

**FORM BD  
UNIFORM APPLICATION FOR BROKER-DEALER REGISTRATION**

Primary Business Name: ALDERMAN & COMPANY CAPITAL, LLC

BD Number: 136492

BD - AMENDMENT

12/12/2013

**BD - APPLICANT INFORMATION**

OMB Number .....3235-0012

Expires.....  
Estimated average burden hours per:  
Response.....2.75  
Amendment.....0.33

**WARNING:** Failure to keep this form current and to file accurate supplementary information on a timely basis, or the failure to keep accurate books and records or otherwise to comply with the provisions of law applying to the conduct of business as a broker-dealer would violate the Federal securities laws and the laws of the *jurisdictions* and may result in disciplinary, administrative, injunctive or criminal action.

**INTENTIONAL MISSTATEMENTS OR OMISSIONS OF FACTS MAY CONSTITUTE CRIMINAL VIOLATIONS.**

**APPLICATION AMENDMENT**

1. Exact name, principal business address, mailing address, if different, and telephone number of *applicant*:

A. **Full name of *applicant*** (if sole proprietor, state last, first and middle name):

ALDERMAN & COMPANY CAPITAL, LLC

B. **IRS Empl. Ident. No.:**

20-2928303

C. (1) Name under which broker-dealer business primarily is conducted, if different from Item 1A.

ALDERMAN & COMPANY CAPITAL, LLC

(2) List on Schedule D, Page 1, Section I, Other Business Names any other name by which the firm conducts business and where it is used.

D. If this filing makes a name change on behalf of the *applicant*, enter the new name and specify whether the name change is of the

**applicant name (1A)** or  **business name (1C):**

Please check above.

E. **Firm main address:** (Do not use a P.O. Box)

Number and Street 1: 20 SILVER BROOK ROAD 35 WARRINGTON ROUND		Number and Street 2:	
<b>City:</b> RIDGEFIELD DANBURY	<b>State:</b> Connecticut	<b>Country:</b> USA	<b>Zip/Postal Code:</b> 06877 06810
<b>F. Mailing Address, if different:</b>			
Number and Street 1: 20 SILVER BROOK ROAD 35 WARRINGTON ROUND		Number and Street 2:	
<b>City:</b> RIDGEFIELD DANBURY	<b>State:</b> Connecticut	<b>Country:</b> USA	<b>Zip/Postal Code:</b> 06877 06810
<b>G. Business Telephone Number:</b> 203-244-5680 203 917 4672			
<b>H. Contact Employee:</b>			
<b>Name:</b> WILLIAM H. ALDERMAN	<b>Title:</b> PRESIDENT	<b>Telephone Number:</b> 203-244-5680 203 917 4672	

**BD - EXECUTION**

**EXECUTION:**

For the purposes of complying with the laws of the State(s) designated in Item 2 relating to either the offer or sale of securities or commodities, the undersigned and *applicant* hereby certify that the *applicant* is in compliance with applicable state surety bonding requirements and irrevocably appoint the administrator of each of those State(s) or such other person designated by law, and the successors in such office, attorney for the *applicant* in said State(s), upon whom may be served any notice, process, or pleading in any action or *proceeding* against the *applicant* arising out of or in connection with the offer or sale of securities or commodities, or out of the violation or alleged violation of the laws of those State(s), and the *applicant* hereby consents that any such action or *proceeding* against the *applicant* may be commenced in any court of competent jurisdiction and proper venue within said State(s) by service of process upon said appointee with the same effect as if *applicant* were a resident in said State(s) and had lawfully been served with process in said State(s).

The *applicant* consents that service of any civil action brought by or notice of any *proceeding* before the Securities and Exchange Commission or any *self-regulatory organization* in connection with the *applicant's* broker-dealer activities, or of any application for a protective decree filed by the Securities Investor Protection Corporation, may be given by registered or certified mail or confirmed telegram to the *applicant's* contact employee at the main address, or mailing address if different, given in Items 1E and 1F.

The undersigned, being first duly sworn, deposes and says that he/she has executed this form on

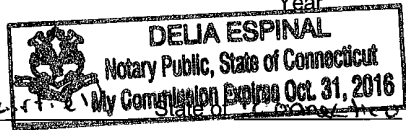
behalf of, and with the authority of, said *applicant*. The undersigned and *applicant* represent that the information and statements contained herein, including exhibits attached hereto, and other information filed herewith, all of which are made a part hereof, are current, true and complete. The undersigned and *applicant* further represent that to the extent any information previously submitted is not amended such information is currently accurate and complete.

