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Celebrating 75 Years of Legal Services to the Community

FREDERICK B. GIEG, JR., ESQ.

FRED B. GIEG, ESQ.
(1915-2000)

ASSOCIATES:

MATTHEW P. GIEG, ESQ.
CHRISTOPHER R. JANCULA, ESQ.
MICHAEL N. GIEG, ESQ. M.B.A.

November 18, 2015

Omar Strohm, Finance Director
City of Altoona
1301 12th Street, Suite 104
Altoona, PA 16601

**In Re: 2015 Act 44 Disclosure Form For Entities Providing
Professional Services to the City of Altoona's Pension System**

Dear Mr. ^{Omar} Strohm:

Please find enclosed the completed disclosure form referenced above and attachment with regard to the City of Altoona's Fire Plan Pension System. If you have any questions, please feel free to contact me at my office.

Thank you for your prompt attention to this matter.

Sincerely yours,

GIEG AND GIEG


Frederick B. Gieg, Jr., Esquire

FBG/sho
Enc.

2015
ACT 44 DISCLOSURE FORM FOR ENTITIES PROVIDING
PROFESSIONAL SERVICES TO THE
CITY OF ALTOONA'S PENSION SYSTEM

CHAPTER 7-A OF ACT 44 OF 2009 MANDATES the annual disclosure of certain information by every entity (hereinafter "**Contractor**") which is a party to a professional services contract with one of the pension funds of CITY OF ALTOONA (hereinafter the "**Requesting Municipality**"). Act 44 disclosure requirements apply to *Contractors* who provide professional pension services and receive payment of any kind from the **Requesting Municipality's** pension fund. The **Requesting Municipality** has determined that your company falls under the requirements of Act 44 and must complete this disclosure form. You are expected to submit this completed form, to the Requesting Municipality below, by **December 31, 2015**. If, for any reason you believe that Act 44 does not require you to complete this disclosure form, please provide a written explanation of your reason(s).

**RETURN COMPLETED
DISCLOSURE TO:**

Omar Strohm, Finance Director
City of Altoona
1301 12th Street, Suite 104
Altoona, PA 16601
Phe: (814) 949-2439

REQUIRED UPDATES:

Where noted, information in this form must be updated in writing as changes occur prior to the next disclosure cycle.

DEFINITIONS FOR DISCLOSURE

TERM:	DEFINITION:
CONTRACTOR	Any person, company, or other entity that receives payments, fees, or any other form of compensation from a municipal pension fund in exchange for rendering professional services for the benefit of the municipal pension fund.
SUBCONTRACTOR OR ADVISOR	Anyone who is paid a fee or receives compensation from a municipal pension system – directly or indirectly from or through a contractor.
AFFILIATED ENTITY	Any of the following: 1. A subsidiary or holding company of a lobbying firm or other business entity owned in whole or in part by a lobbying firm. 2. An organization recognized by the Internal Revenue Service as a tax-exempt organization under section 501(c) of the Internal Revenue Code of 1986 (Public Law 99-514, 26 U.S.C. § 501 (c)) established by a lobbyist or lobbying firm or an affiliated entity.
CONTRIBUTIONS	As defined in section 1621 of the act of June 3 rd , 1937 (P.L. 1333, No. 320), known as the Pennsylvania Election Code
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MUNICIPAL PENSION SYSTEM	Any qualifying pension plan, under Pennsylvania state law, for any municipality within the Commonwealth of Pennsylvania; includes the Pennsylvania Municipal Retirement System. <i>Example: the Police Pension Plan for the Borough of Winchesterville</i>
MUNICIPAL PENSION SYSTEM OFFICIALS AND EMPLOYEES; MUNICIPAL OFFICIALS AND EMPLOYEES	Where applicable, includes any employee, elected official, appointed official, candidate for political office, or pension committee member of the Requesting Municipality .
PROFESSIONAL SERVICES CONTRACT	A contract to which the municipal pension system is a party that is: (1) for the purchase of professional services including investment services, legal services, real estate services, and other consulting services; and, (2) not subject to a requirement that the lowest bid be accepted.

IDENTIFICATION OF CONTRACTORS & RELATED PERSONNEL

CONTRACTORS: (See "Definitions" – page 2) Any entity who currently provides service(s) by means of a Professional Services Contract to the Municipal Pension System of the **Requesting Municipality**, please complete all of the following:

Identify the Municipal Pension System(s) for which you are providing information:

Indicate all that apply with an "X": Non- Uniform Plan Police Plan
 Fire Plan

****NOTE:** For all that follow, you may answer the questions / items on a separate sheet of paper and attach it to this Disclosure if the space provided is not sufficient. Please reference each question / item you are responding to by the appropriate number. (example: REF – Item #1.)

1. Please provide the names and titles of all individuals providing professional services to the **Requesting Municipality's** pension plan(s) identified above. Also include the names and titles of any advisors and subcontractors of the Contractor, identifying them as such. After each name provide a description of the responsibilities of that person with regard to the professional services being provided to each designated pension plan.

Frederick B. Gieg, Jr., Attorney at Law - License #09965

Attorney Gieg contested Right of Widow Petition to receive pension benefits. Court ruled in favor of the Fire Plan.

*Copy attached.

2. Please list the name and title of any *Affiliated Entity* and their *Executive-level Employee(s)* that require disclosure; after each name, include a brief description of their duties. (See: Definitions)

None

3. Are any of the individuals named in **Item 1 or Item 2** above, a current or former official or employee of the **Requesting Municipality**? Yes ___ No X
⇒ IF "YES", provide the name and of the person employed, their position with the municipality, and dates of employment.

4. Are any of the individuals named in **Item 1 or Item 2** above a current or former registered Federal or State lobbyist? Yes ___ No X
⇒ IF "YES", provide the name of the individual, specify whether they are a state or federal lobbyist, and the date of their most recent registration /renewal.

NOTICE: All information provided for items 1- 4 above must be updated as changes occur.

5. During 2015, has the *Contractor* or an *Affiliated Entity* paid compensation to or employed any third party intermediary, agent, or lobbyist that is to directly or indirectly communicate with an official or employee of the *Municipal Pension System* of the **Requesting Municipality** (OR), any municipal official or employee of the **Requesting Municipality** in connection with any transaction or investment involving the *Contractor* and the *Municipal Pension System* of the **Requesting Municipality**? Yes ___ No X

This question does not apply to an officer or employee of the *Contractor* who is acting within the scope of the firm's standard professional duties on behalf of the firm, including the actual provision of legal, accounting, engineering, real estate, or other professional advice, services, or assistance pursuant to the professional services contact with municipality's pension system.

- ⇒ IF "YES", identify: (1) whom (the third party intermediary, agent, or lobbyist) was paid the compensation or employed by the *Contractor* or *Affiliated Entity*, (2) their specific duties to directly or indirectly communicate with an official or employee of the *Municipal Pension System* of the **Requesting Municipality** (OR), any municipal official or employee of the **Requesting Municipality**, (3) the official they communicated with, and (4) the dates of this service.

6. During 2015, has the *Contractor*, or any agent, officer, director or employee of the *Contractor* solicited a contribution to any municipal officer or candidate for municipal office in the **Requesting Municipality**, or to the political party or political action committee of that official or candidate? Yes ___ No X

- ⇒ IF "YES", identify the agent, officer, director or employee who made the solicitation and the municipal officials, candidates, political party or political committee who were solicited (to whom the solicitation was made).

7. During 2015, has the *Contractor* or an *Affiliated Entity* made any contributions to a municipal official or any candidate for municipal office in the **Requesting Municipality**? Yes ___ No X

- ⇒ IF "YES", provide the name and address of the person(s) making the contribution, the contributor's relationship to the Contractor, The name and office or position of the person receiving the contribution, the date of the contribution, and the amount of the contribution.

8. Does the *Contractor* or an *Affiliated Entity* have any direct financial, commercial or business relationship with any official of the **Requesting Municipality** or **municipal pension system**? Yes ___ No X

- ⇒ IF "YES", identify the individual with whom the relationship exists and give a detailed description of that relationship.

****NOTE:** A written letter is required from the **Requesting Municipality** acknowledging the relationship and consenting to its existence. The letter must be attached to this disclosure. Contact the **Requesting Municipality** to obtain this letter and attach it to this disclosure before submission.

9. Has the *Contractor* or an *Affiliated Entity* given any gifts having more than a nominal value to any official, employee or fiduciary of the **Requesting Municipality or the municipal pension system**? Yes ___ No X
⇒ IF "YES", Provide the name of the person conferring the gift, the person receiving the gift, the office or position of the person receiving the gift, specify what the gift was, and the date conferred.

10. Disclosure of contributions to any political entity in the Commonwealth of Pennsylvania. Have you or an *Affiliated Entity* made any contributions to which all of the following apply? Yes ___ No X

Applicability: A "yes" response is required and full disclosure is required ONLY WHEN ALL of the following applies:

- a) The contribution was made within the last 5 years.
- b) The contribution was made by an officer, director, executive-level employee or owner of at least 5% of the *Contractor* or *Affiliated Entity*.
- c) The amount of the contribution was at least \$500 and in the form of:
 1. A single contribution by a person in (b.) above, **OR**
 2. The aggregate of all contributions all persons in (b.) above;
- d) The contribution was for
 1. Any candidate for any public office or any person who holds an office in the Commonwealth of Pennsylvania;
 2. The political committee of a candidate for public office or any person that holds an office in the Commonwealth of Pennsylvania.

⇒ IF "YES", provide the name and address of the person(s) making the contribution, the contributor's relationship to the *Contractor*, The name and office or position of the person receiving the contribution (or the political entity / party receiving the contribution), the date of the contribution, and the amount of the contribution.

11. With respect to your provision of professional services to the Municipal Pension System of the **Requesting Municipality**:

Are you aware of any apparent, potential or actual conflicts of interest with respect to any officer, director or employee of the *Contractor* and officials or employees of the **Requesting Municipality**? Yes ___ No X

NOTE: If, in the future, you become aware of any apparent, potential, or actual conflict of interest, you are expected to update this **Disclosure Form** immediately in writing by:

- Providing a brief synopsis of the conflict of interest (and);
- An explanation of the steps taken to address this apparent, potential, or actual conflict of interest.

⇒ IF "YES", Provide a detailed explanation of the circumstances which provide you with a basis to conclude that an apparent, potential, or actual conflict of interest may exist.

12. To the extent that you believe that **Chapter 7-A of Act 44 of 2009** requires you to disclose any additional information beyond what has been requested above, please provide that information below or on a separate piece of paper.

No

Please provide the name(s) and position(s) of the person(s) participating in the completion of this Disclosure. **One of the individuals** identified by the *Contractor* in *Item #1* above must participate in completing this Disclosure and must sign the below verification attesting to the participation of those individuals named below.

Name: Frederick B. Gieg, Jr. Name:

Position: Head of law firm - Position:
Gieg and Gieg Attorneys

Name:

Name:

Position:

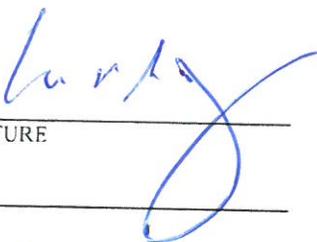
Position:

Name:

Name:

Position:

Position:



SIGNATURE

TITLE

11-18-15

DATE

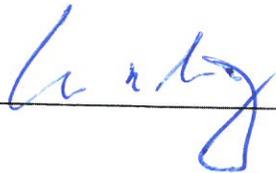
VERIFICATION

I, Frederick B. Gieg, Jr hereby state that I am Head of law firm for
(Name) (Position)

Gieg and Gieg Attorneys and I am authorized to make this verification.
(Contractor)

I hereby verify that the facts set forth in the foregoing Act 44 Disclosure Form for Entities Providing Professional Services to **CITY OF ALTOONA's** Pension System are true and correct to the best of my knowledge, information and belief. I also understand that knowingly making material misstatements or omissions in this form could subject the responding Contractor to the penalties in Section 705-A(e) of Act 44.

I understand that false statements herein are made subject to the penalties of 18 P.A.C.S. § 4904 relating to unsworn falsification to authorities.

 Signature
11-18-15 Date

INSTRUCTIONS FOR MUNICIPALITY:

DO NOT INCLUDE THIS INSTRUCTION PAGE WITH THE DISCLOSURE

You will need to prepare and send one of these disclosure forms to **each Contractor** that you have a contract for providing services to your pension plan (AND) a separate set of disclosures for each type of plan – fire, police, etc.

IF ONE CONTRACTOR services two or more plans, then only one disclosure is required, but the contractor must indicate he / she is completing the disclosure for more than one plan....**PAGE 4, Question One.** You should also prepare a brief cover letter explaining the reason you are sending this disclosure out.

➤ **Who should receive this disclosure?**

Generally there are 5 primary service providers for each pension plan but it is not limited to just these:

Actuarial Services Investment Services Administration Services Advisory Services

Legal Advisory Services – usually performed by the municipal solicitor

IF some of these services are combined through one service provider **or Contractor**, then you only need to send this to that one entity. **For Example**, your administrative services and actuarial services are conducted through **Robert Smith and Associates** and your contract is with this company. However, **Robert Smith and Associates** subcontracts certain portions of these services to two other companies. You need only send one disclosure to **Robert Smith and Associates**, and one to any other entity that provides specific services – other than administrative and actuarial.

➤ **PLEASE CHECK WITH YOUR SOLICITOR**....as a precaution regarding whom you should send this disclosure to.

