

Act 44 Disclosure Form for Entities Providing Professional Services to City of Scranton Pension Plans.

Introduction

Chapter 7-A of Act 44 of 2009 mandates the annual disclosure of certain information by every entity (hereinafter "Contractor") which is party to a professional services contract with one of City of Scranton's pension funds. City of Scranton has determined that the Act 44 disclosure requirements apply to Contractors who receive payment of any kind from a City of Scranton pension fund. You are expected to submit this completed form by December 9, 2010. If, for any reason, you believe Act 44 does not require you to complete this disclosure form, please provide a written explanation of your reason(s) by December 9, 2010.

Definitions for Disclosure Questions

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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. The term Contractor shall also include an Affiliated Entity of the Contractor.

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

Executive Level Employee: An employee of a contractor or the contractor's affiliated entity who: (1) can affect or influence the outcome of the contractor's or affiliated entity's actions, policies or decision related to pension and the conduct of business with a municipality or a municipal pension system; or (2) is directly involved in the implementation or development of policies relating to pensions, investments, contracts or procurement or to the conduct of business with a municipality or a municipal pension system.

Political Committee: As defined in section 1621 of the act of June 3, 1937 (P.L. 133, No. 320), known as the Pennsylvania Election Code.

Professional Services Contract: A contract to which the municipal pension system is a party that is: (1) for the purchase or provision 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

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City of Scranton

<u>Title</u>	<u>Name</u>
Elected Mayor-	Christopher A. Doherty
Elected Members of City Council (5)-	Janet Evans, President; Patrick Rogan, Vice President; Robert McGoff, Frank Joyce, John Loscombe
Elected City Controllor-	Roseann Novembrino
Elected Tax Collector-	William Courtright
City Treasurer-	Christopher Boland
Superintendent of Police-	Dan Duffy
Fire Chief-	Thomas Davis
Solicitor for City Council-	W. Boyd Hughes
Director of Human Resources/PEL Coordinator-	Lisa Moran
Director of Information Technology-	Frank Swietnicki
Director of Licensing, Inspections and Permits-	Mark Seitzinger
Deputy Director of Licensing, Inspections and Permits-	Thomas Oleski
Zoning Officer-	Michael Wallace
City Planner-	Don King
Business Administrator-	F. Stuart Renda
City Solicitor-	Paul A. Kelly, Jr., Esquire
Assistant Solicitors (2) -	Gina E. McAndrew, Esquire Michael J. O'Brien, Esquire
Director, Office of Economic and Community Development (OECD)-	Linda B. Aebli
Director of the Department of Public Works-	Jeffrey Brazil
Director of Parks and Recreation-	Mark Dougher
Solicitor for Tax Collector-	Mark Walsh, Esquire
Members of Police Pension Commission-	Detective Captain Al Leoncini, President (Active),

Solicitor for Zoning Appeals Board-
Members of Fire Pension Commission-

Composite Pension Board-

Non-Uniform Municipal Pension Board-

Detective Thomas Tolan,
Vice President (Retired),
Sergeant John O'Shea,
Secretary (Retired),
Patrolman Bruce Stevens,
Trustee (Active),
David Elliot, Trustee
(Civilian)
Leo D'Angelo, Trustee
(Civilian)
Roseann Novembrino, City
Controller, Trustee (Active)
Daniel Penetar, Esquire
Gary Destefano, President,
Brian Scott, Secretary,
Thomas Irwin, Active Rep,
Bernard Garvey, Retired Rep,
John Szydlowski, Retired
Rep, Rosanne Novembrino,
Controller
John O'Shea, President-
Police Board Representative,
Gary Destefano, Vice
President- Fire Board
Representative, Robert
Zoltewicz, Secretary- Fire
Employee Representative,
Ann Marie Stulgis- Police
Employee Representative,
Eileen Hurchick- Municipal
Board Representative, Nancy
Krake- Municipal Employee
Representative, Mayor or
Proxy for Mayor, City
Council President or Proxy
for City Council President
Eileen Hurchick- President
Jim Dermody- Vice
President, Roseanne
Novembrino- Controller,
Mayor or Proxy for Mayor,
City Council President or
Proxy for City Council
President

Disclosures by Current Contractors

1. Identify the municipal pension plan(s) for which you are providing information.

City of Scranton Composite Pension Trust:

Police Pension Plan

Firemen's Pension Plan

Non-Uniformed Pension Plan

2. Provide the names and titles of all individuals providing professional services to the City of Scranton pension plan or plans identified above including advisors and subcontractors of the Contractor. 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.

The Bank of New York Mellon is the Plan's trustee and investment manager.

Gerald R Brazil, First Vice President, Manager of Client Service

Mary C. Blumm, Assistant Vice President: daily administrative services, cash flow and reporting support services for the plan.

