

Act 44 DISCLOSURE FORM

IDENTIFICATION OF CONSULTANTS & RELATED PERSONNEL

CONSULTANTS: (See “Definitions” – page 2) Any entity who currently provides service(s) or is submitting a proposal to provide services by means of a Professional Services Contract to the Municipal Pension System(s) 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 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 or prospectively providing professional services to the **Requesting Municipality’s** pension plan(s) identified above. Also include the names and titles of any advisors and subconsultants of the Consultant who provide or may provide professional services related to the **Requesting Municipality’s** pension plan(s) identified above, identifying them as such. After each name provide a description of the responsibilities of that person with regard to the professional services being provided or to be provided to each designated pension plan.

Investment Management Team:

Barry W. Keck – Vice President, Senior Investment Analyst
Michael G. Davisson – Vice President, Senior Financial Advisor

Administrative/Custody Team:

Ronald H. Bittner – Vice President, Senior Consultant
Kelle-Ann Kichline – Senior Employee Benefits Account Officer
Fred A. Older – Municipal Pension 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)

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**?

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. In the two year period immediately preceding the submission of this Disclosure Form, has the **Consultant** 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 **Consultant** and the **Municipal Pension System** of the **Requesting Municipality**?

No

This question does not apply to an officer or employee of the **Consultant** 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 **Consultant** 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. In the two year period immediately preceding the submission of this Disclosure Form, has the **Consultant** or **Affiliated Entity**, or any agent, officer, director or employee of the **Consultant**, or an **Affiliated Entity** solicited any 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 of who solicited the contribution and the municipal officials, candidates, political party or political committee to whom such contribution was solicited.

7. In the two year period immediately preceding the submission of this Disclosure Form, has the **Consultant** 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 Consultant, 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 **Consultant** or an **Affiliated Entity** have any direct financial, commercial or business relationship (other than the contract to provide professional services to the pension plan(s) of the **Requesting Municipality**) with any official identified on the **List of Municipal Officials**, of the **Requesting Municipality**?

No

→ IF “YES”, identify the individual with whom the relationship exists and give a detailed description of that relationship.

9. Has the **Consultant** 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**?

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 **Consultant** 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 by 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.

No



IF "YES", provide the name and address of the person(s) making the contribution, the contributor's relationship to the **Consultant or Affiliated Entity**, 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 plan(s) 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 **Consultant** 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 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 **Consultant** 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 G. Davisson

Name: _____

Position: Vice President

Position: _____



Name: _____

Position: _____

Name: _____

Position: _____

Phillip S. Davis

Signature

Vice President

Title

12/15/17

Date



VERIFICATION

I, Michael G Davisson, hereby state that I am Vice President for Univest Municipal Pension Services and I am authorized to make this verification.

I hereby verify that the facts set forth in the foregoing Act 44 Disclosure Form for Individuals/Entities Submitting Proposals for Professional Pension Services to East Cocalico 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 Consultant 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

12/15/2017

Date