<b>Date MM/DD/YYYY</b> 12/12/2013	<b>Name of Applicant</b> ALDERMAN & COMPANY CAPITAL, LLC
<b>Authorized Signatory</b> WILLIAM H. ALDERMAN	<b>Title</b> CCO

Subscribed and sworn before me this 30<sup>th</sup> day of December, 2013 by

*[Signature]*

Notary Public



My commission expires 10/31/2016 County of Fairfield

**BD - SECURITIES AND EXCHANGE COMMISSION**

2. Indicate by checking the appropriate box(es) each governmental authority, organization, or *jurisdiction* in which the *applicant* is registered or registering as a broker-dealer.

If *applicant* is registered or registering with the SEC, check here and answer Items 2A through 2D below.

	YES	NO
A. Is <i>applicant</i> registered or registering as a broker-dealer under Section 15(b) or Section 15B of the Securities Exchange Act of 1934?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Is <i>applicant</i> registered or registering as a broker-dealer under Section 15(b) of the Securities Exchange Act of 1934 and also acting or intending to act as a government securities broker or dealer?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C. Is <i>applicant</i> registered or registering <u>solely</u> as a government securities broker or dealer under Section 15C of the Securities Exchange Act of 1934?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Do not answer "yes" to Item 2C if applicant answered "yes" to Item 2A or Item 2B.</i>		
D. Is <i>applicant</i> ceasing its activities as a government securities broker or dealer?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

*If applicant answers "yes" to Items 2A and 2D, applicant expressly consents to the withdrawal of its registration as a government securities broker or dealer under Section 15C of the Securities Exchange Act of 1934. See "Instructions."*

**SECURITY FUTURES PRODUCTS ACTIVITIES**

(Note: The field below is reserved exclusively for the reporting of single stock futures activities by registered broker-dealers. This field cannot be utilized until the SEC approves rules relating to the

form and content of such reporting.)

**BD - SRO / JURISDICTION**

**BD - SELF REGULATORY ORGANIZATIONS**

- |   |                               |                                 |                               |                                   |
|---|-------------------------------|---------------------------------|-------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> FINRA | <input type="checkbox"/> BOX  | <input type="checkbox"/> CHX    | <input type="checkbox"/> ISE  | <input type="checkbox"/> NYSE     |
| <input type="checkbox"/> ARCA             | <input type="checkbox"/> BX   | <input type="checkbox"/> EDGA   | <input type="checkbox"/> MIAX | <input type="checkbox"/> NYSE-MKT |
| <input type="checkbox"/> BATS-YX          | <input type="checkbox"/> C2   | <input type="checkbox"/> EDGX   | <input type="checkbox"/> NQX  | <input type="checkbox"/> NqLX     |
| <input type="checkbox"/> BATS-ZX          | <input type="checkbox"/> CBOE | <input type="checkbox"/> GEMINI | <input type="checkbox"/> NSX  | <input type="checkbox"/> PHLX     |