An Answer and New Matter were filed by substitute counsel on December 17, 2014. Plaintiff filed a Reply to New Matter on January 7, 2015. Defendant submitted a Motion for Judgment on the Pleadings and a Brief in Support on January 21, 2015. Plaintiff filed a Response to Defendant's Motion on and a Brief in Opposition on February 2, 2015. Oral argument was heard on April 9, 2015.

APPLICABLE LAW:

Entry of judgment on the pleadings is permitted under **Pa.R.C.P. Rule 1034**, which provides for judgment after the pleadings are closed, but within such time as not to delay trial. *Kelaco v. Davis & McKean General Partnership*, 743 A.2d 525, 528 (Pa.Super.1999). A motion for judgment on the pleadings is similar to a demurrer and may be entered where there are no disputed issues of fact and the moving party is entitled to judgment as a matter of law. *Id.* To determine whether there is a dispute as to facts, the court must confine its consideration to the pleadings and relevant documents. *Id.* "Where there are material issues of fact in dispute, judgment on the pleadings cannot be entered." *Pfister v. City of Phila.*, 963 A.2d 593, 595 (Pa.Comm.w.2009).

DISCUSSION:

Defendant argues that there is no basis to grant relief to Plaintiff as the Divorce Decree of July 13, 1977 was dispositive of her rights.

The Divorce Decree entered July 13, 1977 stated the following:

"Regina May Pagliara, the libellant, is hereby divorced and completely separated from the bonds of matrimony with Julian Camillo Pagliara, the respondent, as fully as if the said respondent were naturally dead or as if Regina May Pagliara, the libellant, had never been married; that every duty, right and claim heretofore occurring to either of the said parties by reason of said marriage does now cease and come to an end; and that each of the said parties is at liberty to marry again as freely as if the marriage had never taken place."

Defendant notes that the Divorce Decree dated July 13, 1977 was never appealed and that the Divorce Decree and the Divorce Law in effect at the time contained no provision for the equitable distribution of marital property. Defendant maintains that the Divorce Code passed by the Pennsylvania Legislature on July 1, 1980 is not retroactive. Defendant cites to *Taddei v. Taddei*, 445 A.2d 773 (Pa.Super.1982), in which the court held that the Divorce Code of 1980 did not govern the action where the parties were divorced prior to its enactment.

Further, Defendant asserts that upon the death of her ex-husband in 1982, Plaintiff applied for a Surviving Spouse Pension benefits and was denied by the Pension Board ("the Board"). Defendant contends that the decision of the Board was an administrative decision which would need to be appealed within thirty (30) days to the Court of Common Pleas, which was not done in this case. Defendant maintains that because Plaintiff failed to appeal the decision, this case is closed and final. [See **2 Pa.C.S.A. 752 Local Agency Action**]. Defendant also contends that the doctrine of laches applies here as Plaintiff has brought this action thirty-seven (37) years after the Divorce Decree was originally entered. Thus, Defendant asks that Plaintiff's action be dismissed.

Plaintiff responds by arguing there is no statute of limitations regarding equitable distribution of marital property. Plaintiff asserts that the Divorce Code applies retroactively and argues that the court needs to determine what qualifies as an administrative decision. Plaintiff contends that the Divorce Code has been applied retroactively in *Bacchetta v. Bacchetta*, 445 A.2d 1194 (Pa.1982) and *Krenzelak v. Krenzelak*, 503 Pa. 373 (1983) and that as a result Plaintiff has a valid claim against the City of Altoona Paid Firemen's Pension Fund Association. Plaintiff contends that there are numerous issues of fact and law that need to be determined by the court. At oral argument, Plaintiff cited to *City of Altoona v. Dale-Dambeck*, 83 A.3d 279 (Pa. Commw. Ct. 2014) as a case Plaintiff believes to be similar to the matter before the court.

We agree with Defendant that the Divorce Code passed by the Pennsylvania Legislature on July 1, 1980 is not retroactive in this case as the Divorce Code of 1980 does not govern an action where the parties were divorced prior to its enactment. *Taddei v. Taddei*, 445 A.2d 773, 775 (Pa.Super.1982).

The cases referenced by Plaintiff do not provide that the Divorce Code is retroactive in a case where a divorce decree was entered prior to its enactment. In the *Bacchetta* case, the court held that the equitable distribution provision of the Code applies to all property acquired during the marriage including property which was acquired prior to the Code's effective date. In *Krenzelak*, the court held that retroactive application of Section 403(d) conveyances completed before the 1980 Divorce Code would violate the due process rights of third party transferees and would be unconstitutional. Section 103 of the 1980 Divorce Code states in relevant part that "The provisions of this act shall not apply to any case in which a decree has been rendered prior to the effective date of the act." *Taddei*, 445 A.2d at 775. The 1980 Divorce Code became effective on July 1, 1980. *Taddei*, 445 A.2d at 775. Plaintiff has no claim against the City of Altoona Paid Firemen's Pension Fund Association since the Divorce Decree entered in this matter was approximately three (3) years prior to July 1, 1980.

The *Dale-Dambeck* case cited by the Plaintiff is also distinguishable from the present matter. In *Dale-Dambeck*, the appellant was married to her husband at the time of his death. Mr. Dambeck exercised his option to vest his pension and from which he was entitled to collect at a future date. The sole issue that was decided in the *Dale-Dambeck* case was whether William Dambeck, the surviving spouse's husband, died while "on pension" within the meaning of Section 432 of the Third Class City Code (Act of June 23, 1931, P.L. 932, as amended, 53 P.S. §39320).

In the present matter it is undisputed that the parties were divorced at the time of Mr. Pagliara's death. Moreover, in *Dale-Dambeck*, the appellant applied for surviving spouse pension benefits four (4) years after her husband's death acting on the advice of Allen Wagner who served on the Board from 1985 through December 2010. In the present case, Mrs. Pagliara did not bring this action until thirty-seven (37) years after the Divorce Decree was originally entered ending her marriage and thirty-two (32) years after her husband's death.

We believe the doctrine of laches applies in this case. "Laches is an equitable doctrine that bars relief when a complaining party is guilty of want of due diligence in failing to promptly institute an action to the prejudice of another." *Stilp v. Hafer*, 718 A.2d 290, 131 (Pa. 1998), see *Sprague v. Casey*, 550 A.2d 184, 187 (1988). The equitable doctrine of laches is defined as follows:

As a unanimous Court recently reiterated in *Class of Two Hundred Administrative Faculty Members v. Scanlon*, 502 Pa. 275, 279, 466 A.2d 103 (1983):

"The application of the equitable doctrine of laches does not depend upon the fact that a definite time has elapsed since the cause of action accrued, but whether, under the circumstances of the particular case, the complaining party is guilty of want of due diligence in failing to institute his action to another's prejudice." *Wilson v. King of Prussia Ent., Inc.*, 422 Pa. 128, 133, 221 A.2d 123, 126 (1966); accord, *In Re Estate of Marushak*, 488 Pa. 607, 413 A.2d 649 (1980); *Leedom v. Thomas*, 473 Pa. 193, 373 A.2d 1329 (1977); *Holiday Lounge, Inc. v. Shaler Ent., Inc.*, 441 Pa. 201, 272 A.2d 175 (1971); *Siegel v. Engstrom*, 427 Pa. 381, 235 A.2d 365 (1967); *Truver v. Kennedy*, 425 Pa. 294, 229 A.2d 468 (1967). The prejudice required is established where, for example, witnesses die or become unavailable, records are lost or destroyed, and changes in position occur due to the anticipation that a party will not pursue a particular claim. *Kay v. Kay*, 460 Pa. 680, 685, 334 A.2d 585, 587 (1975); see also *Alker v. Philadelphia National Bank*, 372 Pa. 327, 93 A.2d 699 (1953).

Weinberg v. Com., State Bd. of Examiners of Public Accountants, 501 A.2d 239, 242 (Pa. 1985).

We agree with Defendant that the equitable doctrine of laches applies here since Plaintiff waited to bring this action thirty-seven (37) years after the Divorce Decree was originally entered. The Plaintiff did not appeal the Divorce Decree and did not appeal the Board's decision pertaining to Plaintiff's ex-husband Julian Pagliara. Mr. Pagliara died thirty-two (32) years prior to this instant action.

There are no disputed issues of fact in the case at bar and Defendant is entitled to judgment as a matter of law. There are no issues of fact as the parties both acknowledge that a Divorce Decree was entered on July 13, 1977 and that Plaintiff was denied her application to the Board for benefits upon the death of her ex-husband Julian Pagliara on July 14, 1982. It is undisputed that Plaintiff did not appeal the Board's decision. This action was commenced thirty-seven (37) years after the Divorce Decree and after Julian Pagliara's heirs were paid his pension benefits in or about 1982. Moreover, Defendant is entitled to judgment as a matter of law since the Divorce Code passed by the Pennsylvania Legislature on July 1, 1980 is not retroactive and does not govern an action where the parties were divorced prior to its enactment. *Taddei*, 445 A.2d at 775. As a result, Plaintiff has no claim against the City of Altoona Paid Firemen's Pension Fund Association. Consequently, the Action for Declaratory Judgment is *denied* and *dismissed* as a matter of law.

In light of the foregoing, we enter the following

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2015
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Omar Strohm, Finance Director

City of Altoona

1301 12th Street, Suite 104

Altoona, PA 16601

Phe: (814) 949-2439

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CHRISTOPHER GABLE, SENIOR VICE PRESIDENT

2. Please list the name and title of any *Affiliated Entity* and their *Executive-level Employee(s)* that require disclosure; after each name, include a brief description of their duties. (See: **Definitions**)
3. Are any of the individuals named in **Item 1 or Item 2** above, a current or former official or employee of the **Requesting Municipality**? Yes ___ No X
 ⇒ IF "YES", provide the name and of the person employed, their position with the municipality, and dates of employment.
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 ⇒ IF "YES", provide the name of the individual, specify whether they are a state or federal lobbyist, and the date of their most recent registration /renewal.

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This question does not apply to an officer or employee of the *Contractor* who is acting within the scope of the firm's standard professional duties on behalf of the firm, including the actual provision of legal, accounting, engineering, real estate, or other professional advice, services, or assistance pursuant to the professional services contact with municipality's pension system.
- ⇒ IF "YES", identify: (1) whom (the third party intermediary, agent, or lobbyist) was paid the compensation or employed by the *Contractor* or *Affiliated Entity*, (2) their specific duties to directly or indirectly communicate with an official or employee of the *Municipal Pension System* of the **Requesting Municipality** (OR), any municipal official or employee of the **Requesting Municipality**, (3) the official they communicated with, and (4) the dates of this service.
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- ⇒ IF "YES", identify the agent, officer, director or employee who made the solicitation and the municipal officials, candidates, political party or political committee who were solicited (to whom the solicitation was made).
7. During 2015, has the *Contractor* or an *Affiliated Entity* made any contributions to a municipal official or any candidate for municipal office in the **Requesting Municipality**? Yes ___ No X
- ⇒ IF "YES", provide the name and address of the person(s) making the contribution, the contributor's relationship to the Contractor. The name and office or position of the person receiving the contribution, the date of the contribution, and the amount of the contribution.
8. Does the *Contractor* or an *Affiliated Entity* have any direct financial, commercial or business relationship with any official of the **Requesting Municipality** or **municipal pension system**? Yes X No ___
- ⇒ IF "YES", identify the individual with whom the relationship exists and give a detailed description of that relationship.
- **NOTE:** A written letter is required from the **Requesting Municipality** acknowledging the relationship and consenting to its existence. The letter must be attached to this disclosure. Contact the **Requesting Municipality** to obtain this letter and attach it to this disclosure before submission.

John and Theresa Carnicella are officers of the Altoona Police Pension Fund Board of Directors. They maintain a small (less than \$5,000) investment account with Mr. Gable and Wells Fargo Advisors. A letter acknowledging and consenting to the relationship is attached.

9. Has the *Contractor* or an *Affiliated Entity* given any gifts having more than a nominal value to any official, employee or fiduciary of the **Requesting Municipality** or the **municipal pension system**? Yes ___ No X
 ⇒ IF "YES", Provide the name of the person conferring the gift, the person receiving the gift, the office or position of the person receiving the gift, specify what the gift was, and the date conferred.
10. Disclosure of contributions to any political entity in the Commonwealth of Pennsylvania. Have you or an *Affiliated Entity* made any contributions to which all of the following apply? Yes ___ No X
Applicability: A "yes" response is required and full disclosure is required **ONLY WHEN ALL** of the following applies:
- a) The contribution was made within the last 5 years.
 - b) The contribution was made by an officer, director, executive-level employee or owner of at least 5% of the *Contractor* or *Affiliated Entity*.
 - c) The amount of the contribution was at least \$500 and in the form of:
 1. A single contribution by a person in (b.) above, **OR**
 2. The aggregate of all contributions all persons in (b.) above;
 - d) The contribution was for
 1. Any candidate for any public office or any person who holds an office in the Commonwealth of Pennsylvania;
 2. The political committee of a candidate for public office or any person that holds an office in the Commonwealth of Pennsylvania.
- ⇒ IF "YES", provide the name and address of the person(s) making the contribution, the contributor's relationship to the *Contractor*, The name and office or position of the person receiving the contribution (or the political entity / party receiving the contribution), the date of the contribution, and the amount of the contribution.
11. With respect to your provision of professional services to the Municipal Pension System of the **Requesting Municipality**:
 Are you aware of any apparent, potential or actual conflicts of interest with respect to any officer, director or employee of the *Contractor* and officials or employees of the **Requesting Municipality**? Yes ___ No X
NOTE: If, in the future, you become aware of any apparent, potential, or actual conflict of interest, you are expected to update this **Disclosure Form** immediately in writing by:
- Providing a brief synopsis of the conflict of interest (and);
 - An explanation of the steps taken to address this apparent, potential, or actual conflict of interest.
- ⇒ IF "YES", Provide a detailed explanation of the circumstances which provide you with a basis to conclude that an apparent, potential, or actual conflict of interest may exist.

