

**2024 ACT 44 DISCLOSURE FORM FOR ENTITIES PROVIDING
PROFESSIONAL SERVICES TO THE PENSION SYSTEM(S) OF:
MEDIA BOROUGH'S PENSION SYSTEM
HEREINAFTER REFERRED TO AS THE "REQUESTING MUNICIPAL ENTITY"**

CHAPTER 7-A OF ACT 44 OF 2009 MANDATES the annual disclosure of certain information by every entity (hereinafter "**Contractor**") which provides professional services under contract to one or more of the pension funds of Media Borough. Act 44 disclosure requirements apply to **Contractors** who provide professional pension services and receive payment of any kind from the **Requesting Municipal Entity's** pension fund. 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 Municipal Entity below, **by December 17, 2024**. 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), not later than 15 days following receipt of this request. As changes occur and before the next disclosure is made, updates should be made in writing.

Return the completed disclosure to:

Media Borough
Attn: Brittany Forman
301 N. Jackson Street
Media, PA 19063
610 566 5210
bforman@mediaborough.com
cc:jwascovich@mediaborough.com

Definitions for Disclosure

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; or **(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.

Example: The Police Pension Plan for the Borough of Winchesterville

MUNICIPAL PENSION SYSTEM OFFICIALS AND EMPLOYEES; MUNICIPAL OFFICIALS AND EMPLOYEES: Specifically, those listed in Table 2 titled: *"List of Pension System and Municipal Officials and Employees"* on the next page. Where applicable, includes any employee of the Requesting Municipal Entity.

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 Municipal Entity

CONTRACTORS: 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."**

REQUESTING MUNICIPAL ENTITY: 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, enter "NA" in the top right box only.

TABLE 2: List of Municipal Officials and / or Employees – “*List of Municipal Officials*”

| Elected Officials: | | | |
|--|-------------------|--------------------|-------------------------|
| Robert McMahon | Mayor | Name: | Title: |
| Mark Paikoff | Council President | Joi Washington | Council Member |
| Elizabeth Romaine | Council Member | | |
| Kevin Boyer | Council Member | | |
| Lisa Gelman | Council Member | | |
| Traycen Herman | Council Member | | |
| Jennifer Malkoun | Council Member | | |
| Employees or Appointed Officials: | | | |
| Name: | Title: | Name: | Title: |
| Brittany Forman | Borough Manager | Jonathan Wascovich | Acting Finance Director |
| Robert Scott | Solicitor | | |
| | | | |
| Others: Pension Committee Members (if applicable) (persons not already listed above): | | | |
| Name: | Title: | Name: | Title: |
| Brian Taussig-Lux | Treasurer | | |
| | | | |
| | | | |

Identification of Contractors & Related Personnel

CONTRACTORS: (Review “**Definitions**” on page 2 before completing this form) Any entity who currently provides service(s) by means of a Professional Services Contract to the Municipal Pension System of the **Requesting Municipal Entity**, please complete all the following:

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

Indicate all that apply with an “X”:

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

Instructions: For all that follow, any yes or affirmative response requires further information. Please provide this information to the extent detailed in each question. Answer all questions below, then on a separate sheet of paper provide the detailed information required and attach it to this Disclosure. Please reference each question you are responding to by the appropriate number. (**Example: REF – Question #3**). **NOTE:** Question # 1 requires a detailed response. **All information provided for items 1- 4 above must be updated as changes occur**.

READ each question, put and “X” in the Yes or No Box to the left or right to respond. If necessary, provide the information requested for a yes or affirmative answer.

| YES | Question | NO |
|-----|---|----|
| X | Q1: Please provide the names and titles of <u>all individuals</u> providing professional services to the Requesting Municipal Entity ’s pension plan(s) identified above. 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 description of the responsibilities of that person regarding the professional services being provided to each designated pension plan. | |

| | | |
|--|---|---|
| | Carrie Troutman, CEBS – Executive Vice President, Retirement Services David H. Stimpson, E.A., F.C.A., M.A.A.A. – Actuary Gabrielle Slaugenhaus – Consultant Doug Barnes – Actuarial Analyst | |
| | Q2: 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) | X |
| | Q3: Are any of the individuals named in Questions 1 and 2 above a current or former official or employee of the Requesting Municipal Entity ? ** IF “YES,” provide the name of the person employed, their position with the municipality, and dates of employment. | X |
| | Q4: 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. | X |
| | Q5: Since December 17 th 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 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). | X |
| | Q6: 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 Municipal Entity ? 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. | X |

Continued next page.

| YES | Question | NO |
|-----|---|----|
| | <p>Q7: 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 Municipal Entity (OR), any municipal official or employee of the Requesting Municipal Entity in connection with any transaction or investment involving the Contractor and the Municipal Pension System of the Requesting Municipal Entity?</p> <p>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.</p> <p>** 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 Municipal Entity (OR), any municipal official or employee of the Requesting Municipal Entity, (3) the official they communicated with, and (4) the dates of this service.</p> | X |
| | <p>Q8: 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 Municipal Entity?</p> <p>** 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 Municipal Entity acknowledging the relationship and consenting to its existence. The letter must be attached to this disclosure. Contact the Requesting Municipal Entity to obtain this letter and attach it to this disclosure before submission.</p> | X |
| | <p>Q9: Since December 17th, 2009: 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 Municipal Entity?</p> <p>** 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.</p> | X |
| | <p>Q 10: Disclosure of contributions to any political entity in the Commonwealth of Pennsylvania</p> <p>Applicability: A "yes" response is required, and full disclosure is required ONLY WHEN ALL the following applies:</p> <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 1. A single contribution by a person in (b.) above, OR 2. The aggregate of all contributions to all persons in (b.) above. d) The contribution was for <ul style="list-style-type: none"> 1. Any candidate for any public office or any person who holds an office in the Commonwealth of Pennsylvania; or 2. The political committee of a candidate for public office or any person that holds an office in the Commonwealth of Pennsylvania. <p>** 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.</p> | X |

Continued next page.

| YES | Question | NO |
|-----|--|----|
| | <p>Q11: With respect to your provision of professional services to the Municipal Pension System of the Requesting Municipal Entity: Are you, the Contractor, 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 Municipal Entity?</p> <p>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:</p> <ul style="list-style-type: none"> • 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. <p>** 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.</p> | X |

VERIFICATION

I, Carrie Troutman, hereby state that I was executive Vice President of 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 the **Media Borough** 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

02/18/2025
 Date