**BD - JURISDICTION**

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Alabama                | <input type="checkbox"/> Illinois      | <input type="checkbox"/> Montana        | <input type="checkbox"/> Puerto Rico    |
| <input type="checkbox"/> Alaska                 | <input type="checkbox"/> Indiana       | <input type="checkbox"/> Nebraska       | <input type="checkbox"/> Rhode Island   |
| <input type="checkbox"/> Arizona                | <input type="checkbox"/> Iowa          | <input type="checkbox"/> Nevada         | <input type="checkbox"/> South Carolina |
| <input type="checkbox"/> Arkansas               | <input type="checkbox"/> Kansas        | <input type="checkbox"/> New Hampshire  | <input type="checkbox"/> South Dakota   |
| <input type="checkbox"/> California             | <input type="checkbox"/> Kentucky      | <input type="checkbox"/> New Jersey     | <input type="checkbox"/> Tennessee      |
| <input type="checkbox"/> Colorado               | <input type="checkbox"/> Louisiana     | <input type="checkbox"/> New Mexico     | <input type="checkbox"/> Texas          |
| <input checked="" type="checkbox"/> Connecticut | <input type="checkbox"/> Maine         | <input type="checkbox"/> New York       | <input type="checkbox"/> Utah           |
| <input type="checkbox"/> Delaware               | <input type="checkbox"/> Maryland      | <input type="checkbox"/> North Carolina | <input type="checkbox"/> Vermont        |
| <input type="checkbox"/> District of Columbia   | <input type="checkbox"/> Massachusetts | <input type="checkbox"/> North Dakota   | <input type="checkbox"/> Virgin Islands |
| <input type="checkbox"/> Florida                | <input type="checkbox"/> Michigan      | <input type="checkbox"/> Ohio           | <input type="checkbox"/> Virginia       |
| <input type="checkbox"/> Georgia                | <input type="checkbox"/> Minnesota     | <input type="checkbox"/> Oklahoma       | <input type="checkbox"/> Washington     |
| <input type="checkbox"/> Hawaii                 | <input type="checkbox"/> Mississippi   | <input type="checkbox"/> Oregon         | <input type="checkbox"/> West Virginia  |
| <input type="checkbox"/> Idaho                  | <input type="checkbox"/> Missouri      | <input type="checkbox"/> Pennsylvania   | <input type="checkbox"/> Wisconsin      |
|   |  |   | <input type="checkbox"/> Wyoming        |

**BD - LEGAL STATUS**

3. A. Indicate legal status of *applicant*:

Corporation      Sole Proprietorship      Other (specify)

Partnership      Limited Liability Company

B. Month *applicant's* fiscal year ends:  
DECEMBER

C. If other than a sole proprietor, indicate date and place *applicant* obtained its legal status (i.e., state or country where incorporated, where partnership agreement was filed, or where *applicant* entity was formed):

**State of formation:     Country of formation:     Date of formation: MM/DD/YYYY**  
**Connecticut                             05/27/2005**

*Schedule A, Direct Owners and Executive Officers Section and, if applicable, Schedule B, Indirect Owners Section must be completed as part of all initial applications. Amendments to these schedules must be provided on Schedule C.*

4. If *applicant* is a sole proprietor, state full residence address and Social Security Number.

<b>Social Security Number:</b>		<b>Number and Street 2:</b>	
<b>Number and Street 1:</b>	<b>State:</b>	<b>Country:</b>	<b>Zip/Postal Code:</b>
<b>City:</b>			

**BD - SUCCESSION**

	YES	NO
5. Is <i>applicant</i> at the time of this filing <i>succeeding</i> to the business of a currently registered broker-dealer?	<input type="radio"/>	<input type="radio"/>
<i>Do not report previous successions already reported on Form BD.</i>		
<i>If "Yes," contact CRD prior to submitting form; complete appropriate items on Schedule D, Page 1, Section III.</i>		

**BD - ARRANGEMENTS**

	Yes	No
6. Does <i>applicant</i> hold or maintain any funds or securities or provide clearing services for any other broker or dealer?	<input type="radio"/>	<input type="radio"/>
7. Does <i>applicant</i> refer or introduce customers to any other broker or dealer?		
<i>If "yes," complete appropriate items on Schedule D, Page 1, Section IV, Arrangement Detail.</i>		
8. Does <i>applicant</i> have any arrangement with any other <i>person</i> , firm, or organization under which:		
A. any books or records of <i>applicant</i> are kept or maintained by such other <i>person</i> , firm or organization?	<input type="radio"/>	<input type="radio"/>
B. accounts, funds, or securities of the <i>applicant</i> are held or maintained by such other <i>person</i> , firm, or organization?	<input type="radio"/>	<input type="radio"/>
C. accounts, funds, or securities of customers of the <i>applicant</i> are held or maintained by such other <i>person</i> , firm, or organization?	<input type="radio"/>	<input type="radio"/>
<i>For purposes of 8B and 8C, do not include a bank or satisfactory control location as defined in paragraph(c) of Rule 15c3-3 under the Securities Exchange Act of 1934 (17 CFR 240. 15c3-3).</i>		
<i>If "Yes" to any part of Item 8, complete appropriate items on Schedule D, Page 1, Section IV, Arrangement Detail.</i>		