9. Has the *Contractor* or an *Affiliated Entity* given any gifts having more than a nominal value to any official, employee or fiduciary of the **Requesting Municipality or the municipal pension system**? Yes ___ No X
 ⇒ IF "YES", Provide the name of the person conferring the gift, the person receiving the gift, the office or position of the person receiving the gift, specify what the gift was, and the date conferred.

10. Disclosure of contributions to any political entity in the Commonwealth of Pennsylvania. Have you or an *Affiliated Entity* made any contributions to which all of the following apply? Yes ___ No X
Applicability: A "yes" response is required and full disclosure is required **ONLY WHEN ALL** of the following applies:

- a) The contribution was made within the last 5 years.
- b) The contribution was made by an officer, director, executive-level employee or owner of at least 5% of the *Contractor* or *Affiliated Entity*.
- c) The amount of the contribution was at least \$500 and in the form of:
 1. A single contribution by a person in (b.) above, **OR**
 2. The aggregate of all contributions all persons in (b.) above;
- d) The contribution was for
 1. Any candidate for any public office or any person who holds an office in the Commonwealth of Pennsylvania;
 2. The political committee of a candidate for public office or any person that holds an office in the Commonwealth of Pennsylvania.

⇒ IF "YES", provide the name and address of the person(s) making the contribution, the contributor's relationship to the *Contractor*, The name and office or position of the person receiving the contribution (or the political entity / party receiving the contribution), the date of the contribution, and the amount of the contribution.

11. With respect to your provision of professional services to the Municipal Pension System of the **Requesting Municipality**:

Are you aware of any apparent, potential or actual conflicts of interest with respect to any officer, director or employee of the *Contractor* and officials or employees of the **Requesting Municipality**? Yes ___ No X

NOTE: If, in the future, you become aware of any apparent, potential, or actual conflict of interest, you are expected to update this **Disclosure Form** immediately in writing by:

- Providing a brief synopsis of the conflict of interest (and);
- An explanation of the steps taken to address this apparent, potential, or actual conflict of interest.

⇒ IF "YES", Provide a detailed explanation of the circumstances which provide you with a basis to conclude that an apparent, potential, or actual conflict of interest may exist.

12. To the extent that you believe that **Chapter 7-A of Act 44 of 2009** requires you to disclose any additional information beyond what has been requested above, please provide that information below or on a separate piece of paper.

Please provide the name(s) and position(s) of the person(s) participating in the completion of this Disclosure. **One of the individuals** identified by the *Contractor* in *Item #1* above must participate in completing this Disclosure and must sign the below verification attesting to the participation of those individuals named below.

Name:

Christopher Gable

Name:

Position:

Senior Vice President

Position:

Name:

Name:

Position:

Position:

Name:

Name:

Position:

Position:

Christopher Gable
SIGNATURE

Senior Vice President
TITLE

12/8/15
DATE

VERIFICATION

I, Christopher Gable, hereby state that I am Senior Vice President for
(Name) (Position)

Wells Fargo Advisors and I am authorized to make this verification.
(Contractor)

I hereby verify that the facts set forth in the foregoing Act 44 Disclosure Form for Entities Providing Professional Services to **CITY OF ALTOONA's** Pension System are true and correct to the best of my knowledge, information and belief. I also understand that knowingly making material misstatements or omissions in this form could subject the responding Contractor to the penalties in Section 705-A(e) of Act 44.

I understand that false statements herein are made subject to the penalties of 18 P.A.C.S. § 4904 relating to unsworn falsification to authorities.

Chris Gable
Signature

12/18/15
Date

INSTRUCTIONS FOR MUNICIPALITY:

DO NOT INCLUDE THIS INSTRUCTION PAGE WITH THE DISCLOSURE

You will need to prepare and send one of these disclosure forms to **each Contractor** that you have a contract for providing services to your pension plan (AND) a separate set of disclosures for each type of plan – fire, police, etc.

IF ONE CONTRACTOR services two or more plans, then only one disclosure is required, but the contractor must indicate he / she is completing the disclosure for more than one plan....**PAGE 4, Question One.**

You should also prepare a brief cover letter explaining the reason you are sending this disclosure out.

➤ **Who should receive this disclosure?**

Generally there are 5 primary service providers for each pension plan but it is not limited to just these:

Actuarial Services Investment Services Administration Services Advisory Services

Legal Advisory Services – usually performed by the municipal solicitor

IF some of these services are combined through one service provider **or Contractor**, then you only need to send this to that one entity. **For Example**, your administrative services and actuarial services are conducted through **Robert Smith and Associates** and your contract is with this company. However, **Robert Smith and Associates** subcontracts certain portions of these services to two other companies. You need only send one disclosure to **Robert Smith and Associates**, and one to any other entity that provides specific services – other than administrative and actuarial.

➤ **PLEASE CHECK WITH YOUR SOLICITOR**....as a precaution regarding whom you should send this disclosure to.

Department of Accounts and Finance
1301 12th Street, Suite 104
Altoona, PA 16601-3491
Phone: (814) 949-2403
Fax: (814) 949-2202



Omar Strohm
Finance and HR Director

January 14, 2016

RE: 2015 Act 44 Disclosure Statement - Christopher Gable

To Whom It May Concern:

In response to the notification provided by Christopher Gable, Senior Vice President, Wells Fargo Advisors, that a financial relationship exists between he and members of the City of Altoona Police Pension Board, and in conformance with Act 44, a written letter is required from the City acknowledging the relationship and consenting to its existence.

The City is now aware that John and Teresa Carnicella, members of the Police Pension Fund, maintain an investment account with Mr. Gable. The account contains a mutual fund position and a small fixed income holding – both of long standing. The account value is less than \$5,000. John and Teresa Carnicella maintain this separate investment account with Mr. Gable, and this does not represent a conflict of interest.

Sincerely,

Omar Strohm

Finance and Human Resources Director



**ACT 44 DISCLOSURE FORM FOR ENTITIES PROVIDING
PROFESSIONAL SERVICES TO THE
CITY OF ALTOONA'S PENSION SYSTEM**

CHAPTER 7-A OF ACT 44 OF 2009 MANDATES the annual disclosure of certain information by every entity (hereinafter "**Contractor**") which is a party to a professional services contract with one of the pension funds of CITY OF ALTOONA (hereinafter the "**Requesting Municipality**"). Act 44 disclosure requirements apply to *Contractors* who provide professional pension services and receive payment of any kind from the **Requesting Municipality's** pension fund. The **Requesting Municipality** has determined that your company falls under the requirements of Act 44 and must complete this disclosure form. You are expected to submit this completed form, to the Requesting Municipality below, **by December 10, 2015**. If, for any reason you believe that Act 44 does not require you to complete this disclosure form, please provide a written explanation of your reason(s) **by November 30, 2015**.

**RETURN COMPLETED
DISCLOSURE TO:**

City of Altoona
Attn: Omar Strohm
Finance Director
1301 12th Street
Altoona, PA 16601
(814) 949-2403
ostrohm@altoonapa.gov

REQUIRED UPDATES:

Where noted, information in this form must be updated in writing as changes occur.

DEFINITIONS FOR DISCLOSURE

TERM:	DEFINITION:
CONTRACTOR	Any person, company, or other entity that receives payments, fees, or any other form of compensation from a municipal pension fund in exchange for rendering professional services for the benefit of the municipal pension fund.
SUBCONTRACTOR OR ADVISOR	Anyone who is paid a fee or receives compensation from a municipal pension system – directly or indirectly from or through a contractor.
AFFILIATED ENTITY	Any of the following: <ol style="list-style-type: none"> 1. A subsidiary or holding company of a lobbying firm or other business entity owned in whole or in part by a lobbying firm. 2. An organization recognized by the Internal Revenue Service as a tax-exempt organization under section 501(c) of the Internal Revenue Code of 1986 (Public Law 99-514, 26 U.S.C. § 501 (c)) established by a lobbyist or lobbying firm or an affiliated entity.
CONTRIBUTIONS	As defined in section 1621 of the act of June 3 rd , 1937 (P.L. 1333, No. 320), known as the Pennsylvania Election Code
POLITICAL COMMITTEE	As defined in section 1621 of the act of June 3 rd , 1937 (P.L. 1333, No. 320), known as the Pennsylvania Election Code
EXECUTIVE LEVEL EMPLOYEE	Any employee or person or the person’s affiliated entity who: <ol style="list-style-type: none"> 1. Can affect or influence the outcome of the person’s or affiliated entity’s actions, policies, or decisions relating to pensions and the conduct of business with a municipality or a municipal pension system; or 2. Is directly involved in the implementation or development policies relating to pensions, investments, contracts or procurement or the conduct of business with a municipality or municipal pension system.
MUNICIPAL PENSION SYSTEM	Any qualifying pension plan, under Pennsylvania state law, for any municipality within the Commonwealth of Pennsylvania; includes the Pennsylvania Municipal Retirement System. <i>Example: the Police Pension Plan for the Borough of Winchesterville</i>
MUNICIPAL PENSION SYSTEM OFFICIALS AND EMPLOYEES; MUNICIPAL OFFICIALS AND EMPLOYEES	Specifically , those listed in TABLE 2 titled: <i>“List of Pension System and Municipal Officials and Employees”</i> on the next page. Where applicable, includes any employee of the Requesting Municipality .

PROFESSIONAL SERVICES CONTRACT	A contract to which the municipal pension system is a party that is: (1) for the purchase of professional services including investment services, legal services, real estate services, and other consulting services; and, (2) not subject to a requirement that the lowest bid be accepted.
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List of Municipal Officials for the Requesting Municipality

Certain requests for information in this form will refer to a “**List of Municipal Officials.**”

To assist you in preparing your answers, you should consider the following names to be a complete list of pension system and municipal officials and employees. Throughout this Disclosure Form, the below names will be referred to as the “*List of Municipal Officials.*”

Elected Officials

Matthew A. Pacifico	Mayor
David Butterbaugh, Jr.	Council Member
Erik Cagle	Council Member
Matthew R. Cacciotti	Council Member
Michael Haire	Council Member
Bruce Kelley	Council Member
William Neugebauer	Council Member

Pension Retirement Board

Timothy Hileman
Marla Marcinko
Matthew A. Pacifico
August Stickel, IV
Omar Strohm
Nicholas Wuckovich
Mark Mitchell
Brandon Nicodemus

Appointed Officials or Employees

Bessie Mosey	Deputy Director
Larry Clapper, Esq.	City Solicitor

IDENTIFICATION OF CONTRACTORS & RELATED PERSONNEL

CONTRACTORS: (See “Definitions” – page 2) Any entity who currently provides service(s) by means of a Professional Services Contract to the Municipal Pension System of the **Requesting Municipality**, please complete all of the following:

Identify the Municipal Pension System(s) for which you are providing information:

Indicate all that apply with an “X”: Non- Uniform Plan Police Plan
 Fire Plan

****NOTE:** For all that follow, you may answer the questions / items on a separate sheet of paper and attach it to this Disclosure if the space provided is not sufficient. Please reference each question / item you are responding to by the appropriate number. (example: REF – Item #1.)

1. Please provide the names and titles of all individuals providing professional services to the **Requesting Municipality’s** pension plan(s) identified above. Also include the names and titles of any advisors and subcontractors of the Contractor, identifying them as such. After each name provide a description of the responsibilities of that person with regard to the professional services being provided to each designated pension plan.

See attached

2. Please list the name and title of any *Affiliated Entity* and their *Executive-level Employee(s)* that require disclosure; after each name, include a brief description of their duties. (See: Definitions)

None

3. Are any of the individuals named in **Item 1 or Item 2** above, a current or former official or employee of the **Requesting Municipality**?

➔ **IF “YES”**, provide the name and of the person employed, their position with the municipality, and dates of employment.

No

4. Are any of the individuals named in **Item 1 or Item 2** above a current or former registered Federal or State lobbyist?

➔ **IF “YES”**, provide the name of the individual, specify whether they are a state or federal lobbyist, and the date of their most recent registration /renewal.

No

NOTICE: All information provided for items 1- 4 above must be updated as changes occur.

5. Since December 17th 2009, has the **Contractor** or an **Affiliated Entity** paid compensation to or employed any third party intermediary, agent, or lobbyist that is to directly or indirectly communicate with an official or employee of the **Municipal Pension System** of the **Requesting Municipality** (OR), any municipal official or employee of the **Requesting Municipality** in connection with any transaction or investment involving the **Contractor** and the Municipal Pension System of the **Requesting Municipality**?

This question does not apply to an officer or employee of the **Contractor** who is acting within the scope of the firm's standard professional duties on behalf of the firm, including the actual provision of legal, accounting, engineering, real estate, or other professional advice, services, or assistance pursuant to the professional services contact with municipality's pension system.

