established with an EIN*

Trust Title:

\*Legal Address (do not use P.O. Box):

Mailing Address (if different from legal address):

*\*Requires a legal street address in the United States. A United States P.O. Box mailing address is not sufficient. Legal address of third party Custodian/ Trustee, if any, must be specified. If account statements and trade confirmations are to be mailed to a P.O. Box address, please note under Mailing Address.*

Home Phone:

Business Phone:

Cell Phone:

Fax:

EIN:

Email:

Is this Legal Entity an Accredited Investor?

☐ Yes ☐ No

Refer to Appendix A for the definition of Accredited Investor.

Is this Legal Entity a Registered Investment Advisor?

☐ Yes ☐ No

A registered investment advisor (RIA) is an individual or firm that advises clients on their investments and may manage their investment portfolios. RIAs are registered either with the U.S. Securities and Exchange Commission (SEC) or state securities administrators.



**D A DAVIDSON**  
D.A. Davidson & Co. Member SIPC

**New Account Application**  
(Corporations, Institutions and other Legal Entities)

Shaded Fields Are Required

Account #: \_\_\_\_\_ Branch #: 1201 FP #: 8380 TRAX #: \_\_\_\_\_

**Trust Account Owner**

*Complete this section for a Trust established with a SSN*

Trust Title:

**Grantor/Settlor/Trustor Information (Required only for person whose SSN is provided below)**

Legal Name of Individual:

\*Legal Address (do not use P.O. Box):

Mailing Address (if different from legal address):

*\*Requires a legal street address in the United States. A United States P.O. Box mailing address is not sufficient. Legal address of third party Custodian/ Trustee, if any, must be specified. If account statements and trade confirmations are to be mailed to a P.O. Box address, please note under Mailing Address.*

Home Phone:

Business Phone:

Cell Phone:

Fax:

SSN:

Date of Birth:

Email:

1. Are you employed by D.A. Davidson? ☐ Yes ☐ No

If yes, do you have a Series 7, Series 65 or Series 82?

☐ Yes ☐ No

2. Is someone in your immediate family employed by D.A. Davidson? ☐ Yes ☐ No

3. Are you (or someone in your immediate family) employed by a Stock Exchange or FINRA Member Firm (other than D.A. Davidson)? ☐ Yes ☐ No

☐ Yes ☐ No

\_\_\_\_\_  
(Relationship to You)

\_\_\_\_\_  
(Employer Name)

4. Are you a director, a 10% shareholder, or a policy making executive of a publicly traded company? ☐ Yes ☐ No

☐ Yes ☐ No

\_\_\_\_\_  
(Company Name)

\_\_\_\_\_  
(Position)

\_\_\_\_\_  
(Trading Symbol or CUSIP)

5. Are you an Accredited Investor? ☐ Yes ☐ No

☐ Yes ☐ No

Refer to Appendix A for the definition of Accredited Investor.

6. Are you an employee or associated with a Registered Investment Advisor other than D.A. Davidson? ☐ Yes ☐ No

☐ Yes ☐ No

A registered investment advisor (RIA) is an individual or firm that advises clients on their investments and may manage their investment portfolios. RIAs are registered either with the U.S. Securities and Exchange Commission (SEC) or state securities administrators.

7. Is the Grantor a Trustee? ☐ Yes ☐ No

☐ Yes ☐ No

If yes, trustee information does not have to be added in the Control Person Identity Verification form



Account #: \_\_\_\_\_ Branch #: 1201 FP #: 8380 TRAX #: \_\_\_\_\_**Section Three: Trusted Contact**

A Trusted Contact is a person you authorize D.A. Davidson to contact in certain limited situations. By providing information about Trusted Contact person(s), you authorize D.A. Davidson to contact them and disclose limited information in the following circumstances: (1) to address possible financial exploitation, and/or (2) to confirm your current contact information, health status, or the identity of any legal guardian, executor, trustee, holder of a power of attorney, or similar, or as otherwise permitted by FINRA Rule 2165 (Financial Exploitation of Specified Adults). The Trusted Contact cannot place trades, request account information, or otherwise act on your behalf and is not a substitute for a power of attorney. Your Trusted Contact must be at least 18 years old and cannot be an employee of D.A. Davidson (unless the employee is an immediate family member). It is recommended that your Trusted Contact not be the account co-owner, trustee or attorney-in-fact (as designed by a power of attorney).

