

PART D: ACT 44 STANDARD DISCLOSURE FORM

MILLERSVILLE BOROUGH, PENNSYLVANIA

LIST OF MUNICIPAL OFFICIALS & EMPLOYEES OF THE REQUESTING MUNICIPAL ENTITY

APPLICANTS: Certain questions on this Disclosure 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 relevant employees.

MUNICIPALITY: Enter below, a list of municipal officials that have any involvement in the administration or management of the pension system – Elected Officials, Appointed Officials and Employees, Board Members, or other Pension Committee Members (if applicable). Do not include employees that are not in a management position or serve on a pension committee or in a decision-making position relative to this pension system. If a category listed below is not applicable, so state.

Elected Officials:			
Name:	Title:	Name:	Title:
Richard M Moriarty	Mayor		
Michael C Kirkham	Council President	Scott A Bailey	Council Member
David T Aichele	Council Vice President	Lynn M Miller	Council Member
Employees or Appointed Officials:			
Name:	Title:	Name:	Title:
Jessie L Ebersole	Finance Officer	Edward J Arnold	Borough Manager
Josele Cleary	Solicitor		
Others: Pension Committee Members (if applicable) (not listed above):			
Name:	Title:	Name:	Title:
Philip Lastowski	Council Asst. Secretary	Michael K Schaeffer	Police Sgt.
Daniel Ostrowski	Council Member		
Linda J Deal	Council Member		

APPLICANT STANDARD DISCLOSURE QUESTIONS

APPLICANT INSTRUCTIONS: In accordance with Chapter 7-A of Act 44, 2009, ALL applicants responding to this RFP must complete the following Standard Disclosure Form Questions.

1. Initial each question (except **Q1:**) to provide your response in the space provided to the right of each question.
2. **THEN:** provide explanations for all “*Yes*” or “*Applies*” responses **AND**, the information requested in **Q1: (mandatory)**, on a separate sheet(s) of paper with the question you are responding to clearly noted. Attach your response sheet to this Disclosure Form.

DISCLOSURE QUESTIONS

DISCLOSURE QUESTIONS		RESPONSES	
Questions	If your answer is "Yes" or "Applies" -- Please provide this information as instructed above	Initial Here for: "Yes" or "Applies"	Initial Here for: "No" or "Does not Apply"
Q1. Please provide the names and titles of <u>all</u> individuals who will be providing professional services to the Requesting Municipal entity's pension plan(s) identified. Also include the names and titles of <u>any advisors and subcontractors</u> of the Contractor, identifying them as such. After each name provide a brief description of the responsibilities of that person with regard to the professional services being provided.	**ALL Applicants: Provide all information as stated in the question on a separate page and attach it to this disclosure.	NA	NA
Q2. Please list the name and title of any <i>Affiliated Entity</i> and their <i>Executive-level Employee(s)</i> that require disclosure; after each name, include a brief description of their duties. (See: Definitions)	Provide all information as stated in the question.	CHRIS GRAY -CLIENT SERVICE MANAGER	
Q3. Are any of the individuals named in Question #1 or #2 above, a current or former official or employee of the Requesting Municipal entity ?	IF "YES", provide the name and of the person employed, their position with the municipality, and dates of employment.		NA
Q4. Are any of the individuals named in Question #1 or #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.		NA
Q5. Disclose the terms of employment / compensation of 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 Municipal entity (OR), any municipal official or employee of the Requesting Municipal entity in connection with any transaction or investment involving the <i>Applicant (or an Affiliated Entity)</i> and the Municipal Pension System of the Requesting Municipality ? <u>This question does not apply</u> to an officer or employee of the <i>Applicant</i> who is acting within the scope of the firm's standard professional duties on behalf of the firm, pursuant to the professional services contract with municipality's pension system.	IF "YES", identify: (1) (The third party intermediary, agent, or lobbyist) whom will be paid the compensation or employed by the <i>Applicant</i> or <i>Affiliated Entity</i> , (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 , and (3) The official they will communicate with.		NA
Q6. Since December 17th 2009 , has the <i>Applicant</i> , or any agent, officer, director or employee of the <i>Applicant</i> solicited a contribution to any municipal officer or candidate for municipal office in the Requesting Municipal entity , 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).		NA
Q7. In the past 2 years: Has the <i>Applicant</i> or an <i>Affiliated Entity</i> made any contributions to a municipal official or any candidate for municipal office in the Requesting Municipal entity ?	IF "YES", provide the name and address of the person(s) making the contribution, the contributor's relationship to the <i>Applicant</i> , the name and office or position of the person receiving the contribution, the date of the contribution, and the amount of the contribution.		NA