- ➔ **IF "YES"**, identify: (1) whom (the third party intermediary, agent, or lobbyist) was paid the compensation or employed by the **Contractor** or **Affiliated Entity**, (2) their specific duties to directly or indirectly communicate with an official or employee of the **Municipal Pension System** of the **Requesting Municipality** (OR), any municipal official or employee of the **Requesting Municipality**, (3) the official they communicated with, and (4) the dates of this service.

No

6. Since December 17th 2009, has the **Contractor**, or any agent, officer, director or employee of the **Contractor** solicited a contribution to any municipal officer or candidate for municipal office in the **Requesting Municipality**, or to the political party or political action committee of that official or candidate?

- ➔ **IF "YES"**, identify the agent, officer, director or employee who made the solicitation and the municipal officials, candidates, political party or political committee who were solicited (to whom the solicitation was made).

No

7. Since December 17th, 2009: Has the **Contractor** or an **Affiliated Entity** made any contributions to a municipal official or any candidate for municipal office in the **Requesting Municipality**?

- ➔ **IF "YES"**, provide the name and address of the person(s) making the contribution, the contributor's relationship to the Contractor, The name and office or position of the person receiving the contribution, the date of the contribution, and the amount of the contribution.

No

8. Does the **Contractor** or an **Affiliated Entity** have any direct financial, commercial or business relationship with any official identified on the **List of Municipal Officials**, of the **Requesting Municipality**?

- ➔ **IF "YES"**, identify the individual with whom the relationship exists and give a detailed description of that relationship.

****NOTE:** A written letter is required from the **Requesting Municipality** acknowledging the relationship and consenting to its existence. The letter must be attached to this disclosure. Contact the **Requesting Municipality** to obtain this letter and attach it to this disclosure before submission.

No

9. Has the **Contractor** or an **Affiliated Entity** given any gifts having more than a nominal value to any official, employee or fiduciary – specifically, those on the **List of Municipal Officials** of the **Requesting Municipality**?

➔ **IF “YES”**, Provide the name of the person conferring the gift, the person receiving the gift, the office or position of the person receiving the gift, specify what the gift was, and the date conferred.

No

10. Disclosure of contributions to any political entity in the Commonwealth of Pennsylvania

Applicability: A “yes” response is required and full disclosure is required **ONLY WHEN ALL** of the following applies:

- a) The contribution was made within the last 5 years (specifically since: December 18th 2004)
- b) The contribution was made by an officer, director, executive-level employee or owner of at least 5% of the **Contractor** or **Affiliated Entity**.
- c) The amount of the contribution was at least \$500 and in the form of:
 1. A single contribution by a person in (b.) above, **OR**
 2. The aggregate of all contributions all persons in (b.) above;
- d) The contribution was for
 1. Any candidate for any public office or any person who holds an office in the Commonwealth of Pennsylvania;
 2. The political committee of a candidate for public office or any person that holds an office in the Commonwealth of Pennsylvania.

➔ **IF “YES”**, provide the name and address of the person(s) making the contribution, the contributor’s relationship to the **Contractor**, The name and office or position of the person receiving the contribution (or the political entity / party receiving the contribution), the date of the contribution, and the amount of the contribution.

No

11. With respect to your provision of professional services to the Municipal Pension System of the **Requesting Municipality**:

Are you aware of any apparent, potential or actual conflicts of interest with respect to any officer, director or employee of the **Contractor** and officials or employees of the **Requesting Municipality**?

NOTE: **If, in the future**, you become aware of any apparent, potential, or actual conflict of interest, you are expected to update this **Disclosure Form** immediately in writing by:

- Providing a brief synopsis of the conflict of interest (and);
- An explanation of the steps taken to address this apparent, potential, or actual conflict of interest.

➔ **IF “YES”**, Provide a detailed explanation of the circumstances which provide you with a basis to conclude that an apparent, potential, or actual conflict of interest may exist.

None

12. To the extent that you believe that **Chapter 7-A of Act 44 of 2009** requires you to disclose any additional information beyond what has been requested above, please provide that information below or on a separate piece of paper.

Please provide the name(s) and position(s) of the person(s) participating in the completion of this Disclosure. **One of the individuals** identified by the *Contractor* in *Item #1* above must participate in completing this Disclosure and must sign the below verification attesting to the participation of those individuals named below.

Name: *Joe Siktar*

Name:

Position: *Senior Consultant*

Position:

Name:

Name:

Position:

Position:

Name:

Name:

Position:

Position:

Joe Siktar
SIGNATURE

SENIOR CONSULTANT
TITLE

10/29/15
DATE

VERIFICATION

I, Joe Siktar, hereby state that I am a Senior Consultant for
(Name) (Position)
Dunbar, Bender & Zapf, Inc. and I am authorized to make this verification.
(Contractor)

I hereby verify that the facts set forth in the foregoing Act 44 Disclosure Form for Entities Providing Professional Services to the City of Altoona's Pension System are true and correct to the best of my knowledge, information and belief. I also understand that knowingly making material misstatements or omissions in this form could subject the responding Contractor to the penalties in Section 705-A(e) of Act 44.

I understand that false statements herein are made subject to the penalties of 18 P.A.C.S. § 4904 relating to unsworn falsification to authorities.

Joe Siktar
Signature

10/29/15
Date

IDENTIFICATION OF CONTRACTORS & RELATED PERSONNEL

Attachment: Item 1

Names and Titles:

Mark K. Dunbar, E.A., M.A.A.A., M.S.P.A. – Approved Actuary

John S. Mincin, E.A., C.O.P.A., F.C.A., M.A.A.A., M.S.P.A. – Consulting Actuary

Joseph Siktar, C.E.B.S. –Senior Consultant

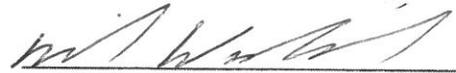
Description of Responsibilities:

The Plan(s) will be assigned to Mark Dunbar, John Mincin and Joe Siktar. All calculations and correspondence will pass through these individuals before presentation to the City. Mr. Siktar will prepare the forms, valuations and other calculations subject to the review of the signing actuary, Mr. Dunbar and the consulting actuary, Mr. Mincin.

I, Nick Wuckovich, hereby state that I am Secretary for
(Name) (Position)
Firemans Pension Fund and I am authorized to make this verification.
(Contractor)

I hereby verify that the facts set forth in the foregoing Act 44 Disclosure Form for Entities Providing Professional Services to **CITY OF ALTOONA's** Pension System are true and correct to the best of my knowledge, information and belief. I also understand that knowingly making material misstatements or omissions in this form could subject the responding Contractor to the penalties in Section 705-A(e) of Act 44.

I understand that false statements herein are made subject to the penalties of 18 P.A.C.S. § 4904 relating to unsworn falsification to authorities.



Signature

12-30-15

Date

INSTRUCTIONS FOR MUNICIPALITY:

DO NOT INCLUDE THIS INSTRUCTION PAGE WITH THE DISCLOSURE

You will need to prepare and send one of these disclosure forms to **each Contractor** that you have a contract for providing services to your pension plan (AND) a separate set of disclosures for each type of plan – fire, police, etc.

2015
ACT 44 DISCLOSURE FORM FOR ENTITIES PROVIDING
PROFESSIONAL SERVICES TO THE
CITY OF ALTOONA'S PENSION SYSTEM

CHAPTER 7-A OF ACT 44 OF 2009 MANDATES the annual disclosure of certain information by every entity (hereinafter "**Contractor**") which is a party to a professional services contract with one of the pension funds of CITY OF ALTOONA (hereinafter the "**Requesting Municipality**"). Act 44 disclosure requirements apply to *Contractors* who provide professional pension services and receive payment of any kind from the **Requesting Municipality's** pension fund. The **Requesting Municipality** has determined that your company falls under the requirements of Act 44 and must complete this disclosure form. You are expected to submit this completed form, to the Requesting Municipality below, by **December 31, 2015**. If, for any reason you believe that Act 44 does not require you to complete this disclosure form, please provide a written explanation of your reason(s).

**RETURN COMPLETED
DISCLOSURE TO:**

Omar Strohm, Finance Director

City of Altoona

1301 12th Street, Suite 104

Altoona, PA 16601

Phe: (814) 949-2439

REQUIRED UPDATES:

Where noted, information in this form must be updated in writing as changes occur prior to the next disclosure cycle.

DEFINITIONS FOR DISCLOSURE

TERM:	DEFINITION:
CONTRACTOR	Any person, company, or other entity that receives payments, fees, or any other form of compensation from a municipal pension fund in exchange for rendering professional services for the benefit of the municipal pension fund.
SUBCONTRACTOR OR ADVISOR	Anyone who is paid a fee or receives compensation from a municipal pension system – directly or indirectly from or through a contractor.
AFFILIATED ENTITY	Any of the following: 1. A subsidiary or holding company of a lobbying firm or other business entity owned in whole or in part by a lobbying firm. 2. An organization recognized by the Internal Revenue Service as a tax-exempt organization under section 501(c) of the Internal Revenue Code of 1986 (Public Law 99-514, 26 U.S.C. § 501 (c)) established by a lobbyist or lobbying firm or an affiliated entity.
CONTRIBUTIONS	As defined in section 1621 of the act of June 3 rd , 1937 (P.L. 1333, No. 320), known as the Pennsylvania Election Code
POLITICAL COMMITTEE	As defined in section 1621 of the act of June 3 rd , 1937 (P.L. 1333, No. 320), known as the Pennsylvania Election Code
EXECUTIVE LEVEL EMPLOYEE	Any employee or person or the person's affiliated entity who: 1. Can affect or influence the outcome of the person's or affiliated entity's actions, policies, or decisions relating to pensions and the conduct of business with a municipality or a municipal pension system; or 2. Is directly involved in the implementation or development policies relating to pensions, investments, contracts or procurement or the conduct of business with a municipality or municipal pension system.
MUNICIPAL PENSION SYSTEM	Any qualifying pension plan, under Pennsylvania state law, for any municipality within the Commonwealth of Pennsylvania; includes the Pennsylvania Municipal Retirement System. <i>Example: the Police Pension Plan for the Borough of Winchesterville</i>
MUNICIPAL PENSION SYSTEM OFFICIALS AND EMPLOYEES; MUNICIPAL OFFICIALS AND EMPLOYEES	Where applicable, includes any employee, elected official, appointed official, candidate for political office, or pension committee member of the Requesting Municipality .
PROFESSIONAL SERVICES CONTRACT	A contract to which the municipal pension system is a party that is: (1) for the purchase of professional services including investment services, legal services, real estate services, and other consulting services; and, (2) not subject to a requirement that the lowest bid be accepted.

IDENTIFICATION OF CONTRACTORS & RELATED PERSONNEL

CONTRACTORS: (See "Definitions" – page 2) Any entity who currently provides service(s) by means of a Professional Services Contract to the Municipal Pension System of the **Requesting Municipality**, please complete all of the following:

Identify the Municipal Pension System(s) for which you are providing information:

Indicate all that apply with an "X": Non- Uniform Plan Police Plan
 Fire Plan

****NOTE:** For all that follow, you may answer the questions / items on a separate sheet of paper and attach it to this Disclosure if the space provided is not sufficient. Please reference each question / item you are responding to by the appropriate number. (example: REF – Item #1.)

1. Please provide the names and titles of all individuals providing professional services to the **Requesting Municipality's** pension plan(s) identified above. Also include the names and titles of any advisors and subcontractors of the Contractor, identifying them as such. After each name provide a description of the responsibilities of that person with regard to the professional services being provided to each designated pension plan.

2. Please list the name and title of any *Affiliated Entity* and their *Executive-level Employee(s)* that require disclosure; after each name, include a brief description of their duties. (See: Definitions)

Elizabeth mosey - Record Keeper

3. Are any of the individuals named in **Item 1 or Item 2** above, a current or former official or employee of the **Requesting Municipality**? Yes X No

⇒ **IF "YES"**, provide the name and of the person employed, their position with the municipality, and dates of employment.

Elizabeth mosey, Deputy Finance Director
Feb., 1977 - present

4. Are any of the individuals named in **Item 1 or Item 2** above a current or former registered Federal or State lobbyist? Yes No X

⇒ **IF "YES"**, provide the name of the individual, specify whether they are a state or federal lobbyist, and the date of their most recent registration /renewal.

NOTICE: All information provided for items 1- 4 above must be updated as changes occur.

5. During 2015, has the *Contractor* or an *Affiliated Entity* paid compensation to or employed any third party intermediary, agent, or lobbyist that is to directly or indirectly communicate with an official or employee of the *Municipal Pension System* of the **Requesting Municipality** (OR), any municipal official or employee of the **Requesting Municipality** in connection with any transaction or investment involving the *Contractor* and the *Municipal Pension System* of the **Requesting Municipality**? Yes ___ No X

This question does not apply to an officer or employee of the *Contractor* who is acting within the scope of the firm's standard professional duties on behalf of the firm, including the actual provision of legal, accounting, engineering, real estate, or other professional advice, services, or assistance pursuant to the professional services contact with municipality's pension system.

⇒ IF "YES", identify: (1) whom (the third party intermediary, agent, or lobbyist) was paid the compensation or employed by the *Contractor* or *Affiliated Entity*, (2) their specific duties to directly or indirectly communicate with an official or employee of the *Municipal Pension System* of the **Requesting Municipality** (OR), any municipal official or employee of the **Requesting Municipality**, (3) the official they communicated with, and (4) the dates of this service.

