

## FORM ADV-W NOTICE OF WITHDRAWAL FROM REGISTRATION AS AN INVESTMENT ADVISER

**Primary Business Name: BRIGHTER FINANCIAL CAPITAL MANAGEMENT, LLC**

**CRD Number: 300619**

**ADV-W - Partial, Page 1**

**Rev. 05/2003**

**11/25/2024 3:59:15 PM**

Form ADV-W

*You must complete this Form ADV-W to withdraw your investment adviser registration with the SEC or one or more state securities administrators. We use the term "you" to refer to the investment adviser withdrawing from registration, regardless of whether the adviser is a sole proprietor, a partnership, a corporation, or another form of organization.*

**WARNING:** Complete this form truthfully. False statements or omissions may result in administrative, civil or criminal action against you.

### Status

If you are filing for full withdrawal, you must complete all items of this Form ADV-W. If you are filing for partial withdrawal, follow the instructions below for the type of partial withdrawal you are filing.

If you are filing for partial withdrawal, indicate the jurisdiction from which you are withdrawing your investment adviser registration (or application for registration):

(a)  The SEC:

*Check this box if you are withdrawing your SEC registration and switching to state registration, or if you are withdrawing your application for SEC registration. If you check this box (a), you must complete only this Status Section, Items 1A through 1D, and the Execution Section. Do not complete Item 1E and Items 2 through 8.*

(b) The state(s) for which the box(es) below are checked:

<input type="checkbox"/> AL	<input type="checkbox"/> IL	<input type="checkbox"/> NE	<input type="checkbox"/> SC
<input type="checkbox"/> AK	<input type="checkbox"/> IN	<input type="checkbox"/> NV	<input type="checkbox"/> SD
<input type="checkbox"/> AZ	<input type="checkbox"/> IA	<input type="checkbox"/> NH	<input type="checkbox"/> TN
<input type="checkbox"/> AR	<input type="checkbox"/> KS	<input type="checkbox"/> NJ	<input type="checkbox"/> TX
<input type="checkbox"/> CA	<input type="checkbox"/> KY	<input type="checkbox"/> NM	<input type="checkbox"/> UT
<input type="checkbox"/> CO	<input type="checkbox"/> LA	<input type="checkbox"/> NY	<input type="checkbox"/> VT
<input type="checkbox"/> CT	<input type="checkbox"/> ME	<input type="checkbox"/> NC	<input type="checkbox"/> VI
<input type="checkbox"/> DE	<input type="checkbox"/> MD	<input type="checkbox"/> ND	<input checked="" type="checkbox"/> VA
<input type="checkbox"/> DC	<input type="checkbox"/> MA	<input type="checkbox"/> OH	<input type="checkbox"/> WA
<input type="checkbox"/> FL	<input type="checkbox"/> MI	<input type="checkbox"/> OK	<input type="checkbox"/> WV
<input type="checkbox"/> GA	<input type="checkbox"/> MN	<input type="checkbox"/> OR	<input type="checkbox"/> WI
<input type="checkbox"/> GU	<input type="checkbox"/> MS	<input type="checkbox"/> PA	<input type="checkbox"/> WY
<input type="checkbox"/> HI	<input type="checkbox"/> MO	<input type="checkbox"/> PR	
<input type="checkbox"/> ID	<input type="checkbox"/> MT	<input type="checkbox"/> RI	

*If you check this box (b), you must complete all items of this Form ADV-W.*

### Item 1 Identifying Information

A. Your full legal name (if you are a sole proprietor, your last, first, and middle names):

BRIGHTER FINANCIAL CAPITAL MANAGEMENT, LLC

*The name you enter here must be the same as the name you entered on your last amended Form ADV. Do not report a name change on this Form ADV-W.*

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**Primary Business Name: BRIGHTER FINANCIAL CAPITAL MANAGEMENT, LLC**

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**ADV-W - Partial, Page 2**

**Rev. 05/2003**

**11/25/2024 3:59:15 PM**

#### Item 1 Identifying Information (Continued)

B. Your SEC file number (if you are registered with the SEC as an investment adviser):

801- 131484

C. Your CRD number (if you have a number ("CRD number") assigned by FINRA's CRD system):

300619

*If you do not have a CRD number, skip this Item 1C. Do not provide the CRD number of one of your officers, employees, or affiliates.*

D. Name and business address of contact employee:

Name:

MEGAN CLARK

Number and Street 1:

1984 ISAAC NEWTON SQ. W

City:

RESTON

State:

VA

Title:

MANAGING MEMBER/INVESTMENT ADVISOR REPRESENTATIVE

Number and Street 2:

SUITE 203

Country:

United States

ZIP+4/Postal Code:

20190

Telephone Number:

703-796-0957

Electronic mail (e-mail) address, if contact employee has one:

MEGAN@CLARKFINANCIALPLANNING.COM

*The contact employee should be an employee (not outside counsel) who is authorized to receive information and respond to questions about this Form ADV-W.*

E. Principal Office and Place of Business:

Address (do not use a P.O. Box):

Number and Street 1:

1984 ISAAC NEWTON SQ. W

City:

RESTON

State:

VA

Number and Street 2:

SUITE 203

Country:

United States

ZIP+4/Postal Code:

20190

Telephone Number:

703-796-0957

If this address is a private residence, check this box:

#### Item 2 Status of Advisory Business

A. Have you ceased conducting advisory business in the jurisdictions from which you are withdrawing?

**Yes**   **No**

 

If yes, provide the date you ceased conducting advisory business in the jurisdictions checked in the status section, above:

Date  
MM/DD/YYYY

*If you ceased conducting advisory business in these jurisdictions on different dates, you must submit a different Form ADV-W for each different date on which you ceased conducting advisory business.*

B. Reasons for withdrawal:

Switching from state registration to SEC registration

Other:

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**CRD Number: 300619**

**ADV-W - Partial, Page 3**

**Rev. 05/2003**

11/25/2024 3:59:15 PM

**Item 3 Custody**

	<b>YES</b>	<b>NO</b>
Do you or a <i>related person</i> have <i>custody</i> of <i>client</i> assets?	<input type="radio"/>	<input checked="" type="radio"/>
If yes, provide the following information:		
A. Number of <i>clients</i> for whom you have <i>custody</i> of cash or securities:		
B. Amount of <i>clients'</i> cash for which you have <i>custody</i> :	\$	.00
C. Market value of <i>clients'</i> securities for which you have <i>custody</i> :	\$	.00
D. Market value of assets other than cash or securities for which you have <i>custody</i> :	\$	.00

**Item 4 Money Owed to Clients**

	<b>Yes</b>	<b>No</b>
Have you (i) received any advisory fees for investment advisory services or publications that you have not rendered or delivered; or (ii) borrowed any money from <i>clients</i> that you have not repaid?	<input type="radio"/>	<input checked="" type="radio"/>
<i>Do not include in your response to this Item 4 any client funds for which you have custody and that you have included in your response to Item 3.</i>		
If yes, provide the following information:		
A. Amount of money owed to <i>clients</i> for prepaid fees or subscriptions:	\$	.00
B. Amount of money owed to <i>clients</i> for borrowed funds:	\$	.00

**Item 5 Advisory Contracts**

	<b>Yes</b>	<b>No</b>
A. Have you assigned any of your investment advisory contracts to another <i>person</i> ?	<input type="radio"/>	<input checked="" type="radio"/>
If yes, provide the following information:		
B. Did you obtain the consent of each <i>client</i> prior to the assignment of the <i>client's</i> contract?	<input type="radio"/>	<input type="radio"/>
<i>Client consent can be obtained through an actual consent, or can be inferred through the use of a negative consent.</i>		
If you answered "yes" to Item 5A, list on Section 5 of Schedule W1 each <i>person</i> to whom you have assigned any of your investment advisory contracts. You must complete a separate Schedule W1 for each <i>person</i> to whom you have assigned any of your advisory contracts.		

**Item 6 Judgments and Liens**

	<b>Yes</b>	<b>No</b>
Are there any unsatisfied judgments or liens against you?	<input type="radio"/>	<input checked="" type="radio"/>

**Item 7 Statement of Financial Condition**

If you answered yes to Items 3, 4, or 6, you must complete Schedule W2, disclosing the nature and amount of your assets and liabilities and your net worth as of the last day of the month prior to the filing of this Form ADV-W.

## FORM ADV-W

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CRD Number: 300619

ADV-W - Partial, Page 4

Rev. 05/2003

11/25/2024 3:59:15 PM

**Execution**

I, the undersigned, have signed this Form ADV-W on behalf of, and with the authority of, the adviser withdrawing its registration. The adviser and I both certify, under penalty of perjury under the laws of the United States of America, that the information and statements made in this Form ADV-W, including exhibits and any other information submitted, are true. I further certify that the adviser's books and records will be preserved and available for inspection as required by law, and that all information previously submitted on Form ADV is accurate and complete as of this date. I understand that if any information contained in items 1D or 1E of this Form ADV-W is different from the information contained on Form ADV, the information on this Form ADV-W will replace the corresponding entry on the adviser's Form ADV composite available through IARD. Finally, I authorize any *person* having custody or possession of these books and records to make them available to authorized regulatory representatives.

Signature:

Date:

11/25/2024

Printed Name:

Title:

MEGAN CLARK

CHIEF COMPLIANCE OFFICER

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**ADV-W - Partial, Schedule W1**

**Rev. 05/2003**

**11/25/2024 3:59:15 PM**

#### Form ADV-W, Schedule W-1

Certain items in Form ADV-W may require additional information on this Schedule W1. Use this Schedule W1 to report details for items listed below. Report only new information or changes/updates to previously submitted information. Do not repeat previously submitted information.

#### Section 5 Other Investment Advisory Contract Assignments

Complete the following information for each *person* to whom you have assigned any advisory contract. You must complete a separate Schedule W1 for each *person* to whom you have assigned an advisory contract.

No Information Filed

### FORM ADV-W

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**ADV-W - Partial, Schedule W2**

**Rev. 05/2003**

**11/25/2024 3:59:15 PM**

#### Schedule W2 Statement of Financial Condition

If you answered "yes" to Items 3, 4, or 6 of Form ADV-W, you are required to complete this Schedule W2. This balance sheet must be prepared in accordance with generally accepted accounting principles, but need not be audited.

No Information Filed