9. Does any *person* not named in Item 1 or Schedules A, B, or C, directly or indirectly:

A. *control* the management or policies of the *applicant* through agreement or otherwise?  YES  NO

B. wholly or partially finance the business of *applicant*?  YES  NO

*Do not answer "yes" to 9B if the person finances the business of the applicant through: 1) a public offering of securities made pursuant to the Securities Act of 1933; 2) credit extended in the ordinary course of business by suppliers, banks, and others; or 3) a satisfactory subordination agreement, as defined in Rule 15c3-1 under the Securities Exchange Act of 1934 (17 CFR 240.15c3-1).*

*If "Yes" to any part of Item 9, complete appropriate items on Schedule D, Page 1, Section IV, Arrangement Detail.*

**BD - BUSINESS AFFILIATES**

**BD - Control Affiliates**

	YES	NO
10. A. Directly or indirectly, does <i>applicant control</i> , is <i>applicant controlled</i> by, or is <i>applicant</i> under common <i>control</i> with, any partnership, corporation, or other organization that is engaged in the securities or investment advisory business?	<input checked="" type="radio"/>	<input type="radio"/>
<i>If "Yes" to Item 10A, complete appropriate items on Schedule D, Page 2, Section V, Firm Affiliates.</i>		
B. Directly or indirectly, is <i>applicant controlled</i> by any bank holding company, national bank, state member bank of the Federal Reserve System, state non-member bank, savings bank or association, credit union, or foreign bank?	<input type="radio"/>	<input checked="" type="radio"/>
<i>If "Yes" to Item 10B, complete appropriate items on Schedule D, Page 3, Section VI, Bank Affiliates.</i>		

**BD - DISCLOSURE QUESTIONS**

11. Use the appropriate DRP for providing details to "yes" answers to the questions in Item 11. Refer to the Explanation of Terms section of Form BD Instructions for explanations of italicized terms.

**CRIMINAL DISCLOSURE**

A. In the past ten years has the <i>applicant</i> or a <i>control affiliate</i> :	YES	NO
(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign or military court to any <i>felony</i> ?	<input type="radio"/>	<input checked="" type="radio"/>
(2) been <i>charged</i> with any <i>felony</i> ?	<input type="radio"/>	<input checked="" type="radio"/>
B. In the past ten years has the <i>applicant</i> or a <i>control affiliate</i> :		
(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign or military court to a <i>misdemeanor involving</i> : investments or an	<input type="radio"/>	<input checked="" type="radio"/>

*investment-related* business, or any fraud, false statements or omissions, wrongful taking of property, bribery, perjury, forgery, counterfeiting, extortion, or a conspiracy to commit any of these offenses?

(2) been *charged* with a *misdemeanor* specified in 11B(1)?

**REGULATORY ACTION DISCLOSURE**

C. Has the U.S. Securities and Exchange Commission or the Commodity Futures Trading Commission ever: **YES NO**

(1) *found* the *applicant* or a *control affiliate* to have made a false statement or omission?

(2) *found* the *applicant* or a *control affiliate* to have been *involved* in a violation of its regulations or statutes?

(3) *found* the *applicant* or a *control affiliate* to have been a cause of an *investment-related* business having its authorization to do business denied, suspended, revoked, or restricted?

(4) entered an *order* against the *applicant* or a *control affiliate* in connection with an *investment-related* activity?

(5) imposed a civil money penalty on the *applicant* or a *control affiliate*, or *ordered* the *applicant* or a *control affiliate* to cease and desist from any activity?

D. Has any other federal regulatory agency, any state regulatory agency, or *foreign financial regulatory authority*:

(1) ever *found* the *applicant* or a *control affiliate* to have made a false statement or omission or been dishonest, unfair, or unethical?

(2) ever *found* the *applicant* or a *control affiliate* to have been *involved* in a violation of *investment-related* regulations or statutes?

(3) ever *found* the *applicant* or a *control affiliate* to have been a cause of an *investment-related* business having its authorization to do business denied, suspended, revoked, or restricted?

(4) in the past ten years, entered an *order* against the *applicant* or a *control affiliate* in connection with an *investment-related* activity?

(5) ever denied, suspended, or revoked the *applicant's* or a *control affiliate's* registration or license or otherwise, by *order*, prevented it from associating with an *investment-related* business or restricted its activities?