6. During 2015, has the *Contractor*, or any agent, officer, director or employee of the *Contractor* solicited a contribution to any municipal officer or candidate for municipal office in the **Requesting Municipality**, or to the political party or political action committee of that official or candidate? Yes ___ No X

⇒ IF "YES", identify the agent, officer, director or employee who made the solicitation and the municipal officials, candidates, political party or political committee who were solicited (to whom the solicitation was made).

7. During 2015, has the *Contractor* or an *Affiliated Entity* made any contributions to a municipal official or any candidate for municipal office in the **Requesting Municipality**? Yes ___ No X

⇒ IF "YES", provide the name and address of the person(s) making the contribution, the contributor's relationship to the Contractor, The name and office or position of the person receiving the contribution , the date of the contribution, and the amount of the contribution.

8. Does the *Contractor* or an *Affiliated Entity* have any direct financial, commercial or business relationship with any official of the **Requesting Municipality or municipal pension system**? Yes ___ No X

⇒ IF "YES", identify the individual with whom the relationship exists and give a detailed description of that relationship.

****NOTE:** A written letter is required from the **Requesting Municipality** acknowledging the relationship and consenting to its existence. The letter must be attached to this disclosure. Contact the **Requesting Municipality** to obtain this letter and attach it to this disclosure before submission.

9. Has the **Contractor** or an **Affiliated Entity** given any gifts having more than a nominal value to any official, employee or fiduciary of the **Requesting Municipality or the municipal pension system**? Yes ___ No X
⇒ IF "YES", Provide the name of the person conferring the gift, the person receiving the gift, the office or position of the person receiving the gift, specify what the gift was, and the date conferred.

10. Disclosure of contributions to any political entity in the Commonwealth of Pennsylvania. Have you or an Affiliated Entity made any contributions to which all of the following apply? Yes ___ No X

Applicability: A "yes" response is required and full disclosure is required **ONLY WHEN ALL** of the following applies:

- a) The contribution was made within the last 5 years.
- b) The contribution was made by an officer, director, executive-level employee or owner of at least 5% of the **Contractor** or **Affiliated Entity**.
- c) The amount of the contribution was at least \$500 and in the form of:
 1. A single contribution by a person in (b.) above, **OR**
 2. The aggregate of all contributions all persons in (b.) above;
- d) The contribution was for
 1. Any candidate for any public office or any person who holds an office in the Commonwealth of Pennsylvania;
 2. The political committee of a candidate for public office or any person that holds an office in the Commonwealth of Pennsylvania.

⇒ IF "YES", provide the name and address of the person(s) making the contribution, the contributor's relationship to the **Contractor**, The name and office or position of the person receiving the contribution (or the political entity / party receiving the contribution), the date of the contribution, and the amount of the contribution.

11. With respect to your provision of professional services to the Municipal Pension System of the **Requesting Municipality**:

Are you aware of any apparent, potential or actual conflicts of interest with respect to any officer, director or employee of the **Contractor** and officials or employees of the **Requesting Municipality**? Yes ___ No X

NOTE: If, in the future, you become aware of any apparent, potential, or actual conflict of interest, you are expected to update this **Disclosure Form** immediately in writing by:

- Providing a brief synopsis of the conflict of interest (and);
- An explanation of the steps taken to address this apparent, potential, or actual conflict of interest.

⇒ IF "YES", Provide a detailed explanation of the circumstances which provide you with a basis to conclude that an apparent, potential, or actual conflict of interest may exist.

12. To the extent that you believe that **Chapter 7-A of Act 44 of 2009** requires you to disclose any additional information beyond what has been requested above, please provide that information below or on a separate piece of paper.

Please provide the name(s) and position(s) of the person(s) participating in the completion of this Disclosure. **One of the individuals** identified by the *Contractor* in *Item #1* above must participate in completing this Disclosure and must sign the below verification attesting to the participation of those individuals named below.

Name: Elizabeth Mosey Name:

Position: Deputy Finance Dir. Position:

Name: Name:

Position: Position:

Name: Name:

Position: Position:

Elizabeth Mosey
SIGNATURE

Deputy Finance Dir.
TITLE

11/18/15

DATE

VERIFICATION

I, Elizabeth mosey, hereby state that I am Deputy Finance Dir. for
(Name) (Position)

City of Altoona and I am authorized to make this verification.
(Contractor)

I hereby verify that the facts set forth in the foregoing Act 44 Disclosure Form for Entities Providing Professional Services to **CITY OF ALTOONA's** Pension System are true and correct to the best of my knowledge, information and belief. I also understand that knowingly making material misstatements or omissions in this form could subject the responding Contractor to the penalties in Section 705-A(e) of Act 44.

I understand that false statements herein are made subject to the penalties of 18 P.A.C.S. § 4904 relating to unsworn falsification to authorities.

Elizabeth mosey
Signature

11/18/15

Date

INSTRUCTIONS FOR MUNICIPALITY:

DO NOT INCLUDE THIS INSTRUCTION PAGE WITH THE DISCLOSURE

You will need to prepare and send one of these disclosure forms to **each Contractor** that you have a contract for providing services to your pension plan (AND) a separate set of disclosures for each type of plan – fire, police, etc.

IF ONE CONTRACTOR services two or more plans, then only one disclosure is required, but the contractor must indicate he / she is completing the disclosure for more than one plan....**PAGE 4, Question One.**

You should also prepare a brief cover letter explaining the reason you are sending this disclosure out.

➤ **Who should receive this disclosure?**

Generally there are 5 primary service providers for each pension plan but it is not limited to just these:

Actuarial Services Investment Services Administration Services Advisory Services

Legal Advisory Services – usually performed by the municipal solicitor

IF some of these services are combined through one service provider **or Contractor**, then you only need to send this to that one entity. **For Example**, your administrative services and actuarial services are conducted through **Robert Smith and Associates** and your contract is with this company. However, **Robert Smith and Associates** subcontracts certain portions of these services to two other companies. You need only send one disclosure to **Robert Smith and Associates**, and one to any other entity that provides specific services – other than administrative and actuarial.

➤ **PLEASE CHECK WITH YOUR SOLICITOR**....as a precaution regarding whom you should send this disclosure to.

2015
ACT 44 DISCLOSURE FORM FOR ENTITIES PROVIDING
PROFESSIONAL SERVICES TO THE
CITY OF ALTOONA'S PENSION SYSTEM

CHAPTER 7-A OF ACT 44 OF 2009 MANDATES the annual disclosure of certain information by every entity (hereinafter "**Contractor**") which is a party to a professional services contract with one of the pension funds of CITY OF ALTOONA (hereinafter the "**Requesting Municipality**"). Act 44 disclosure requirements apply to *Contractors* who provide professional pension services and receive payment of any kind from the **Requesting Municipality's** pension fund. The **Requesting Municipality** has determined that your company falls under the requirements of Act 44 and must complete this disclosure form. You are expected to submit this completed form, to the Requesting Municipality below, by **December 31, 2015**. If, for any reason you believe that Act 44 does not require you to complete this disclosure form, please provide a written explanation of your reason(s).

**RETURN COMPLETED
DISCLOSURE TO:**

Omar Strohm, Finance Director

City of Altoona

1301 12th Street, Suite 104

Altoona, PA 16601

Phe: (814) 949-2439

REQUIRED UPDATES:

Where noted, information in this form must be updated in writing as changes occur prior to the next disclosure cycle.

DEFINITIONS FOR DISCLOSURE

TERM:	DEFINITION:
CONTRACTOR	Any person, company, or other entity that receives payments, fees, or any other form of compensation from a municipal pension fund in exchange for rendering professional services for the benefit of the municipal pension fund.
SUBCONTRACTOR OR ADVISOR	Anyone who is paid a fee or receives compensation from a municipal pension system – directly or indirectly from or through a contractor.
AFFILIATED ENTITY	Any of the following: 1. A subsidiary or holding company of a lobbying firm or other business entity owned in whole or in part by a lobbying firm. 2. An organization recognized by the Internal Revenue Service as a tax-exempt organization under section 501(c) of the Internal Revenue Code of 1986 (Public Law 99-514, 26 U.S.C. § 501 (c)) established by a lobbyist or lobbying firm or an affiliated entity.
CONTRIBUTIONS	As defined in section 1621 of the act of June 3 rd , 1937 (P.L. 1333, No. 320), known as the Pennsylvania Election Code
POLITICAL COMMITTEE	As defined in section 1621 of the act of June 3 rd , 1937 (P.L. 1333, No. 320), known as the Pennsylvania Election Code
EXECUTIVE LEVEL EMPLOYEE	Any employee or person or the person's affiliated entity who: 1. Can affect or influence the outcome of the person's or affiliated entity's actions, policies, or decisions relating to pensions and the conduct of business with a municipality or a municipal pension system; or 2. Is directly involved in the implementation or development policies relating to pensions, investments, contracts or procurement or the conduct of business with a municipality or municipal pension system.
MUNICIPAL PENSION SYSTEM	Any qualifying pension plan, under Pennsylvania state law, for any municipality within the Commonwealth of Pennsylvania; includes the Pennsylvania Municipal Retirement System. <i>Example: the Police Pension Plan for the Borough of Winchesterville</i>
MUNICIPAL PENSION SYSTEM OFFICIALS AND EMPLOYEES; MUNICIPAL OFFICIALS AND EMPLOYEES	Where applicable, includes any employee, elected official, appointed official, candidate for political office, or pension committee member of the Requesting Municipality .
PROFESSIONAL SERVICES CONTRACT	A contract to which the municipal pension system is a party that is: (1) for the purchase of professional services including investment services, legal services, real estate services, and other consulting services; and, (2) not subject to a requirement that the lowest bid be accepted.

IDENTIFICATION OF CONTRACTORS & RELATED PERSONNEL

CONTRACTORS: (See “Definitions” – page 2) Any entity who currently provides service(s) by means of a Professional Services Contract to the Municipal Pension System of the **Requesting Municipality**, please complete all of the following:

Identify the Municipal Pension System(s) for which you are providing information:

Indicate all that apply with an “X”:

Non- Uniform Plan

Police Plan

Fire Plan

****NOTE:** For all that follow, you may answer the questions / items on a separate sheet of paper and attach it to this Disclosure if the space provided is not sufficient. Please reference each question / item you are responding to by the appropriate number. (example: REF – Item #1.)

1. Please provide the names and titles of all individuals providing professional services to the **Requesting Municipality’s** pension plan(s) identified above. Also include the names and titles of any advisors and subcontractors of the Contractor, identifying them as such. After each name provide a description of the responsibilities of that person with regard to the professional services being provided to each designated pension plan.

William C. Asay, CEBS - President & CEO

Colleen A. Deer - Vice President - Consultant

David H. Stimpson, E.A., F.C.A., M.A.A.A. - VP of Actuarial Services

Diane Sokol - Actuarial Analyst

2. Please list the name and title of any *Affiliated Entity* and their *Executive-level Employee(s)* that require disclosure; after each name, include a brief description of their duties. (See: Definitions)

None

3. Are any of the individuals named in **Item 1 or Item 2** above, a current or former official or employee of the **Requesting Municipality**? Yes ___ No X

⇒ IF “YES”, provide the name and of the person employed, their position with the municipality, and dates of employment.

4. Are any of the individuals named in **Item 1 or Item 2** above a current or former registered Federal or State lobbyist? Yes ___ No X

⇒ IF “YES”, provide the name of the individual, specify whether they are a state or federal lobbyist, and the date of their most recent registration /renewal.

NOTICE: All information provided for items 1- 4 above must be updated as changes occur.

5. During 2015, has the *Contractor* or an *Affiliated Entity* paid compensation to or employed any third party intermediary, agent, or lobbyist that is to directly or indirectly communicate with an official or employee of the *Municipal Pension System* of the **Requesting Municipality** (OR), any municipal official or employee of the **Requesting Municipality** in connection with any transaction or investment involving the *Contractor* and the *Municipal Pension System* of the **Requesting Municipality**? Yes ___ No ___

This question does not apply to an officer or employee of the *Contractor* who is acting within the scope of the firm's standard professional duties on behalf of the firm, including the actual provision of legal, accounting, engineering, real estate, or other professional advice, services, or assistance pursuant to the professional services contact with municipality's pension system.

- ⇒ IF "YES", identify: (1) whom (the third party intermediary, agent, or lobbyist) was paid the compensation or employed by the *Contractor* or *Affiliated Entity*, (2) their specific duties to directly or indirectly communicate with an official or employee of the *Municipal Pension System* of the **Requesting Municipality** (OR), any municipal official or employee of the **Requesting Municipality**, (3) the official they communicated with, and (4) the dates of this service.

6. During 2015, has the *Contractor*, or any agent, officer, director or employee of the *Contractor* solicited a contribution to any municipal officer or candidate for municipal office in the **Requesting Municipality**, or to the political party or political action committee of that official or candidate? Yes ___ No ___

- ⇒ IF "YES", identify the agent, officer, director or employee who made the solicitation and the municipal officials, candidates, political party or political committee who were solicited (to whom the solicitation was made).

7. During 2015, has the *Contractor* or an *Affiliated Entity* made any contributions to a municipal official or any candidate for municipal office in the **Requesting Municipality**? Yes ___ No ___

- ⇒ IF "YES", provide the name and address of the person(s) making the contribution, the contributor's relationship to the Contractor, The name and office or position of the person receiving the contribution, the date of the contribution, and the amount of the contribution.

