

**ACT 44 DISCLOSURE FORM FOR ENTITIES PROVIDING  
PROFESSIONAL SERVICES TO THE  
TREDYFFRIN TOWNSHIP'S PENSION SYSTEM**

CHAPTER 7-A OF ACT 44 OF 2009 MANDATES the annual disclosure of certain information by every entity (hereinafter "**Contractor**") which is a party to a professional services contract with one of the pension funds of Tredyffrin Township (hereinafter the "**Requesting Municipality**"). Act 44 disclosure requirements apply to *Contractors* who provide professional pension services and receive payment of any kind from the **Requesting Municipality's** pension fund. The **Requesting Municipality** has determined that 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 Municipality below, by **October 31, 2011**. 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) by **October 24, 2011**.

**RETURN COMPLETED**

**DISCLOSURE TO:**

Tredyffrin Township  
Attn: Mr. Timothy Klarich, Finance Director  
1100 DuPortail Rd.  
610.408.3605  
[tklarich@tredyffrin.org](mailto:tklarich@tredyffrin.org)

**REQUIRED UPDATES:**

Where noted, information in this form must be updated in writing as changes occur.

## DEFINITIONS FOR DISCLOSURE

<b>CONTRACTOR</b>	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.
<b>SUBCONTRACTOR OR ADVISOR</b>	Anyone who is paid a fee or receives compensation from a municipal pension system – directly or indirectly from or through a contractor.
<b>AFFILIATED ENTITY</b>	Any of the following: <ol style="list-style-type: none"> <li>1. A subsidiary or holding company of a lobbying firm or other business entity owned in whole or in part by a lobbying firm.</li> <li>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.</li> </ol>
<b>CONTRIBUTIONS</b>	As defined in section 1621 of the act of June 3 <sup>rd</sup> , 1937 (P.L. 1333, No. 320), known as the Pennsylvania Election Code
<b>POLITICAL COMMITTEE</b>	As defined in section 1621 of the act of June 3 <sup>rd</sup> , 1937 (P.L. 1333, No. 320), known as the Pennsylvania Election Code
<b>EXECUTIVE LEVEL EMPLOYEE</b>	<b>Any employee or person or the person's affiliated entity who:</b> <ol style="list-style-type: none"> <li>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</li> <li>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.</li> </ol>
<b>MUNICIPAL PENSION SYSTEM</b>	Any qualifying pension plan, under Pennsylvania state law, for any municipality within the Commonwealth of Pennsylvania; includes the Pennsylvania Municipal Retirement System. <i>Example: the Police Pension Plan for the Borough of Winchesterville</i>
<b>MUNICIPAL PENSION SYSTEM OFFICIALS AND EMPLOYEES; MUNICIPAL OFFICIALS AND EMPLOYEES</b>	<b>Specifically</b> , those listed in TABLE 2 titled: <i>"List of Pension System and Municipal Officials and Employees"</i> on the next page. Where applicable, includes any employee of the <b>Requesting Municipality</b> .
<b>PROFESSIONAL SERVICES CONTRACT</b>	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 Municipality**

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.*”

### **TREDYFFRIN TOWNSHIP**

#### **Board of Supervisors**

Robert W. Lamina Chairman

Paul W. Olson, Vice Chairman

John P. DiBuonaventuro

Philip Donahue

Michael C. Heaberg

Michelle H. Kichline

Evelyn Richter

#### **Administration**

Mimi Gleason-Township Manager

Tom Scott- Assistant Township Manager

Timothy Klarich-Finance Director

Thomas P. Hogan-Solicitor

Andrew Chambers-Police Superintendent

#### **Pension Trustees**

Bert Dalby

Warren Hyams

Richard Veith

Michael Heaberg-Board of Supervisors Liaison

## 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.

MICHAEL CROFTON C.E.O.  
MATTHEW WALKER Sr. U.P.  
PHILIP WILSE ASST. U.P.

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**?

➔ **IF "YES"**, provide the name and of the person employed, their position with the municipality, and dates of employment.

- 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.

- NO -

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

5. Since December 17<sup>th</sup> 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.

- NO -

6. Since December 17<sup>th</sup> 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).

- NO -

7. Since December 17<sup>th</sup>, 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.

- 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.

- 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.