E. Has any *self-regulatory organization* or commodities exchange ever:

(1) *found* the *applicant* or a *control affiliate* to have made a false statement or omission?

(2) *found* the *applicant* or a *control affiliate* to have been *involved* in a violation of its rules (other than a violation designated as a "*minor rule violation*" under a plan approved by the U.S. Securities and Exchange Commission)?

(3) *found* the *applicant* or a *control affiliate* to have been the cause of an *investment-related* business having its authorization to do business denied, suspended, revoked, or restricted?

(4) disciplined the *applicant* or a *control affiliate* by expelling or suspending it from membership, barring or suspending its association with other members, or otherwise restricting its activities?

- F. Has the *applicant's* or a *control affiliate's* authorization to act as an attorney, accountant, or federal contractor ever been revoked or suspended?
- G. Is the *applicant* or a *control affiliate* now the subject of any regulatory *proceeding* that could result in a "yes" answer to any part of 11C, D, or E?

**CIVIL JUDICIAL ACTION DISCLOSURE**

- H. (1) Has any domestic or foreign court: **YES NO**
- (a) in the past ten years, *enjoined* the *applicant* or a *control affiliate* in connection with any *investment-related* activity?
- (b) ever *found* that the *applicant* or a *control affiliate* was *involved* in a violation of *investment-related* statutes or regulations?
- (c) ever dismissed, pursuant to a settlement agreement, an *investment-related* civil action brought against the *applicant* or *control affiliate* by a state or foreign *financial regulatory authority*?
- (2) Is the *applicant* or a *control affiliate* now the subject of any civil *proceeding* that could result in a "yes" answer to any part of 11H(1)?

**FINANCIAL DISCLOSURE**

- I. In the past ten years has the *applicant* or a *control affiliate* of the *applicant* ever been a securities firm or a *control affiliate* of a securities firm that: **YES NO**
- (1) has been the subject of a bankruptcy petition?
- (2) has had a trustee appointed or a direct payment procedure initiated under the Securities Investor Protection Act?
- J. Has a bonding company ever denied, paid out on, or revoked a bond for the *applicant*?
- K. Does the *applicant* have any unsatisfied judgments or liens against it?

**BD - TYPES OF BUSINESS**

12. Check types of business engaged in (or to be engaged in, if not yet active) by *applicant*. Do not check any category that accounts for (or is expected to account for) less than 1% of annual revenue from the securities or investment advisory business.
- A. Exchange member engaged in exchange commission business other than floor activities.  **EMC**
- B. Exchange member engaged in floor activities.  **EMF**
- C. Broker or dealer making inter-dealer markets in corporate securities over-the-counter.  **IDM**
- D. Broker or dealer retailing corporate equity securities over-the-counter.  **BDR**
- E. Broker or dealer selling corporate debt securities.  **BDD**
- F. Underwriter or selling group participant (corporate securities other than mutual funds).  **USG**
- G. Mutual fund underwriter or sponsor.  **MFU**



H. Mutual fund retailer.	<input type="checkbox"/> MFR
I. 1. U.S. government securities dealer.	<input type="checkbox"/> GSD
2. U.S. government securities broker.	<input type="checkbox"/> GSB
J. Municipal securities dealer.	<input type="checkbox"/> MSD
K. Municipal securities broker.	<input type="checkbox"/> MSB
L. Broker or dealer selling variable life insurance or annuities.	<input type="checkbox"/> VLA
M. Solicitor of time deposits in a financial institution.	<input type="checkbox"/> SSL
N. Real estate syndicator.	<input type="checkbox"/> RES
O. Broker or dealer selling oil and gas interests.	<input type="checkbox"/> OGI
P. Put and call broker or dealer or option writer.	<input type="checkbox"/> PCB
Q. Broker or dealer selling securities of only one issuer or associate issuers (other than mutual funds).	<input type="checkbox"/> BIA
R. Broker or dealer selling securities of non-profit organizations (e.g., churches, hospitals).	<input type="checkbox"/> NPB
S. Investment advisory services.	<input type="checkbox"/> IAD
T. 1. Broker or dealer selling tax shelters or limited partnerships in primary distributions.	<input type="checkbox"/> TAP
2. Broker or dealer selling tax shelters or limited partnerships in the secondary market.	<input type="checkbox"/> TAS
U. Non-exchange member arranging for transactions in listed securities by exchange member.	<input type="checkbox"/> NEX
V. Trading securities for own account.	<input type="checkbox"/> TRA
W. Private placement of securities.	<input checked="" type="checkbox"/> PLA
X. Broker or dealer selling interests in mortgages or other receivables.	<input type="checkbox"/> MRI
Y. Broker or dealer involved in a networking, kiosk or similar arrangement with a:	
1. bank, savings bank or association, or credit union.	<input type="checkbox"/> BNA
2. insurance company or agency	<input type="checkbox"/> INA
Z. Other (give details on Schedule D, Page 1, Section II, Other Business)	<input checked="" type="checkbox"/> OTH