Name: \_\_\_\_\_ Relationship to Account Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Section Four: Account & Financial Profile**

The Financial Industry Regulatory Authority (FINRA) requires firms to obtain the following information. The information will assist your Financial Professional in making recommendations for your account.

**General Account Objective**

I plan to use this account for the following (select up to four):

- |                                                                            |                                                     |
|----------------------------------------------------------------------------|-----------------------------------------------------|
| <input checked="" type="checkbox"/> Provide for current or future expenses | <input type="checkbox"/> Pass wealth on to my heirs |
| <input type="checkbox"/> Fund my retirement                                | <input type="checkbox"/> Pay for education          |
| <input type="checkbox"/> Accumulate wealth over the long term              | <input type="checkbox"/> Pay for a house            |
| <input type="checkbox"/> Market speculation                                |                                                     |

**Investment Objective**

(Please check the box which reflects your primary investment objective for this account)

- ☒ **Preservation of Capital:** A portfolio designed to maintain principal value even in volatile market conditions. Growth of principal and high income are not primary objectives. The effects of inflation may subject such a portfolio to purchasing power risk over time.
- ☐ **Income:** A portfolio designed to provide income derived primarily through interest and dividends. An income objective generally indicates that you seek to generate income from investments that have historically demonstrated lower risk of principal loss, especially over short time horizons.
- ☐ **Growth & Income:** A portfolio designed to provide capital appreciation. A growth & income objective generally indicates that you are willing to invest in securities that have a historic risk of principal loss, especially over short time horizons.
- ☐ **Aggressive Income:** A portfolio consisting of higher risk securities intended to achieve a greater amount of coupon or dividend income, securities with higher yields versus prevailing yields, and securities that may have non-investment grade or speculative ratings.
- ☐ **Growth:** A portfolio consisting of securities intended to achieve long-term growth of capital. A growth objective generally indicates that you are willing to invest in securities that typically generate little to no income but have the potential for capital appreciation. This is a portfolio typical of an investor with a higher tolerance to risk and volatility and a long investment time horizon.
- ☐ **Speculation:** A portfolio consisting of securities intended to achieve significant growth. A speculation objective generally indicates that you are willing to invest in securities that have historically demonstrated high risk of principal loss.

**Risk Tolerance**

(Please check the box which reflects your primary risk tolerance for this account)

- ☒ **Conservative:** Willing to accept low returns in order to seek preservation of capital.
- ☐ **Moderate:** Willing to forgo some potential return in exchange for less volatility.
- ☐ **Aggressive:** Willing to assume a higher degree of risk for potentially higher returns.
- ☐ **Speculative:** Willing to experience significant market volatility and potential losses of principal in order to seek higher levels of return.

**D A DAVIDSON**

D.A. Davidson &amp; Co. Member SIPC

**New Account Application**  
(Corporations, Institutions and other Legal Entities)**Shaded Fields Are Required**

Account #: \_\_\_\_\_ Branch #: 1201 FP #: 8380 TRAX #: \_\_\_\_\_

**Overall Financial Data**

(For each category, use the appropriate letter in the below chart)

Net Worth:	Liquid Net Worth:	Estimated Value of Investments:	Annual Income:
H	H	A	H
Your total assets minus your total liabilities and excluding the value of your primary residence.	Your net worth minus assets not easily converted to cash, such as real estate, investments without a readily available market, or investments subject to substantial penalties if sold.	Securities (such as stocks, bonds, mutual funds, annuities) and cash/CDs with all financial institutions, including banks.	All sources including salaries, investment income, social security and other retirement sources, trusts, annuities, etc.
A: \$0 - \$50,000 B: \$50,001 - \$100,000	C: \$100,001 - \$250,000 D: \$250,001 - \$500,000	E: \$500,001 - \$1,000,000 F: \$1,000,001 - \$2,000,000	G: \$2,000,001 - \$5,000,000 H: Over \$5,000,000

**Investment Time Horizon**

A longer investment time horizon could potentially result in higher returns over the long run with greater volatility in the short term.

☒ 1 – 3 years
 ☐ 4 – 7 years
 ☐ 8 – 19 years
 ☐ 20+ years
**Liquidity Needs**

How soon do you anticipate withdrawing principal from this account (excluding dividends, interest and growth)? Provide a dollar amount if 1-3 years or 4-7 years is chosen.

☒ 1 – 3 years \$25,000
 ☐ 8 – 19 years
 ☐ 4 – 7 years
 ☐ 20+ years
**Estimated Annual Expenses**

Do you have recurring annual expenses to be considered? Provide an estimated dollar amount if so.