— 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:
- The contribution was made within the last 5 years (specifically since: December 18<sup>th</sup> 2004)
  - The contribution was made by an officer, director, executive-level employee or owner of at least 5% of the **Contractor** or **Affiliated Entity**.
  - The amount of the contribution was at least \$500 and in the form of:
    - A single contribution by a person in (b.) above, **OR**
    - The aggregate of all contributions all persons in (b.) above;
  - The contribution was for
    - Any candidate for any public office or any person who holds an office in the Commonwealth of Pennsylvania;
    - 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.

SEE SCHEDULE A

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.

— 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.

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 *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: MICHAEL G. CROFTON Name: MATTHEW WALKER

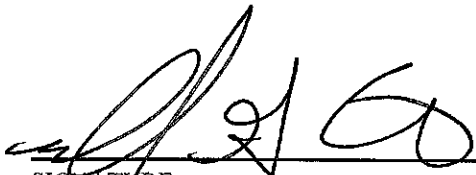
Position: CEO Position: Sr. V.P.

Name: GEORGE J. MARLIN Name:

Position: CHAIRMAN Position:

Name: GERARD SANDOLF Name:

Position: CFO Position:

  
SIGNATURE

CEO  
TITLE


10/20/11  
DATE

## VERIFICATION

I, MICHAEL G. CROFTON, hereby state that I am CEO for  
(Name) (Position)  
TWE PHILADELPHIA TRUST CO. 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 Tredyffrin Township 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  
10/20/11  
\_\_\_\_\_  
Date

# SCHEDULE A

**PART D: Specific Information relating to Contributions and Gifts.** The information contained in this PART relates to an Applicant who is or is seeking to provide services under a Professional Services Contract to the PMRB or PMRS.

If No Disclosure is being made under this PART, please Check Box and Initial.  \_\_\_\_\_

Name of Contributor	Relationship (to individual or business completing this form)	Name of Recipient	Date of Contribution or Gift	Amount of Contribution or Gift
Michael G. Crofton	CEO	Friends of Jonathan Saidel	2/10/2005	\$1,000
Michael G. Crofton	CEO	Vincent Fumo for Senate	5/13/2005	\$2,000
Michael G. Crofton	CEO	Friends of Don Cunningham	6/3/2005	\$1,500
Michael G. Crofton	CEO	Friends of John Perzel	8/11/2005	\$2,500
Michael G. Crofton	CEO	Friends of Don Cunningham	9/20/2005	\$1,000
Michael G. Crofton	CEO	Friends of Jonathan Saidel	9/29/2005	\$1,500
Michael G. Crofton	CEO	Friends of Don Cunningham	10/12/2005	\$2,000
Michael G. Crofton	CEO	Friends of Don Cunningham	10/20/2005	\$250
Michael G. Crofton	CEO	Friends of Don Cunningham	10/22/2005	\$750
Michael G. Crofton	CEO	Friends of Jonathan Saidel	12/8/2005	\$1,000
Michael G. Crofton	CEO	Lynn Swann for Governor	2/21/2006	\$500
Michael G. Crofton	CEO	Friends of Gene DiGirolamo	9/6/2006	\$500
Michael G. Crofton	CEO	Edward Rendell for Governor	10/1/2006	\$1,000
Michael G. Crofton	CEO	Friends of Jonathan Saidel	10/16/2006	\$1,000
Michael G. Crofton	CEO	Friends of Jim Matthews	10/17/2006	\$1,000
Michael G. Crofton	CEO	People with Hart Inc.	10/28/2006	\$500
Michael G. Crofton	CEO	Friends of Olivia Brady	11/3/2006	\$500
Michael G. Crofton	CEO	Friends of John Callahan	11/28/2006	\$500
Michael G. Crofton	CEO	Committee to Re-elect Senator Mike Stack	12/6/2006	\$1,000
Michael G. Crofton	CEO	Friends of Don Cunningham	2/23/2007	\$1,000
Michael G. Crofton	CEO	Committee to Elect Bill Keller State Representative	3/14/2007	\$1,000
Michael G. Crofton	CEO	Vincent Fumo for Senate	4/24/2007	\$2,500
Michael G. Crofton	CEO	Committee to Elect Judge Maureen Lally-Green	9/17/2007	\$500
Michael G. Crofton	CEO	Friends of Don Cunningham	9/17/2007	\$500
Michael G. Crofton	CEO	Friends of Seamus McCaffery	10/11/2007	\$500
Michael G. Crofton	CEO	Friends of Don Cunningham	10/13/2007	\$1,000
Michael G. Crofton	CEO	Committee to Elect Judge Maureen Lally-Green	10/22/2007	\$250
Michael G. Crofton	CEO	Friends of Don Cunningham	12/3/2007	\$1,500
Michael G. Crofton	CEO	Friends of Lawrence Farnese	12/8/2007	\$1,000
Michael G. Crofton	CEO	Rob McCord Com	2/28/2008	\$5,000
Michael G. Crofton	CEO	John Dougherty for Senate	4/11/2008	\$1,000
Michael G. Crofton	CEO	Friends of Don Cunningham	5/5/2008	\$1,000