	YES	NO
13. A. Does <i>applicant</i> effect transactions in commodity futures, commodities or commodity options as a broker for others or as a dealer for its own account?	<input type="checkbox"/>	<input type="checkbox"/>

B. Does *applicant* engage in any other non-securities business?  Yes  No

If "yes", describe each other business briefly on Schedule D, Page 1, Section II, Other Business.

**BD - DIRECT OWNERS/EXECUTIVE OFFICERS**

Are there any indirect owners of the *applicant* required to be reported on Schedule B?  Yes  No

Ownership Codes: NA - less than 5% B - 10% but less than 25% D - 50% but less than 75%  
A - 5% but less than 10% C - 25% but less than 50% E - 75% or more

Full Legal Name	DE/FE/I	Title or Status	Date Acquired	Own. Code	Control Person	PR	CRD # (or S.S.No., IRS Tax #, Emp. ID)
ALDERMAN, WILLIAM HARRIS	I	PRESIDENT AND CHIEF COMPLIANCE OFFICER	01/2006	E	Y	N	1990080
DOORNBOS, TRACIE ERIN	I	FINANCIAL AND OPERATIONS PRINCIPAL	10/2011	NA	N	N	5924814

**BD - INDIRECT OWNERS**

No Information Filed

**BD Schedule C - Amendments to Schedules A & B**

In the Type of Amd. column, indicate "A" (addition), "D" (deletion), or "C" (change of information about the same *person*).

Ownership Codes are: NA - less than 5% B - 10% but less than 25% D - 50% but less than 75% F - Other General Partners  
A - 5% but less than 10% C - 25% but less than 50% E - 75% or more

List below all changes to Schedule A: (DIRECT OWNERS AND EXECUTIVE OFFICERS)

Full Legal Name	DE/FE/I	Type of Amd.	Title or Status	Date Acquired	Own. Code	Control Person	PR	CRD # (or SSN, IRS Tax #, Emp. ID)
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No Information Filed

List below all changes to Schedule B: (INDIRECT OWNERS)

Full Legal Name	DE/FE/I	Type of Amd.	Entity in Which Interest is Owned	Status	Date Acquired	Own. Code	Control Person	PR	CRD # (or SSN, IRS Tax #, Emp. ID)
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No Information Filed

**BD - OTHER BUSINESS NAMES**

**No Information Filed**

**BD - OTHER BUSINESS**

**Briefly describe any other business (Item 12Z).**

APPLICANT WILL ENGAGE IN BUSINESS AS AN ADVISER IN THE SALE OF SUBSTANTIALLY ALL THE ASSETS OF BUSINESSES.

**Briefly describe any other non-securities business (Item 13B).**

APPLICANT WILL ENGAGE IN BUSINESS AS AN ADVISER IN THE SALE OF SUBSTANTIALLY ALL THE ASSETS OF BUSINESSES.

**BD - SUCCESSIONS**

**Date of Succession:**  
MM/DD/YYYY

**Name of Predecessor:**

**Firm CRD Number**

**IRS Employer Identification Number**  
(if any)

**SEC File Number (if any)**  
8-

**Briefly describe details of the *succession* including any assets or liabilities not assumed by the *successor*.**

**BD - ARRANGEMENTS / CONTROL PERSONS / FINANCING**

(check one)  Item 7  Item 8A  Item 8B  Item 8C  Item 9A  Item 9B

*Applicant* must complete a separate Schedule D Page 1, Arrangement Detail for each affirmative response in this section including any multiple responses to any item. Complete the "Effective Date" box with Month, Day and Year that the arrangement or agreement became effective. When reporting a change or termination of an arrangement or agreement, enter the effective date of the change.