\$ \_\_\_\_\_

**Investment Experience**

(For each category, use the appropriate letter in the below chart)

Stocks: _____ A _____ year(s)	Bonds: _____ A _____ year(s)	Tax Rate (highest marginal) _____ 0 _____ %
Options: _____ A _____ year(s)	Mutual Funds: _____ A _____ year(s)	
A: Less than 1 year B: 1 – 5 years C: 5 + years		

**Primary Source of Funds**

- |                                                              |                                                                            |
|--------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> Personal/Business Income or Savings | <input type="checkbox"/> Divorce or other Legal Settlement                 |
| <input type="checkbox"/> Social Security Income              | <input type="checkbox"/> Sale of Personal/Business Property                |
| <input type="checkbox"/> Retirement/Pension Savings          | <input type="checkbox"/> Asset Transfer from another D.A. Davidson Account |
| <input checked="" type="checkbox"/> Inheritance/Gift         | <input type="checkbox"/> Asset Transfer from another Investment Firm       |
| <input type="checkbox"/> Insurance Payout                    |                                                                            |

**Section Five: Account Instructions****Interested Parties**

(Duplicate Documents to a Third party)

<input type="checkbox"/> Confirms	Name: _____
<input type="checkbox"/> Statements	Address: _____
<input type="checkbox"/> 1099s	_____

**Cash Sweep Options**

(Please select one)

- ☒ I choose to participate in the BIDP (Bank Insured Deposit Program) Cash Sweep Program
- ☐ I choose to not participate in the BIDP Cash Sweep Program

**Cost Basis Method**
☒ FIFO (First in, First out)
 ☐ HIFO (Highest cost, First out)
 ☐ LIFO (Last in, First out)



**D A DAVIDSON**  
D.A. Davidson & Co. Member SIPC

**New Account Application**  
(Corporations, Institutions and other Legal Entities)

Shaded Fields Are Required

Account #: \_\_\_\_\_ Branch #: 1201 FP #: 8380 TRAX #: \_\_\_\_\_

**Additional Account Features**

1. Do you object to your name, address and positions being released to requesting companies in which you have a position? ☒ Yes ☐ No
2. Would you like to receive quarterly research reports? ☐ Yes ☒ No
3. Would you like to reinvest all cash dividends for eligible equity securities in your account? ☐ Yes ☒ No

**Margin Agreement**

- ☐ Election to borrow against account. By checking this box you elect to be able to borrow against the value of eligible securities in your account. By selecting you also acknowledge that you have received and read the Margin Disclosure Statement which discusses some of the risks involved in borrowing from your account.

**Section Six: Firm Signatures**

**X**

Financial Professional Signature

Print Financial Professional Name

**X**

Date

**X**

Branch Office Manager Signature

Print Branch Office Manager Name

**X**

Date





Account(s) #: \_\_\_\_\_ Branch #: 1201 FP #: 8380 TRAX #: \_\_\_\_\_

**Please complete for all control person(s):**

Role:	AUTHORIZED SIGNER		Citizenship: <input checked="" type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien	
Name:	DEANNA MCCUSKER			
Date of Birth:	04/04/1967		SSN #: [REDACTED]	
Legal Address: (Do not use PO Box)	422 W GROVE ST			
City/State/Zip:	MAQUOKETA, IA, 52060			
Phone:	Home: 563-852-3114	Business: 563-852-3114	Cell: [REDACTED]	Email (optional): ADMIN@CITYCASCADE.COM

6. Are you an employee or associated with a Registered Investment Advisor other than D.A. Davidson? ☐ Yes ☒ No  
*A registered investment advisor (RIA) is an individual or firm that advises clients on their investments and may manage their investment portfolios. RIAs are registered either with the U.S. Securities and Exchange Commission (SEC) or state securities administrators.*

Role:	AUTHORIZED SIGNER			Citizenship: <input checked="" type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien	
Name:	SAMANTHA SIMON				
Date of Birth:	11/4/1992			SSN #: [REDACTED]	
Legal Address: (Do not use PO Box)	409 TYLER ST SE				
City/State/Zip:	CASCADE, IA 52033				
Phone:	Home	Business	Cell	Email (optional):	CLERK@CITYCASCADE.COM
		563-852-3114	[REDACTED]		

6. Are you an employee or associated with a Registered Investment Advisor other than D.A. Davidson? ☐ Yes ☒ No  
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## Control Person Identity Verification