8. Does the *Contractor* or an *Affiliated Entity* have any direct financial, commercial or business relationship with any official of the **Requesting Municipality** or **municipal pension system**? Yes ___ No ___

- ⇒ IF "YES", identify the individual with whom the relationship exists and give a detailed description of that relationship.

*NOTE: A written letter is required from the **Requesting Municipality** acknowledging the relationship and consenting to its existence. The letter must be attached to this disclosure. Contact the **Requesting Municipality** to obtain this letter and attach it to this disclosure before submission.

9. Has the *Contractor* or an *Affiliated Entity* given any gifts having more than a nominal value to any official, employee or fiduciary of the **Requesting Municipality or the municipal pension system**? Yes ___ No X

⇒ IF "YES", Provide the name of the person conferring the gift, the person receiving the gift, the office or position of the person receiving the gift, specify what the gift was, and the date conferred.

10. Disclosure of contributions to any political entity in the Commonwealth of Pennsylvania. Have you or an *Affiliated Entity* made any contributions to which all of the following apply? Yes ___ No X

Applicability: A "yes" response is required and full disclosure is required **ONLY WHEN ALL** of the following applies:

- a) The contribution was made within the last 5 years.
- b) The contribution was made by an officer, director, executive-level employee or owner of at least 5% of the *Contractor* or *Affiliated Entity*.
- c) The amount of the contribution was at least \$500 and in the form of:
 1. A single contribution by a person in (b.) above, **OR**
 2. The aggregate of all contributions all persons in (b.) above;
- d) The contribution was for
 1. Any candidate for any public office or any person who holds an office in the Commonwealth of Pennsylvania;
 2. The political committee of a candidate for public office or any person that holds an office in the Commonwealth of Pennsylvania.

⇒ IF "YES", provide the name and address of the person(s) making the contribution, the contributor's relationship to the *Contractor*, The name and office or position of the person receiving the contribution (or the political entity / party receiving the contribution), the date of the contribution, and the amount of the contribution.

11. With respect to your provision of professional services to the Municipal Pension System of the **Requesting Municipality**:

Are you aware of any apparent, potential or actual conflicts of interest with respect to any officer, director or employee of the *Contractor* and officials or employees of the **Requesting Municipality**? Yes ___ No X

NOTE: If, in the future, you become aware of any apparent, potential, or actual conflict of interest, you are expected to update this **Disclosure Form** immediately in writing by:

- Providing a brief synopsis of the conflict of interest (and);
- An explanation of the steps taken to address this apparent, potential, or actual conflict of interest.

⇒ IF "YES", Provide a detailed explanation of the circumstances which provide you with a basis to conclude that an apparent, potential, or actual conflict of interest may exist.

12. To the extent that you believe that **Chapter 7-A of Act 44 of 2009** requires you to disclose any additional information beyond what has been requested above, please provide that information below or on a separate piece of paper.

NONE

Please provide the name(s) and position(s) of the person(s) participating in the completion of this Disclosure. **One of the individuals** identified by the *Contractor* in *Item #1* above must participate in completing this Disclosure and must sign the below verification attesting to the participation of those individuals named below.

Name: William C. Asay, CEBS

Name:

Position: President & CEO

Position:

Name:

Name:

Position:

Position:

Name:

Name:

Position:

Position:



SIGNATURE _____

President & CEO

TITLE

11/18/2015

DATE

VERIFICATION

I, William C. Asay, hereby state that I am President & CEO for
(Name) (Position)

Mockenhaupt Benefits Group and I am authorized to make this verification.
(Contractor)

I hereby verify that the facts set forth in the foregoing Act 44 Disclosure Form for Entities Providing Professional Services to **CITY OF ALTOONA's** Pension System are true and correct to the best of my knowledge, information and belief. I also understand that knowingly making material misstatements or omissions in this form could subject the responding Contractor to the penalties in Section 705-A(e) of Act 44.

I understand that false statements herein are made subject to the penalties of 18 P.A.C.S. § 4904 relating to unsworn falsification to authorities.



Signature

11/18/2015

Date

INSTRUCTIONS FOR MUNICIPALITY:

DO NOT INCLUDE THIS INSTRUCTION PAGE WITH THE DISCLOSURE

You will need to prepare and send one of these disclosure forms to **each Contractor** that you have a contract for providing services to your pension plan (AND) a separate set of disclosures for each type of plan – fire, police, etc.

IF ONE CONTRACTOR services two or more plans, then only one disclosure is required, but the contractor must indicate he / she is completing the disclosure for more than one plan....**PAGE 4, Question One.**

You should also prepare a brief cover letter explaining the reason you are sending this disclosure out.

➤ **Who should receive this disclosure?**

Generally there are 5 primary service providers for each pension plan but it is not limited to just these:

Actuarial Services Investment Services Administration Services Advisory Services

Legal Advisory Services – usually performed by the municipal solicitor

IF some of these services are combined through one service provider **or Contractor**, then you only need to send this to that one entity. **For Example**, your administrative services and actuarial services are conducted through **Robert Smith and Associates** and your contract is with this company. However, **Robert Smith and Associates** subcontracts certain portions of these services to two other companies. You need only send one disclosure to **Robert Smith and Associates**, and one to any other entity that provides specific services – other than administrative and actuarial.

➤ **PLEASE CHECK WITH YOUR SOLICITOR**....as a precaution regarding whom you should send this disclosure to.

2015
ACT 44 DISCLOSURE FORM FOR ENTITIES PROVIDING
PROFESSIONAL SERVICES TO THE
CITY OF ALTOONA'S PENSION SYSTEM

CHAPTER 7-A OF ACT 44 OF 2009 MANDATES the annual disclosure of certain information by every entity (hereinafter "**Contractor**") which is a party to a professional services contract with one of the pension funds of CITY OF ALTOONA (hereinafter the "**Requesting Municipality**"). Act 44 disclosure requirements apply to *Contractors* who provide professional pension services and receive payment of any kind from the **Requesting Municipality's** pension fund. The **Requesting Municipality** has determined that your company falls under the requirements of Act 44 and must complete this disclosure form. You are expected to submit this completed form, to the Requesting Municipality below, by **December 31, 2015**. If, for any reason you believe that Act 44 does not require you to complete this disclosure form, please provide a written explanation of your reason(s).

**RETURN COMPLETED
DISCLOSURE TO:**

Omar Strohm, Finance Director

City of Altoona

1301 12th Street, Suite 104

Altoona, PA 16601

Phe: (814) 949-2439

REQUIRED UPDATES:

Where noted, information in this form must be updated in writing as changes occur prior to the next disclosure cycle.

DEFINITIONS FOR DISCLOSURE

TERM:	DEFINITION:
CONTRACTOR	Any person, company, or other entity that receives payments, fees, or any other form of compensation from a municipal pension fund in exchange for rendering professional services for the benefit of the municipal pension fund.
SUBCONTRACTOR OR ADVISOR	Anyone who is paid a fee or receives compensation from a municipal pension system – directly or indirectly from or through a contractor.
AFFILIATED ENTITY	Any of the following: 1. A subsidiary or holding company of a lobbying firm or other business entity owned in whole or in part by a lobbying firm. 2. An organization recognized by the Internal Revenue Service as a tax-exempt organization under section 501(c) of the Internal Revenue Code of 1986 (Public Law 99-514, 26 U.S.C. § 501 (c)) established by a lobbyist or lobbying firm or an affiliated entity.
CONTRIBUTIONS	As defined in section 1621 of the act of June 3 rd , 1937 (P.L. 1333, No. 320), known as the Pennsylvania Election Code
POLITICAL COMMITTEE	As defined in section 1621 of the act of June 3 rd , 1937 (P.L. 1333, No. 320), known as the Pennsylvania Election Code
EXECUTIVE LEVEL EMPLOYEE	Any employee or person or the person's affiliated entity who: 1. Can affect or influence the outcome of the person's or affiliated entity's actions, policies, or decisions relating to pensions and the conduct of business with a municipality or a municipal pension system; or 2. Is directly involved in the implementation or development policies relating to pensions, investments, contracts or procurement or the conduct of business with a municipality or municipal pension system.
MUNICIPAL PENSION SYSTEM	Any qualifying pension plan, under Pennsylvania state law, for any municipality within the Commonwealth of Pennsylvania; includes the Pennsylvania Municipal Retirement System. <i>Example: the Police Pension Plan for the Borough of Winchesterville</i>
MUNICIPAL PENSION SYSTEM OFFICIALS AND EMPLOYEES; MUNICIPAL OFFICIALS AND EMPLOYEES	Where applicable, includes any employee, elected official, appointed official, candidate for political office, or pension committee member of the Requesting Municipality .
PROFESSIONAL SERVICES CONTRACT	A contract to which the municipal pension system is a party that is: (1) for the purchase of professional services including investment services, legal services, real estate services, and other consulting services; and, (2) not subject to a requirement that the lowest bid be accepted.

IDENTIFICATION OF CONTRACTORS & RELATED PERSONNEL

CONTRACTORS: (See "Definitions" – page 2) Any entity who currently provides service(s) by means of a Professional Services Contract to the Municipal Pension System of the **Requesting Municipality**, please complete all of the following:

Identify the Municipal Pension System(s) for which you are providing information:

Indicate all that apply with an "X":

Non- Uniform Plan

Police Plan

Fire Plan

****NOTE:** For all that follow, you may answer the questions / items on a separate sheet of paper and attach it to this Disclosure if the space provided is not sufficient. Please reference each question / item you are responding to by the appropriate number. (example: REF – Item #1.)

1. Please provide the names and titles of all individuals providing professional services to the **Requesting Municipality's** pension plan(s) identified above. Also include the names and titles of any advisors and subcontractors of the Contractor, identifying them as such. After each name provide a description of the responsibilities of that person with regard to the professional services being provided to each designated pension plan.

Mary M. Wall. Transcribe tape recorded minutes of quarterly meetings of Police Pension Board.

2. Please list the name and title of any *Affiliated Entity* and their *Executive-level Employee(s)* that require disclosure; after each name, include a brief description of their duties. (See: Definitions)

3. Are any of the individuals named in **Item 1** or **Item 2** above, a current or former official or employee of the **Requesting Municipality**? Yes X No

⇒ IF "YES", provide the name and of the person employed, their position with the municipality, and dates of employment.

Mary M. Wall. - Clerical Associate III
10-1-73 to Present

4. Are any of the individuals named in **Item 1** or **Item 2** above a current or former registered Federal or State lobbyist? Yes No X

⇒ IF "YES", provide the name of the individual, specify whether they are a state or federal lobbyist, and the date of their most recent registration /renewal.

NOTICE: All information provided for items 1- 4 above must be updated as changes occur.

5. During 2015, has the *Contractor* or an *Affiliated Entity* paid compensation to or employed any third party intermediary, agent, or lobbyist that is to directly or indirectly communicate with an official or employee of the *Municipal Pension System* of the **Requesting Municipality** (OR), any municipal official or employee of the **Requesting Municipality** in connection with any transaction or investment involving the *Contractor* and the *Municipal Pension System* of the **Requesting Municipality**? Yes ___ No X

This question does not apply to an officer or employee of the *Contractor* who is acting within the scope of the firm's standard professional duties on behalf of the firm, including the actual provision of legal, accounting, engineering, real estate, or other professional advice, services, or assistance pursuant to the professional services contact with municipality's pension system.

- ⇒ IF "YES", identify: (1) whom (the third party intermediary, agent, or lobbyist) was paid the compensation or employed by the *Contractor* or *Affiliated Entity*, (2) their specific duties to directly or indirectly communicate with an official or employee of the *Municipal Pension System* of the **Requesting Municipality** (OR), any municipal official or employee of the **Requesting Municipality**, (3) the official they communicated with, and (4) the dates of this service.

6. During 2015, has the *Contractor*, or any agent, officer, director or employee of the *Contractor* solicited a contribution to any municipal officer or candidate for municipal office in the **Requesting Municipality**, or to the political party or political action committee of that official or candidate? Yes ___ No X

- ⇒ IF "YES", identify the agent, officer, director or employee who made the solicitation and the municipal officials, candidates, political party or political committee who were solicited (to whom the solicitation was made).

7. During 2015, has the *Contractor* or an *Affiliated Entity* made any contributions to a municipal official or any candidate for municipal office in the **Requesting Municipality**? Yes ___ No X

- ⇒ IF "YES", provide the name and address of the person(s) making the contribution, the contributor's relationship to the Contractor, The name and office or position of the person receiving the contribution, the date of the contribution, and the amount of the contribution.

8. Does the *Contractor* or an *Affiliated Entity* have any direct financial, commercial or business relationship with any official of the **Requesting Municipality** or **municipal pension system**? Yes ___ No X

- ⇒ IF "YES", identify the individual with whom the relationship exists and give a detailed description of that relationship.

****NOTE:** A written letter is required from the **Requesting Municipality** acknowledging the relationship and consenting to its existence. The letter must be attached to this disclosure. Contact the **Requesting Municipality** to obtain this letter and attach it to this disclosure before submission.

9. Has the *Contractor* or an *Affiliated Entity* given any gifts having more than a nominal value to any official, employee or fiduciary of the **Requesting Municipality** or the **municipal pension system**? Yes ___ No X
⇒ IF "YES", Provide the name of the person conferring the gift, the person receiving the gift, the office or position of the person receiving the gift, specify what the gift was, and the date conferred.