**Organization/Individual Name:**

KRAUSS WHITING LLC CERTIFIED PUBLIC ACCOUNTANTS

**CRD Number:**

**Entity**

**Individual**

**Business Address**

**Street 1:**

FOUR LANDMARK SQUARE

**Street 2:**

**City:**

STAMFORD

**State:**

Connecticut

**Country:**

**Zip/Postal Code:**

06901

**Effective Date** MM/DD/YYYY

05/27/2005

**Termination Date** MM/DD/YYYY

**Briefly describe the nature of reference or arrangement (ITEM 7 or ITEM 8); the nature**

**of the control or agreement (ITEM 9A); or the method and amount of financing (ITEM 9B)**

KRAUSS WHITING, LLC A CERTIFIED PUBLIC ACCOUNTANT, IS A THIRD PARTY UNAFFILIATED RECORDKEEPER, ENGAGED FOR BOOK KEEPING AND TAX RECORD WORK FOR APPLICANT.

**BD - AFFILIATES**

**Business**

The details supplied relate to:

**Partnership, Corporation, or Organization Name** **CRD Number (if any)**  
 ALDERMAN & COMPANY ADVISORS, LLC 140758

**The Partnership, Corporation, or Organization**

- controls applicant*
- is controlled by applicant*
- is under common control with applicant*

**Business Address**

<b>Street 1</b>		<b>Street 2</b>	
20 SILVER BROOK ROAD			
<b>City</b>	<b>State</b>	<b>Country</b>	<b>Zip/Postal Code</b>
RIDGEFIELD	Connecticut	USA	06877
<b>Effective Date (MM/DD/YYYY)</b>		<b>Termination Date (MM/DD/YYYY)</b>	
02/03/2006			

**Is Partnership, Corporation or Organization a foreign entity?** **If Yes, provide country of domicile or incorporation**

- Yes  No

**Activities of this Partnership, Corporation, or Organization:**

**Securities Activities**  Yes  No

**Investment Advisory Activities**  Yes  No

**Briefly describe the control relationship**

ALDERMAN & COMPANY ADVISORS, LLC IS UNDER COMMON CONTROL WITH ALDERMAN & COMPANY CAPITAL, LLC. WILLIAM HARRIS ALDERMAN IS THE SOLE OWNER OF ALDERMAN & COMPANY ADVISORS, LLC AND ALDERMAN & COMPANY CAPITAL, LLC

**Business**

The details supplied relate to:

**Partnership, Corporation, or Organization Name** **CRD Number (if any)**  
 ALDERMAN & COMPANY CONSULTING, LLC

**The Partnership, Corporation, or Organization**

- controls applicant*
- is controlled by applicant*

is under common control with applicant

**Business Address**

**Street 1**

20 SILVER BROOK ROAD

**Street 2**

**City**

RIDGEFIELD

**State**

Connecticut

**Country**

USA

**Zip/Postal Code**

06877

**Effective Date (MM/DD/YYYY)**

02/03/2006

**Termination Date (MM/DD/YYYY)**

**Is Partnership, Corporation or Organization a foreign entity?**

**If Yes, provide country of domicile or incorporation**

Yes  No

**Activities of this Partnership, Corporation, or Organization:**

**Securities Activities**

Yes  No

**Investment Advisory Activities**

Yes  No

**Briefly describe the control relationship**

ALDERMAN & COMPANY CONSULTING, LLC IS UNDER COMMON CONTROL WITH ALDERMAN & COMPANY CAPITAL, LLC. WILLIAM HARRIS ALDERMAN IS THE SOLE OWNER OF ALDERMAN & COMPANY CONSULTING, LLC AND ALDERMAN & COMPANY CAPITAL, LLC

**BD - BRANCHES**

No Information Filed

**BD - CRIMINAL DRP**

No Information Filed

**BD - REGULATORY ACTION DRP**

No Information Filed

**BD - CIVIL JUDICIAL DRP**

No Information Filed

**BD - BANKRUPTCY DRP**

No Information Filed

**BD - BOND DRP**

No Information Filed

**BD - JUDGMENT LIEN DRP**

No Information Filed