Donald Brown, Vice President: investment asset allocation advisor and portfolio manager for the plan

Al Trezza – Investment Strategist

(a) List the names of any of the above individuals who are a current or former official or employee of the City of Scranton and their position;

NONE

(b) List the name of any of the above individuals who has been a registered Federal or Pennsylvania State lobbyist and the date of the most recent renewal/registration. **NONE**

3. Since December 15, 2009, have any of the individuals identified in paragraph 2 above been employed by the City of Scranton. **NO**

(a) If the answer is yes, please identify the individual, his/her position with the municipality and dates of employment.

4. Since December 15, 2009, has the Contractor employed or paid compensation to a third party intermediary, agent or lobbyist to directly or indirectly communicate with any individual on the List of Municipal Officials in connection with any transaction or investment involving the Contractor and the municipal pension system. This question does not apply to any officer or employee of the Contractor who is acting within the scope of the Contractor's standard professional duties on behalf of the Contractor including the actual provision of legal, accounting, engineering, real estate or other professional advice, services or assistance pursuant to its professional services contract with the municipal pension system.
NO

5. Since December 15, 2009, has any agent, officer, director or employee of the Contractor solicited a third party to make a political contribution to any municipal official or candidate for municipal office in the City of Scranton or to the political party or political action committee of that official or candidate?
NO

(a) If the answer is yes, please identify: the agent, officer, director or employee who made the solicitation; the individual or individuals who were solicited; and the municipal officers, candidates, political party or political committee for whom the solicitation was made.

6. Since December 15, 2009, has the Contractor made any contribution to a municipal official or candidate for municipal office in the City of Scranton?

NO

(a) If the answer is yes, please identify the recipient, the amount, and the date of the contribution.

7. Does the Contractor have a direct financial, commercial or business relationship with any individual on the List of Municipal Officials?

NO

(a) With respect to every municipal official for which the answer is yes, identify that individual and provide a detailed written description of that relationship.

8. Since December 15, 2009, has the Contractor conferred any gift of more than a nominal value to any individual on the List of Municipal Officials? A gift includes money, services, loans, travel, entertainment, discount, or other things of value. **NO**

(a) With respect to every municipal official for which the answer is yes, identify the recipient, the gift and the date it was conferred.

9. Did the Contractor make political contributions that meet all of the following four criteria: (i) The contribution was made in the last five years, specifically, since December 18, 2004; (ii) The contribution was made by an officer, director, executive-level employee or owner of at least five percent (5%) of the Contractor; (iii) The amount of the contribution was at least \$500.00 in the form of either a single contribution by an officer, director, executive-level employee, or owner of at least five percent (5%) or the aggregate of all contributions by all officers, directors, executive-level employees, and owners of at least five percent (5%);

and (iv) The contribution was made to a candidate for any public office in the Commonwealth or to an individual who holds that office, or to a political committee of a candidate for public office in the Commonwealth or of an individual who holds that office.

NO

- (a) If the answer is yes, then the Contractor shall provide the following information: the name and address of the contributor; the contributor's relationship to the Contractor; the name and office or position of each recipient; the amount of the contribution; and the date of the contribution.

10. With respect to your provision of professional services to the City of Scranton, are you aware of any apparent, potential or actual conflict of interest with respect to any officer, director or employee of the Contractor and officials or employees of the City of Scranton. **NO**

- (a) If the answer is yes, please provide a detailed written explanation of the circumstances which you believe provide a basis to conclude that an apparent, potential or actual conflict of interest may exist.

11. Please provide the name(s) and person(s) completing this Form. One of the individuals identified by the Contractor in paragraph 2 above must participate in completing this Form and must sign the below verification.

Gerald R. Brazil – Director of Client Service

Mary Blumm - Assistant Vice President

Donald Brown - Vice President

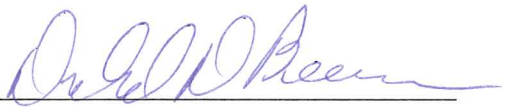
Richard Novak – Compliance Officer

VERIFICATION

I, Donald D. Brown hereby state that I am Vice President for The Bank of New York Mellon, 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 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



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Fire Chief-	Thomas Davis
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Gary Destefano, Vice
President- Fire Board
Representative, Robert
Zoltewicz, Secretary- Fire
Employee Representative,
Ann Marie Stulgis- Police
Employee Representative,
Eileen Hurchick- Municipal
Board Representative, Nancy
Krake- Municipal Employee
Representative, Mayor or
Proxy for Mayor, City
Council President or Proxy
for City Council President
Eileen Hurchick- President
Jim Dermody- Vice
President, Roseanne
Novembrino- Controller,
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Disclosures by Current Contractors

1. Identify the municipal pension plan(s) for which you are providing information.

Police, Fire, Non-Uniformed Pension Plans

2. Provide the names and titles of all individuals providing professional services to the City of Scranton pension plan or plans identified above including advisors and subcontractors of the Contractor. 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.