10. Disclosure of contributions to any political entity in the Commonwealth of Pennsylvania. Have you or an *Affiliated Entity* made any contributions to which all of the following apply? Yes ___ No X

Applicability: A "yes" response is required and full disclosure is required **ONLY WHEN ALL** of the following applies:

- a) The contribution was made within the last 5 years.
- b) The contribution was made by an officer, director, executive-level employee or owner of at least 5% of the *Contractor* or *Affiliated Entity*.
- c) The amount of the contribution was at least \$500 and in the form of:
 1. A single contribution by a person in (b.) above, **OR**
 2. The aggregate of all contributions all persons in (b.) above;
- d) The contribution was for
 1. Any candidate for any public office or any person who holds an office in the Commonwealth of Pennsylvania;
 2. The political committee of a candidate for public office or any person that holds an office in the Commonwealth of Pennsylvania.

⇒ IF "YES", provide the name and address of the person(s) making the contribution, the contributor's relationship to the *Contractor*, The name and office or position of the person receiving the contribution (or the political entity / party receiving the contribution), the date of the contribution, and the amount of the contribution.

11. With respect to your provision of professional services to the Municipal Pension System of the **Requesting Municipality**:

Are you aware of any apparent, potential or actual conflicts of interest with respect to any officer, director or employee of the *Contractor* and officials or employees of the **Requesting Municipality**? Yes ___ No X

NOTE: If, in the future, you become aware of any apparent, potential, or actual conflict of interest, you are expected to update this **Disclosure Form** immediately in writing by:

- Providing a brief synopsis of the conflict of interest (and);
- An explanation of the steps taken to address this apparent, potential, or actual conflict of interest.

⇒ IF "YES", Provide a detailed explanation of the circumstances which provide you with a basis to conclude that an apparent, potential, or actual conflict of interest may exist.

12. To the extent that you believe that **Chapter 7-A of Act 44 of 2009** requires you to disclose any additional information beyond what has been requested above, please provide that information below or on a separate piece of paper.

Please provide the name(s) and position(s) of the person(s) participating in the completion of this Disclosure. **One of the individuals** identified by the *Contractor* in *Item #1* above must participate in completing this Disclosure and must sign the below verification attesting to the participation of those individuals named below.

Name: Mary M. Wall

Name:

Position: Stenographer

Position:

Name:

Name:

Position:

Position:

Name:

Name:

Position:

Position:

Mary M. Wall
SIGNATURE

Stenographer
TITLE

12-10-15
DATE

VERIFICATION

I, Mary M. Wall, hereby state that I am Stenographer for
(Name) (Position)

Altoona Police Pension Fund and I am authorized to make this verification.
(Contractor)

I hereby verify that the facts set forth in the foregoing Act 44 Disclosure Form for Entities Providing Professional Services to **CITY OF ALTOONA's** Pension System are true and correct to the best of my knowledge, information and belief. I also understand that knowingly making material misstatements or omissions in this form could subject the responding Contractor to the penalties in Section 705-A(e) of Act 44.

I understand that false statements herein are made subject to the penalties of 18 P.A.C.S. § 4904 relating to unsworn falsification to authorities.

Mary M. Wall
Signature

12-10-15
Date

INSTRUCTIONS FOR MUNICIPALITY:

DO NOT INCLUDE THIS INSTRUCTION PAGE WITH THE DISCLOSURE

You will need to prepare and send one of these disclosure forms to **each Contractor** that you have a contract for providing services to your pension plan (AND) a separate set of disclosures for each type of plan – fire, police, etc.

IF ONE CONTRACTOR services two or more plans, then only one disclosure is required, but the contractor must indicate he / she is completing the disclosure for more than one plan....**PAGE 4, Question One.**

You should also prepare a brief cover letter explaining the reason you are sending this disclosure out.

➤ **Who should receive this disclosure?**

Generally there are 5 primary service providers for each pension plan but it is not limited to just these:

Actuarial Services Investment Services Administration Services Advisory Services

Legal Advisory Services – usually performed by the municipal solicitor

IF some of these services are combined through one service provider **or Contractor**, then you only need to send this to that one entity. **For Example**, your administrative services and actuarial services are conducted through **Robert Smith and Associates** and your contract is with this company. However, **Robert Smith and Associates** subcontracts certain portions of these services to two other companies. You need only send one disclosure to **Robert Smith and Associates**, and one to any other entity that provides specific services – other than administrative and actuarial.

➤ **PLEASE CHECK WITH YOUR SOLICITOR**....as a precaution regarding whom you should send this disclosure to.

ACT 44 DISCLOSURE FORM FOR ENTITIES PROVIDING PROFESSIONAL SERVICES TO THE CITY OF ALTOONA'S PENSION SYSTEM

CHAPTER 7-A OF ACT 44 OF 2009 MANDATES the annual disclosure of certain information by every entity (hereinafter "**Contractor**") which is a party to a professional services contract with one of the pension funds of CITY OF ALTOONA (hereinafter the "**Requesting Municipality**"). Act 44 disclosure requirements apply to *Contractors* who provide professional pension services and receive payment of any kind from the **Requesting Municipality's** pension fund. The **Requesting Municipality** has determined that your company falls under the requirements of Act 44 and must complete this disclosure form. You are expected to submit this completed form, to the Requesting Municipality below, by **December 31, 2015**. If, for any reason you believe that Act 44 does not require you to complete this disclosure form, please provide a written explanation of your reason(s).

RETURN COMPLETED DISCLOSURE TO:

Omar Strohm, Finance Director
City of Altoona
1301 12th Street, Suite 104
Altoona, PA 16601

REQUIRED UPDATES:

Where noted, information in this form must be updated in writing as changes occur.

DEFINITIONS FOR DISCLOSURE

TERM:	DEFINITION:
CONTRACTOR	Any person, company, or other entity that receives payments, fees, or any other form of compensation from a municipal pension fund in exchange for rendering professional services for the benefit of the municipal pension fund.
SUBCONTRACTOR OR ADVISOR	Anyone who is paid a fee or receives compensation from a municipal pension system – directly or indirectly from or through a contractor.
AFFILIATED ENTITY	Any of the following: <ol style="list-style-type: none"> 1. A subsidiary or holding company of a lobbying firm or other business entity owned in whole or in part by a lobbying firm. 2. An organization recognized by the Internal Revenue Service as a tax-exempt organization under section 501(c) of the Internal Revenue Code of 1986 (Public Law 99-514, 26 U.S.C. §501(c)) established by a lobbyist or lobbying firm or an affiliated entity.
CONTRIBUTIONS	As defined in section 1621 of the act of June 3 rd , 1937 (P.L. 1333, No. 320), known as the Pennsylvania Election Code.
POLITICAL COMMITTEE	As defined in section 1621 of the act of June 3 rd , 1937 (P.L. 1333, No. 320), known as the Pennsylvania Election Code.
EXECUTIVE LEVEL EMPLOYEE	Any employee or person or the person’s affiliated entity who: <ol style="list-style-type: none"> 1. Can affect or influence the outcome of the person’s or affiliated entity’s actions, policies, or decisions relating to pensions and the conduct of business with a municipality or a municipal pension system; or 2. Is directly involved in the implementation or development policies relating to pensions, investments, contracts or procurement or the conduct of business with a municipality or municipal pension system.
MUNICIPAL PENSION SYSTEM	Any qualifying pension plan, under Pennsylvania state law, for any municipality within the Commonwealth of Pennsylvania; includes the Pennsylvania Municipal Retirement System. <i>Example: the Police Pension Plan for the Borough of Winchesterville</i>
MUNICIPAL PENSION SYSTEM OFFICIALS AND EMPLOYEES; MUNICIPAL OFFICIALS AND EMPLOYEES	Where applicable, includes any employee, elected official, appointed official, candidate for political office, or pension committee member of the Requesting Municipality .
PROFESSIONAL SERVICES CONTRACT	A contract to which the municipal pension system is a party that is: (1) for the purchase of professional services including investment services, legal services, real estate services, and other consulting services; and, (2) not subject to a requirement that the lowest bid be accepted.

IDENTIFICATION OF CONTRACTORS & RELATED PERSONNEL

CONTRACTORS: (See “Definitions” – page 2) Any entity who currently provides service(s) by means of a Professional Services Contract to the Municipal Pension System of the **Requesting Municipality**, please complete all of the following:

Identify the Municipal Pension System(s) for which you are providing information:

Indicate all that apply with an “X”: Non-Uniformed Plans Police Plan
 Fire Plan

****NOTE:** For all that follow, you may answer the questions / items on a separate sheet of paper and attach it to this Disclosure if the space provided is not sufficient. Please reference each question / item you are responding to by the appropriate number. (example: REF – Item #1.)

1. Please provide the names and titles of all individuals providing professional services to the **Requesting Municipality**’s pension plan(s) identified above. Also include the names and titles of any advisors and subcontractors of the Contractor, identifying them as such. After each name provide a description of the responsibilities of that person with regard to the professional services being provided to each designated pension plan.

Michael L. Pisula

2. Please list the name and title of any *Affiliated Entity* and their *Executive-level Employee(s)* that require disclosure; after each name, include a brief description of their duties. (See: Definitions)

N/A

3. Are any of the individuals named in **Item 1** or **Item 2** above, current or former official or employee of the **Requesting Municipality**? **NO**

→ **IF “YES”**, please provide the name and of the person employed, their position with the municipality, and dates of employment

4. Are any of the individuals named in **Item 1** or **Item 2** above a current or former registered Federal or State lobbyist? **NO**

→ **IF “YES”**, please provide the name of the individual, specify whether they are a state or federal lobbyist, and the date of their most recent registration / renewal.

NOTICE: All information provided for items 1-4 above must be updated as changes occur.

5. Since December 17, 2009, has the **Contractor** or an **Affiliated Entity** paid compensation to or employed any third party intermediary, agent, or lobbyist that is to directly or indirectly communicate with an official or employee of the **Municipal Pension System** of the **Requesting Municipality** (OR), any municipal official or employee of the **Requesting Municipality** in connection with any transaction or investment involving the **Contractor** and the Municipal Pension System of the **Requesting Municipality**? **NO**

This question does not apply to an officer or employee of the **Contractor** who is acting within the scope of the firm's standard professional duties on behalf of the firm, including the actual provision of legal, accounting, engineering, real estate, or other professional advice, services, or assistance pursuant to the professional services contact with municipality's pension system.

- **IF "YES"**, identify: (1) whom (the third party intermediary, agent, or lobbyist) was paid the compensation or employed by the **Contractor** or **Affiliated Entity**, (2) their specific duties to directly or indirectly communicate with an official or employee of the **Municipal Pension System** of the **Requesting Municipality** (OR), any municipal official or employee of the **Requesting Municipality**, (3) the official they communicated with, and (4) the dates of this service.

6. **Since December 17, 2009**, has the **Contractor**, or any agent, officer, director or employee of the **Contractor** solicited a contribution to any municipal officer or candidate for municipal office in the **Requesting Municipality**, or to the political party or political action committee of that official or candidate? **NO**

- **IF "YES"**, identify the agent, officer, director or employee who made the solicitation and the municipal officials, candidates, political party or political committee who were solicited (to whom the solicitation was made).

7. **Since December 17, 2009**: Has the **Contractor** or an **Affiliated Entity** made any contributions to a municipal official or candidate for municipal office in the **Requesting Municipality**? **NO**

- **IF "YES"**, provide the name and address of the person(s) making the contribution, the contributor's relationship to the Contractor, the name and office or position of the person receiving the contribution, the date of the contribution, and the amount of the contribution.

8. Does the **Contractor** or an **Affiliated Entity** have any direct financial, commercial or business relationship with any official of the **Requesting Municipality** or **municipal pension system**? **NO**

- **IF "YES"**, identify the individual with whom the relationship exists and give a detailed description of that relationship.

****NOTE:** A written letter is required from the **Requesting Municipality** acknowledging the relationship and consenting to its existence. The letter must be attached to this disclosure. Contact the **Requesting Municipality** to obtain this letter and attach it to this disclosure before submission.

9. Has the **Contractor** or an **Affiliated Entity** given any gifts having more than a nominal value to any official, employee or fiduciary of the **Requesting Municipality or the municipal pension system**? **NO**

→ **IF "YES"**, provide the name of the person conferring the gift, the person receiving the gift, the office or position of the person receiving the gift, specify what the gift was, and the date conferred.

10. Disclosure of contributions to any political entity in the Commonwealth of Pennsylvania. Have you or an Affiliated Entity made any contributions to which all the following apply? **NO**

Applicability: A "yes" response is required and full disclosure is required **ONLY WHEN ALL** of the following applies:

- a) The contribution was made within the last 5 years **NO**
- b) The contribution was made by an officer, director, executive-level employee or owner of at least 5% of the **Contractor** or **Affiliated Entity**. **NO**
- c) The amount of the contribution was at least \$500 and in the form of:
 1. A single contribution by a person in (b.) above, **OR**
 2. The aggregate of all contributions all persons in (b.) above; **NO**
- d) The contribution was for **NO**
 1. Any candidate for any public office or any person who holds an office in the Commonwealth of Pennsylvania;
 2. The political committee of a candidate for public office or any person that holds an office in the Commonwealth of Pennsylvania.

→ **IF "YES"**, provide the name and address of the person(s) making the contribution, the contributor's relationship to the **Contractor**, the name and office or position of the person receiving the contribution (or the political entity / party receiving the contribution), the date of the contribution, and the amount of the contribution.

