

October 1, 2019

Ms. Kathleen McGinn
Recording Secretary
SCRANTON CITY
340 North Washington Ave.
Scranton, PA 18503

Re: Act 44 Annual Disclosure Form

Dear Kathy:

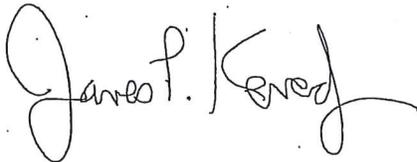
Enclosed is our firm's completed Act 44 annual disclosure form.

In accordance with the requirements of Act 44, each contractor that provides services to your municipality's pension plans, is required to complete a disclosure form annually.

It is important to note that when your municipality receives the completed disclosures from the contractors, they are to be reviewed to make sure that no contractor is violating the provisions of Act 44. According to Act 44, the annual disclosures for each contractor are to be placed on your municipality's website on or before December 13, 2019.

If I can be of further assistance, please do not hesitate to contact me.

Sincerely,



JAMES P. KENNEDY
President

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.

James P. Kennedy – President – providing pension consulting services

Scott Rhoads – Consultant – providing pension consulting services

Douglas Werley – Consultant – providing pension consulting services

Ronald Whitaker - Consultant – providing pension consulting services

Randee Sekol, Larry Brisman – Actuary- Beyer Barber Company – providing actuarial services

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)

ANSWER - 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.

ANSWER - 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.

ANSWER - NO

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

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.

ANSWER - 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
- 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.

ANSWER - 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.

ANSWER - NO

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.

ANSWER – NO ADDITIONAL INFORMATION REQUIRED

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: James P. Kennedy

Position: President



SIGNATURE

PRESIDENT

TITLE

OCTOBER 1, 2019

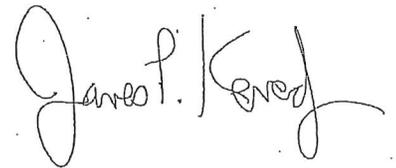
DATE

VERIFICATION

I, James P. Kennedy, hereby state that I am President of Thomas J. Anderson & Associates, Inc., and I am authorized to make this verification.

I hereby verify that the facts set forth in the foregoing Act 44 Disclosure Form for Entities Providing Professional Services to the City of Scranton 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

October 1, 2019

Date