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None

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No

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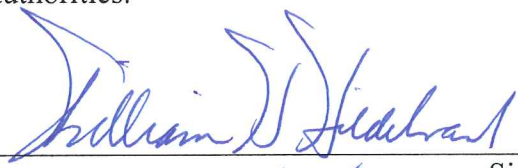
William H. Hildebrant


VERIFICATION

I, **William H. Hildebrant**, hereby state that I am **Consultant** for **Beyer-Barber Company** 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 understand that false statements herein are made subject to the penalties of 18 P.A.C.S. § 4904 relating to unsworn falsification to authorities.



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Representative, Robert
Zoltewicz, Secretary- Fire
Employee Representative,
Ann Marie Stulgis- Police
Employee Representative,
Eileen Hurchick- Municipal
Board Representative, Nancy
Krake- Municipal Employee
Representative, Mayor or
Proxy for Mayor, City
Council President or Proxy
for City Council President
Eileen Hurchick- President
Jim Dermody- Vice
President, Roseanne
Novembrino- Controller,
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- (iv) The contribution was made to a candidate for any public office in the Commonwealth or to an individual who holds that office, or to a political committee of a candidate for public office in the Commonwealth or of an individual who holds that office.

No

(a) If the answer is yes, then the Contractor shall provide the following information: the name and address of the contributor; the contributor's relationship to the Contractor; the name and office or position of each recipient; the amount of the contribution; and the date of the contribution.

10. With respect to your provision of professional services to the City of Scranton, are you aware of any apparent, potential or actual conflict of interest with respect to any officer, director or employee of the Contractor and officials or employees of the City of Scranton.

No

(a) If the answer is yes, please provide a detailed written explanation of the circumstances which you believe provide a basis to conclude that an apparent, potential or actual conflict of interest may exist.

11. Please provide the name(s) and person(s) completing this Form. One of the individuals identified by the Contractor in paragraph 2 above must participate in completing this Form and must sign the below verification.


William H. Hildebrant

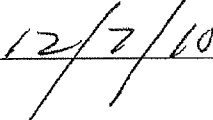
VERIFICATION

I, **William H. Hildebrant**, hereby state that I am **Consultant** for **Beyer-Barber Company** 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 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


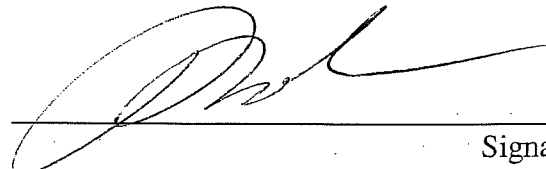
Date

VERIFICATION

I, Thomas J. Anderson, 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 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

9/27/10

Date

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”:

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

Thomas J. Anderson – President – providing pension consulting services

Douglas Werley, CPA – Consultant – providing pension consulting services

Gerald Devlin – Consultant – providing pension consulting services

Randee Sekol – Actuary- Beyer Barber Company – providing consulting 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.

5. 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 Municipality** (OR), any municipal 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**?

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** (OR), any municipal official or employee of the **Requesting Municipality**, (3) the official they communicated with, and (4) the dates of this service.

ANSWER - NO

6. Since December 17th 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 Municipality**, 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).

ANSWER - NO

7. Since December 17th, 2009: Has the *Contractor* or an *Affiliated Entity* made any contributions to a municipal official or any candidate for municipal office in the **Requesting Municipality**?

- ⇒ **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.

ANSWER - NO

8. 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 Municipality**?

- ⇒ **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 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.

ANSWER - NO

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 (specifically since: December 18th 2004)
- 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.

YES

CONTRIBUTOR – THOMAS J. ANDERSON 415 MCFARLAN RD KENNETT SQUARE, PA

CONTRIBUTIONS:

FRIENDS OF JOHN PERZEL 10/09/06 - \$1000

KILLION VICTORY COMMITTEE 2/6/08, 5/27/08, 9/8/08, 10/14/08, 02/20/09, 8/11/09, 7/17/10 - \$1800

FRIENDS OF DOMINIC PILEGGI 5/5/10 - \$2000

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

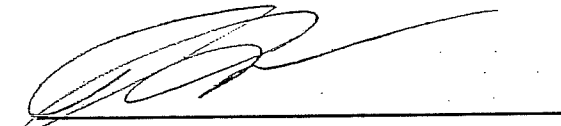
12. To the extent that you believe that **Chapter 7-A of Act 44 of 2009** requires you to disclose any additional information beyond what has been requested above, please provide that information below or on a separate piece of paper.

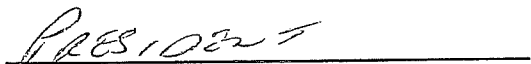
ANSWER – NO ADDITIONAL INFORMATION REQUIRED

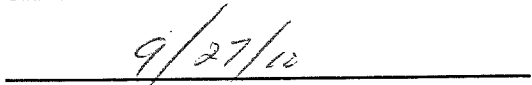
Please provide the name(s) and position(s) of the person(s) participating in the completion of this Disclosure. **One of the individuals** identified by the *Contractor* in *Item #1* above must participate in completing this Disclosure and must sign the below verification attesting to the participation of those individuals named below.

Name: Thomas J. Anderson

Position: President


SIGNATURE


TITLE


DATE