Account(s) #: \_\_\_\_\_ Branch #: 1201 \_\_\_\_\_ FP #: 8380 \_\_\_\_\_ TRAX #: \_\_\_\_\_

### Control Person Information Cont.

Role:				Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien	
Name:					
Date of Birth:				SSN #:	
Legal Address: (Do not use PO Box)					
City/State/Zip:					
Phone:	Home	Business	Cell	Email (optional):	

  

1. Are you employed by D.A. Davidson?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, do you have a Series 7, Series 65 or Series 82?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is someone in your immediate family employed by D.A. Davidson?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you (or someone in your immediate family) employed by a Stock Exchange or FINRA Member Firm (other than D.A. Davidson)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

  

(Relationship to You)	(Employer Name)
-----------------------	-----------------

4. Are you a director, a 10% shareholder, or a policy making executive of a publicly traded company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
------------------------------------------------------------------------------------------------------	----------------------------------------------------------

  

(Company Name)	(Position)	(Trading Symbol or CUSIP)
----------------	------------	---------------------------

5. Are you an Accredited Investor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
------------------------------------	----------------------------------------------------------

*Refer to Appendix A for the definition of Accredited Investor.*

6. Are you an employee or associated with a Registered Investment Advisor other than D.A. Davidson?	<input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------------------------------------------------------------------------------------------	----------------------------------------------------------

*A registered investment advisor (RIA) is an individual or firm that advises clients on their investments and may manage their investment portfolios. RIAs are registered either with the U.S. Securities and Exchange Commission (SEC) or state securities administrators.*

  

Role:				Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien	
Name:					
Date of Birth:				SSN #:	
Legal Address: (Do not use PO Box)					
City/State/Zip:					
Phone:	Home	Business	Cell	Email (optional):	

  

1. Are you employed by D.A. Davidson?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, do you have a Series 7, Series 65 or Series 82?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is someone in your immediate family employed by D.A. Davidson?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you (or someone in your immediate family) employed by a Stock Exchange or FINRA Member Firm (other than D.A. Davidson)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

  

(Relationship to You)	(Employer Name)
-----------------------	-----------------

4. Are you a director, a 10% shareholder, or a policy making executive of a publicly traded company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
------------------------------------------------------------------------------------------------------	----------------------------------------------------------

  

(Company Name)	(Position)	(Trading Symbol or CUSIP)
----------------	------------	---------------------------

5. Are you an Accredited Investor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
------------------------------------	----------------------------------------------------------

*Refer to Appendix A for the definition of Accredited Investor.*

6. Are you an employee or associated with a Registered Investment Advisor other than D.A. Davidson?	<input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------------------------------------------------------------------------------------------	----------------------------------------------------------

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If there are additional control person(s) for the account, please complete additional forms and submit.



## Client Acknowledgement & Agreement

Account #: \_\_\_\_\_ Branch #: 1201 FP #: 8380 TRAX #: \_\_\_\_\_ HHO TRAX#: \_\_\_\_\_

1. I/WE ("I") acknowledge that I have received and reviewed a copy of my/our investment profile(s) included in this package. I have read and understand the terms and conditions of the applicable account agreement and understand such agreement(s) contain legal rights of the parties, including, but not limited to, a pre-dispute arbitration clause appearing in section 5 (page 2) of the Brokerage Account Agreement and article 13 (page 11) of the Single Advisory Agreement, as applicable. By signing this agreement, I specifically acknowledge that, before signing this agreement, I have received, read and understood the terms and conditions of this pre-dispute arbitration clause. **By signing this agreement, and thus accepting the terms and conditions of the pre-dispute arbitration clause, I understand I am, among other things, agreeing to waive the right to seek remedies in court, including the right to a jury trial.**
2. I certify that the information provided on the New Account Application is true, complete, and correct and I understand that I will receive a letter summarizing the information provided. I will promptly notify my Financial Professional if any of the information is incorrect, or if there are any changes to this information.
3. I certify that:
  - a) The number provided below is my correct social security number or taxpayer identification number (include all Account Owners):
 

Account Owner	SSN/TAX ID
CITY OF CASCADE	[REDACTED]
  - b) For purposes of complying with the United States Department of Treasury backup withholding regulations I hereby certify, under penalty of perjury, that the information contained on the New Account Application regarding any social security number or tax identification number is true and correct and that I am not subject to the backup withholding provisions of Section 3406(a)(1)(C) of the Internal Revenue Code. The Internal Revenue Service does not require D.A. Davidson's consent to any provisions of this Agreement other than the certification required to avoid backup withholding included in this paragraph.
  - c) The payee is exempt from FATCA reporting.
4. Optional Joint Account Instructions: Withdrawals of cash may be made payable to any account owner (initials of all account owners required).