DISCLOSURE QUESTIONS (CONTINUED)

Questions	If your answer is "Yes" or "Applies" — — Please provide this information as instructed above	RESPONSES	
		Initial Here for: "Yes" or "Applies"	Initial Here for: "No" or "Does not Apply"
Q8. Does the <i>Applicant</i> or an <i>Affiliated Entity</i> have any direct financial, commercial or business relationship with any official identified on the <i>List of Municipal Officials</i> , of the Requesting Municipal entity ?	IF "YES" , identify the individual with whom the relationship exists and give a detailed description of that relationship.		NA
Q9. Since December 17 th 2009: Has the <i>Applicant</i> or an <i>Affiliated Entity</i> given any gifts having more than a nominal value to any official, employee or fiduciary – specifically, those on the <i>List of Municipal Officials</i> of the Requesting Municipal entity ?	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.		NA
Q10. 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: (1) The contribution was made within the last 5 years (2) The contribution was made by an officer, director, executive-level employee or owner of at least 5% of the <i>Applicant</i> or <i>Affiliated Entity</i> (3) The amount of the contribution was at least \$500 and in the form of: A single contribution by a person in (2) above OR , the aggregate of all contributions by all persons in (2) above; (4) The contribution was made to: A candidate for any public office in the Commonwealth or any person who holds that office OR ; A political committee of a candidate for public office in the Commonwealth or of an individual that holds that office.	IF "YES" , provide the name and address of the person(s) making the contribution, the contributor's relationship to the <i>Applicant</i> , 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.		NA
Q11. With respect to your provision of professional services to the Municipal Pension System of the Requesting Municipal entity : Are you aware of any apparent, potential or actual conflicts of interest with respect to any officer, director or employee of the <i>Applicant</i> (includes: subcontractors, advisors, or any <i>Affiliated Entity</i> of or for the <i>Applicant</i>), and any of the officials or employees of the Requesting Municipality ?	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.		NA
Q12. Former Employment – to your knowledge, is anyone now employed by <u>your firm</u> that was employed by the Requesting Municipal entity within the past one year OR is there anyone listed in the <i>List of Municipal Officials</i> above that was a formerly employed by <u>your firm</u> within the past one year?	IF "YES" , provide the name and of the person employed, their position with the municipality, and dates of employment. Note: Pursuant to Act 44, 2009, Section 702-A Subparagraph (e) "Conflict of Interest": A one year restriction is imposed, without exception, on either circumstance of this question.		NA

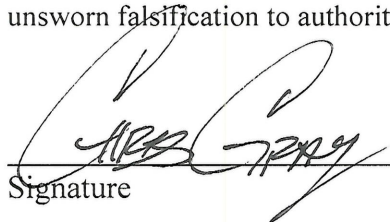
APPLICANT VERIFICATION

I, CHRIS GRAY, hereby state that I am the CLIENT SERVICE MANAGER for
(Name) (Position)

The PRINCIPAL FINANCIAL GROUP and I am authorized to make this verification.
(Contractor / Company Name)

I hereby verify that the facts set forth in the foregoing Act 44 Disclosure Form for RFP Applicants seeking to provide Professional Services to the **Millersville Borough's Pension Systems** 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 Applicant 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

10/03/2017
Date