ACT 44 DISCLOSURE FORM

ACT 44 DISCLOSURE FORM FOR ENTITIES PROVIDING PROFESSIONAL SERVICES TO LOWER PAXTON TOWNSHIP'S PENSION SYSTEM

Chapter 7-A of Pennsylvania Act 205 (Section 15 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 or more of the pension funds of Lower Paxton Township (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.

You are expected to submit this completed form to the Requesting Municipality with your proposal by the due date in the RFP, and comply with all future annual requests for completion **no later than December 1st**. 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) **no later than November 15th.**

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

Return the completed disclosure by December 1st to:

Lower Paxton Township
Attn: R. Samuel Miller, Assistant Township Manager/Finance Director
425 Prince Street
Harrisburg, PA 17109
smiller@lowerpaxton-pa.gov

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 3rd, 1937 (P.L. 1333, No. 320), known as the Pennsylvania Election Code
POLITICAL COMMITTEE	As defined in section 1621 of the act of June 3rd, 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.
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.

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

Robin Lindsey – Chairman, Board of Supervisors

Norman Zoumas – Vice Chairperson, Board of Supervisors

Paul Navarro – Treasurer, Board of Supervisors

Chris Judd – Secretary, Board of Supervisors

Pamela Thompson – Assistant Secretary/Treasurer, Board of Supervisors

Appointed Officials or Employees

Bradley Gotshall – Township Manager

R. Samuel Miller – Assistant Township Manager / Finance Director

Jada Dunlap – Finance Manager

Lyle Gaines – Human Resource Manager

Babst Calland – Solicitor

Pension and LOSAP Committee Members

Gage Cvijic (Uniformed)

Bryan Ryder (Uniformed)

Stephen Cover (Uniformed)

Natalie Fleck (NonUniformed)

John Deibler (NonUniformed)

Grant Garland (NonUniformed)

Adam Kosheba (LOSAP)

Ed Crum (LOSAP; Linglestown Fire Company)

Tim Pramik (LOSAP; Colonial Park Fire Company)

Jan Bowerman (LOSAP; Paxtonia Fire Company)

Bradley Gotshall (All)

Jada Dunlap (All)

R. Samuel Miller (All)

IDENTIFICATION OF CONTRACTORS & RELATED PERSONNEL

CONTRACTORS: (See **"Definitions"**) Any entity who currently provides service(s), or wishes to provide services by completing a request for proposal, 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"):

X	**Non- Uniform Plan**	X	**Police Plan**		**Volunteer Fire (LOSAP) Plan**

****NOTE:** For all that follow, you may answer the questions / items on a separate sheet of paper and attach it to this Disclosure. Please reference each question / item you are responding to by the appropriate number.

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 Subcontractors or Advisors of the Contractor, identifying them as such. After each name and title provide a description of the responsibilities of that person with regard to the professional services being provided to each designated pension plan.

   Carrie Troutman, CEBS – Executive Vice President, Retirement Services
   Gabrielle Slaugenhaupt - Consultant
   Bradley R. Wild, ASA, EA, FCA, MAAA – Senior Actuary
   Diane Sokol – Actuarial Analyst
   Sue Trout – Vice President, Client Relations

   Colleen Deer - Consultant

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? **No**

   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? **No.**

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. 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 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, (3) the official they communicated with, and (4) the dates of this service.

6. Within the past two years, has the Contractor, or any agent, officer, director, or employee of the Contractor solicited a contribution to any municipal official 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. Within the past two years, has the Contractor or an Affiliated Entity made any contributions to a municipal official or any 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? **No**

IF "YES", identify the individual with whom the relationship exists and give a detailed description of that relationship. 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? Gifts are broadly construed to include, but not limited to, money, services, loans, travel, lodging, entertainment, discounts or other things of value. **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 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:

        i. A single contribution by a person in (b.) above, **OR**

        ii. The aggregate of all contributions all persons in (b.) above;

    d. The contribution was for:

        i. Any candidate for any public office or any person who holds an office in the Commonwealth of Pennsylvania, **OR**

        ii. The political committee of a candidate for public office or any person that holds an office in the Commonwealth of Pennsylvania.

    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 (or the political entity / party receiving the contribution), the date of the contribution, and the amount of the contribution.

    NOTICE: All information provided for item 10 must be updated annually.

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**

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.

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:

a. Providing a brief synopsis of the conflict of interest (and);

b. An explanation of the steps taken to address this apparent, potential, or actual conflict of interest.

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

13. 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 in this response.

Carrie Hartman

Signature

Executive Vice President, Retirement Services
Title

11/11/2024
Date

VERIFICATION

I, Carrie Troutman, hereby state that I am Executive Vice President, Retirement Services for
(Name) (Position)

Mockenhaupt 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 Lower Paxton Township 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.

Carrie Troutman

Signature

Executive Vice President, Retirement Services
Title

11/11/2024
Date