Initials of  
Account Owner 1

Initials of  
Account Owner 2

Initials of  
Account Owner 3

Initials of  
Account Owner 4

### Signatures

<p>X Account Owner Signature</p>	<p>DEANNA MCCUSKER Print Account Owner Name</p>	<p>X Date</p>
<p>X Account Owner Signature</p>	<p>SAMANTHA SIMON Print Account Owner Name</p>	<p>X Date</p>
<p>X Account Owner Signature</p>	<p>Print Account Owner Name</p>	<p>X Date</p>
<p>X Account Owner Signature</p>	<p>Print Account Owner Name</p>	<p>X Date</p>
<p>X Financial Professional Signature</p>	<p>Print Financial Advisor Name</p>	<p>X Date</p>
<p>X Branch Office Manager Signature</p>	<p>Print Branch Office Manager Name</p>	<p>X Date</p>

This form must be received and processed by the firm's New Accounts Department, as tax withholding will begin immediately on all proceeds. If the Client Agreement & Acknowledgement page is received by the firm within 30 calendar days from account opening, any withholding will be reversed and placed back into the account. After 30 calendar days, funds will have been remitted to the IRS and the Account Owner will have to reclaim them on their tax return.





December 4, 2025

City of Cascade  
PO BOX 400  
Cascade, IA, 52033

Dear Deanna McCusker & Samantha Simon,

RE: Bond Proceeds for State and Local Governments and Municipal Obligors

As a result of the Securities Exchange Commission's Municipal Advisor Rule relating to the registration of municipal advisors, D.A. Davidson is kindly requesting information regarding the source of funds within your account with D.A. Davidson.

The SEC Rule defines municipal advisory activity to include providing advice on the following activities:

- Investment of proceeds of municipal securities (commonly referred to as "bond proceeds"); and
- Municipal escrow investments.

Please review, sign and return the affirmation to D.A. Davidson using the enclosed postage paid envelope.

If you should have any questions about this letter, please feel free to contact your Financial Advisor.

Thank you for your business and continued trust as a valued client of D.A. Davidson.

Sincerely,

Johnathan Greene  
AVP, Senior Supervisory Financial Services Representative, Wealth Management  
D.A. Davidson & Co.



## Affirmation of Bond Proceeds for State and Local Governments and Municipal Obligors

The following bullets below affirm the following:

- (a) I am an [knowledgeable] official representative of the entity listed below, and am authorized to sign this affirmation;
- (b) Regarding the account(s) the City of Cascade (entity) has with D.A. Davidson & Co.:
1. For the purposes of Section 15B of the Securities Exchange Act of 1934 (Rule 15Ba1 et seq.)(the "Municipal Advisor Rule") relating to the registration of municipal advisors, none of the funds currently invested in or through the account(s) that entity has with D.A. Davidson, or that the entity seeks to invest in these accounts, constitute (i) proceeds of municipal securities or (ii) municipal escrow investments;
  2. I have access to the appropriate information or have direct knowledge of the source of the funds in the account(s) that entity has with D.A. Davidson & Co., that enable me to make these representations;
  3. for the purposes of the Municipal Advisor Rule and the Adopting Release:
    - a. the term "proceeds of municipal securities" means monies derived by a municipal entity from the primary offering of municipal securities, investment income derived from the investment or reinvestment of such monies, and any monies of a municipal entity or obligated person held in funds under legal documents for the municipal securities that are reasonably expected to be used as security or a source of payment for the payment of the debt service on the municipal securities, including reserves, sinking funds, and pledged funds created for such purpose, and the investment income derived from the investment or reinvestment of monies in such funds.
    - b. the term "municipal escrow investments" means proceeds of municipal securities and any other funds of a municipal entity [or obligated person] that are deposited in an escrow account to pay the principal of, premium, if any, and interest on one or more issues of municipal securities.
- (c) I further affirm that the entity will not invest any funds in or through D.A. Davidson & Co. that constitute proceeds of municipal securities or municipal escrow investments.

City of Cascade

By: \_\_\_\_\_

Signature of knowledgeable official

Date: \_\_\_\_\_