11. With respect to your provision of professional services to the Municipal Pension System of the **Requesting Municipality**:

Are you aware of any apparent, potential or actual conflicts of interest with respect to any officer, director or employee of the **Contractor** and officials or employees of the **Requesting Municipality**? **NO**

NOTE: If, in the future, you become aware of any apparent, potential, or actual conflict of interest, you are expected to update this **Disclosure Form** immediately in writing by:

- Providing a brief synopsis of conflict of interest (and);
- An explanation of the steps taken to address this apparent, potential, or actual conflict of interest.

→ **IF "YES"**, provide a detailed explanation of the circumstances which provide you with a basis to conclude that an apparent, potential, or actual conflict of interest may exist.

12. To the extent that you believe that **Chapter 7-A of Act 44 of 2009** requires you to disclose any additional information beyond what has been requested above, please provide that information below or on a separate piece of paper.

N/A

Please provide the name(s) and position(s) of the person(s) participating in the completion of this Disclosure. **One of the individuals** identified by the **Contractor** in **Item #1** above must participate in completing this Disclosure and must sign the below verification attesting to the participation of those individuals named below.

Name: Michael L. Pisula

Name:

Position: Actuary

Position:

Name:

Name:

Position:

Position:

Name:

Name:

Position:

Position:



SIGNATURE

Actuary

TITLE

6/17/2015

DATE

VERIFICATION

I, Michael L. Pisula, hereby state that I am Actuary for
(Name) (Position)
Phoenix Benefits Group and I am authorized to make this verification.
(Contractor)

I hereby verify that the facts set forth in the foregoing Act 44 Disclosure Form for Entities Providing Professional Services to **CITY OF ALTOONA**'s Pension System are true and correct to the best of my knowledge, information and belief. I also understand that knowingly making material misstatements or omissions in this form could subject the responding Contractor to the penalties in Section 705-A(e) of Act 44.

I understand that false statements herein are made subject to the penalties of 18 P.A.C.S § 4904 relating to unsworn falsification to authorities.


Signature

6/17/2015.
Date

2015
ACT 44 DISCLOSURE FORM FOR ENTITIES PROVIDING
PROFESSIONAL SERVICES TO THE
CITY OF ALTOONA'S PENSION SYSTEM

CHAPTER 7-A OF ACT 44 OF 2009 MANDATES the annual disclosure of certain information by every entity (hereinafter "**Contractor**") which is a party to a professional services contract with one of the pension funds of CITY OF ALTOONA (hereinafter the "**Requesting Municipality**"). Act 44 disclosure requirements apply to *Contractors* who provide professional pension services and receive payment of any kind from the **Requesting Municipality's** pension fund. The **Requesting Municipality** has determined that your company falls under the requirements of Act 44 and must complete this disclosure form. You are expected to submit this completed form, to the Requesting Municipality below, by **December 31, 2015**. If, for any reason you believe that Act 44 does not require you to complete this disclosure form, please provide a written explanation of your reason(s).

**RETURN COMPLETED
DISCLOSURE TO:**

Omar Strohm, Finance Director
City of Altoona
1301 12th Street, Suite 104
Altoona, PA 16601
Phe: (814) 949-2439

REQUIRED UPDATES:

Where noted, information in this form must be updated in writing as changes occur prior to the next disclosure cycle.

DEFINITIONS FOR DISCLOSURE

TERM:	DEFINITION:
CONTRACTOR	Any person, company, or other entity that receives payments, fees, or any other form of compensation from a municipal pension fund in exchange for rendering professional services for the benefit of the municipal pension fund.
SUBCONTRACTOR OR ADVISOR	Anyone who is paid a fee or receives compensation from a municipal pension system – directly or indirectly from or through a contractor.
AFFILIATED ENTITY	Any of the following: <ol style="list-style-type: none"> 1. A subsidiary or holding company of a lobbying firm or other business entity owned in whole or in part by a lobbying firm. 2. An organization recognized by the Internal Revenue Service as a tax-exempt organization under section 501(c) of the Internal Revenue Code of 1986 (Public Law 99-514, 26 U.S.C. § 501 (c)) established by a lobbyist or lobbying firm or an affiliated entity.
CONTRIBUTIONS	As defined in section 1621 of the act of June 3 rd , 1937 (P.L. 1333, No. 320), known as the Pennsylvania Election Code
POLITICAL COMMITTEE	As defined in section 1621 of the act of June 3 rd , 1937 (P.L. 1333, No. 320), known as the Pennsylvania Election Code
EXECUTIVE LEVEL EMPLOYEE	Any employee or person or the person's affiliated entity who: <ol style="list-style-type: none"> 1. Can affect or influence the outcome of the person's or affiliated entity's actions, policies, or decisions relating to pensions and the conduct of business with a municipality or a municipal pension system; or 2. Is directly involved in the implementation or development policies relating to pensions, investments, contracts or procurement or the conduct of business with a municipality or municipal pension system.
MUNICIPAL PENSION SYSTEM	Any qualifying pension plan, under Pennsylvania state law, for any municipality within the Commonwealth of Pennsylvania; includes the Pennsylvania Municipal Retirement System. <i>Example: the Police Pension Plan for the Borough of Winchesterville</i>
MUNICIPAL PENSION SYSTEM OFFICIALS AND EMPLOYEES; MUNICIPAL OFFICIALS AND EMPLOYEES	Where applicable, includes any employee, elected official, appointed official, candidate for political office, or pension committee member of the Requesting Municipality .
PROFESSIONAL SERVICES CONTRACT	A contract to which the municipal pension system is a party that is: (1) for the purchase of professional services including investment services, legal services, real estate services, and other consulting services; and, (2) not subject to a requirement that the lowest bid be accepted.

IDENTIFICATION OF CONTRACTORS & RELATED PERSONNEL

CONTRACTORS: (See “Definitions” – page 2) Any entity who currently provides service(s) by means of a Professional Services Contract to the Municipal Pension System of the **Requesting Municipality**, please complete all of the following:

Identify the Municipal Pension System(s) for which you are providing information:

Indicate all that apply with an “X”:

<input type="checkbox"/>	Non- Uniform Plan	<input checked="" type="checkbox"/>	Police Plan
<input type="checkbox"/>	Fire Plan		

****NOTE:** For all that follow, you may answer the questions / items on a separate sheet of paper and attach it to this Disclosure if the space provided is not sufficient. Please reference each question / item you are responding to by the appropriate number. (example: REF – Item #1.)

1. Please provide the names and titles of all individuals providing professional services to the **Requesting Municipality’s** pension plan(s) identified above. Also include the names and titles of any advisors and subcontractors of the Contractor, identifying them as such. After each name provide a description of the responsibilities of that person with regard to the professional services being provided to each designated pension plan.

Steve Feaster, President, Feaster Pension Consulting, Inc. – Individual identified is solely responsible for all services rendered, no other employees.

2. Please list the name and title of any *Affiliated Entity* and their *Executive-level Employee(s)* that require disclosure; after each name, include a brief description of their duties. (See: Definitions)

N/A

3. Are any of the individuals named in **Item 1 or Item 2** above, a current or former official or employee of the **Requesting Municipality**? Yes ___ No X

➔ **IF “YES”,** provide the name and of the person employed, their position with the municipality, and dates of employment.

4. Are any of the individuals named in **Item 1 or Item 2** above a current or former registered Federal or State lobbyist? Yes ___ No X

➔ **IF “YES”,** provide the name of the individual, specify whether they are a state or federal lobbyist, and the date of their most recent registration /renewal.

NOTICE: All information provided for items 1- 4 above must be updated as changes occur.

5. During 2015, has the *Contractor* or an *Affiliated Entity* paid compensation to or employed any third party intermediary, agent, or lobbyist that is to directly or indirectly communicate with an official or employee of the *Municipal Pension System* of the **Requesting Municipality** (OR), any municipal official or employee of the **Requesting Municipality** in connection with any transaction or investment involving the *Contractor* and the *Municipal Pension System* of the **Requesting Municipality**? Yes ___ No X

This question does not apply to an officer or employee of the *Contractor* who is acting within the scope of the firm's standard professional duties on behalf of the firm, including the actual provision of legal, accounting, engineering, real estate, or other professional advice, services, or assistance pursuant to the professional services contact with municipality's pension system.

- ➔ IF "YES", identify: (1) whom (the third party intermediary, agent, or lobbyist) was paid the compensation or employed by the *Contractor* or *Affiliated Entity*, (2) their specific duties to directly or indirectly communicate with an official or employee of the *Municipal Pension System* of the **Requesting Municipality** (OR), any municipal official or employee of the **Requesting Municipality**, (3) the official they communicated with, and (4) the dates of this service.

6. During 2015, has the *Contractor*, or any agent, officer, director or employee of the *Contractor* solicited a contribution to any municipal officer or candidate for municipal office in the **Requesting Municipality**, or to the political party or political action committee of that official or candidate? Yes ___ No X

- ➔ IF "YES", identify the agent, officer, director or employee who made the solicitation and the municipal officials, candidates, political party or political committee who were solicited (to whom the solicitation was made).

7. During 2015, has the *Contractor* or an *Affiliated Entity* made any contributions to a municipal official or any candidate for municipal office in the **Requesting Municipality**? Yes ___ No X

- ➔ IF "YES", provide the name and address of the person(s) making the contribution, the contributor's relationship to the Contractor, The name and office or position of the person receiving the contribution , the date of the contribution, and the amount of the contribution.

8. Does the *Contractor* or an *Affiliated Entity* have any direct financial, commercial or business relationship with any official of the **Requesting Municipality** or **municipal pension system**? Yes ___ No X

- ➔ IF "YES", identify the individual with whom the relationship exists and give a detailed description of that relationship.

****NOTE:** A written letter is required from the **Requesting Municipality** acknowledging the relationship and consenting to its existence. The letter must be attached to this disclosure. Contact the **Requesting Municipality** to obtain this letter and attach it to this disclosure before submission.

9. Has the *Contractor* or an *Affiliated Entity* given any gifts having more than a nominal value to any official, employee or fiduciary of the **Requesting Municipality or the municipal pension system**? Yes ___ No X
➔ **IF "YES"**, Provide the name of the person conferring the gift, the person receiving the gift, the office or position of the person receiving the gift, specify what the gift was, and the date conferred.

10. Disclosure of contributions to any political entity in the Commonwealth of Pennsylvania. Have you or an *Affiliated Entity* made any contributions to which all of the following apply? Yes ___ No X
Applicability: A "yes" response is required and full disclosure is required **ONLY WHEN ALL** of the following applies:

- a) The contribution was made within the last 5 years.
- b) The contribution was made by an officer, director, executive-level employee or owner of at least 5% of the *Contractor* or *Affiliated Entity*.
- c) The amount of the contribution was at least \$500 and in the form of:
 1. A single contribution by a person in (b.) above, **OR**
 2. The aggregate of all contributions all persons in (b.) above;
- d) The contribution was for
 1. Any candidate for any public office or any person who holds an office in the Commonwealth of Pennsylvania;
 2. The political committee of a candidate for public office or any person that holds an office in the Commonwealth of Pennsylvania.

➔ **IF "YES"**, provide the name and address of the person(s) making the contribution, the contributor's relationship to the *Contractor*, The name and office or position of the person receiving the contribution (or the political entity / party receiving the contribution), the date of the contribution, and the amount of the contribution.

11. With respect to your provision of professional services to the Municipal Pension System of the **Requesting Municipality**:

Are you aware of any apparent, potential or actual conflicts of interest with respect to any officer, director or employee of the *Contractor* and officials or employees of the **Requesting Municipality**? Yes ___ No X

NOTE: If, in the future, you become aware of any apparent, potential, or actual conflict of interest, you are expected to update this **Disclosure Form** immediately in writing by:

- Providing a brief synopsis of the conflict of interest (and);
- An explanation of the steps taken to address this apparent, potential, or actual conflict of interest.

➔ **IF "YES"**, Provide a detailed explanation of the circumstances which provide you with a basis to conclude that an apparent, potential, or actual conflict of interest may exist.

12. To the extent that you believe that **Chapter 7-A of Act 44 of 2009** requires you to disclose any additional information beyond what has been requested above, please provide that information below or on a separate piece of paper.

Please provide the name(s) and position(s) of the person(s) participating in the completion of this Disclosure. **One of the individuals** identified by the *Contractor* in *Item #1* above must participate in completing this Disclosure and must sign the below verification attesting to the participation of those individuals named below.

Name: Steve Feaster

Name:

Position: President

Position:

Name:

Name:

Position:

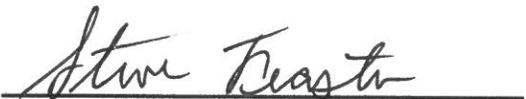
Position:

Name:

Name:

Position:

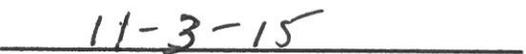
Position:



SIGNATURE



TITLE



DATE

VERIFICATION

I, Steve Feaster, hereby state that I am President of
(Name) (Position)
Feaster Pension Consulting, Inc. and I am authorized to make this verification.
(Contractor)

I hereby verify that the facts set forth in the foregoing Act 44 Disclosure Form for Entities Providing Professional Services to **CITY OF ALTOONA's** Pension System are true and correct to the best of my knowledge, information and belief. I also understand that knowingly making material misstatements or omissions in this form could subject the responding Contractor to the penalties in Section 705-A(e) of Act 44.

I understand that false statements herein are made subject to the penalties of 18 P.A.C.S. § 4904 relating to unsworn falsification to authorities.

Steve Feaster
Signature

11-3-15
Date