**PART D: Specific Information relating to Contributions and Gifts.** The information contained in this PART relates to an Applicant who is or is seeking to provide services under a Professional Services Contract to the PMRB or PMRS.

If No Disclosure is being made under this PART, please Check Box and Initial.  \_\_\_\_\_

Name of Contributor	Relationship (to individual or business completing this form)	Name of Recipient	Date of Contribution or Gift	Amount of Contribution or Gift
Michael G. Crofton	CEO	Friends of John Callahan	5/9/2008	\$1,000
Michael G. Crofton	CEO	Citizens for John M. Morganelli	5/20/2008	\$1,000
Michael G. Crofton	CEO	John Rafferty for Senate	7/22/2008	\$500
Michael G. Crofton	CEO	Rob McCord Committee	9/22/2008	\$1,500
Michael G. Crofton	CEO	Friends of Guy Ciarrocchi	9/30/2008	\$1,000
Michael G. Crofton	CEO	Citizens to Elect Dwight Evans	10/15/2008	\$500
Michael G. Crofton	CEO	Rob McCord Committee	10/20/2008	\$1,500
Michael G. Crofton	CEO	Committee to Re-elect Senator Mike Stack	11/12/2008	\$1,000
Michael G. Crofton	CEO	Friends of Don Cunningham	12/10/2008	\$1,500
Michael G. Crofton	CEO	Friends of Nick Miccarelli	3/4/2009	\$500
Michael G. Crofton	CEO	Friends of Don Cunningham	3/31/2009	\$500
Michael G. Crofton	CEO	Friends of Tom McGaragle	2/6/2009	\$500
Michael G. Crofton	CEO	Friends of John Callahan	9/1/2008	\$2000
Michael G. Crofton	CEO	Friends of Linda Cartisano	5/11/2008	\$500
Michael G. Crofton	CEO	Committee to Elect Joseph DiGirolamo	12/30/2005	\$2,300
Michael G. Crofton	CEO	Friends of Jim Matthews	3/14/2005	\$250
Michael G. Crofton	CEO	Callahan Inaugural Committee	1/17/2006	\$2,500
Michael G. Crofton	CEO	Citizens for McClure	1/25/2006	\$1,000
Michael G. Crofton	CEO	Friends of Tom Ellis	3/22/2006	\$500
Michael G. Crofton	CEO	Friends of Mark DiVecchio	7/21/2006	\$500
Michael G. Crofton	CEO	Friends of Jeff Haberkern	3/14/2007	\$1,000
Michael G. Crofton	CEO	Friends of Kyle Foust	4/14/2007	\$1,000
Michael G. Crofton	CEO	Martin Cawley	7/19/2007	\$500
Michael G. Crofton	CEO	Nutter 2007	9/10/2007	\$1,000
MICHAEL G. CROFTON	CEO	JOAN ORIE MELLAN FOR SUPREME COURT	4/17/09	1200
MICHAEL G. CROFTON	CEO	McCord COMMITTEE	10/20/09	1500

**ACT 44 DISCLOSURE FORM FOR ENTITIES PROVIDING  
PROFESSIONAL SERVICES TO THE  
TREDYFFRIN TOWNSHIP'S PENSION SYSTEM**

CHAPTER 7-A OF ACT 44 OF 2009 MANDATES the annual disclosure of certain information by every entity (hereinafter "Contractor") which is a party to a professional services contract with one of the pension funds of Tredyffrin Township (hereinafter the "Requesting Municipality"). Act 44 disclosure requirements apply to *Contractors* who provide professional pension services and receive payment of any kind from the **Requesting Municipality's** pension fund. The **Requesting Municipality** has determined that 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 Municipality below, by **October 31, 2011**. 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) by **October 24, 2011**.

**RETURN COMPLETED  
DISCLOSURE TO:**

Tredyffrin Township  
Attn: Mr. Timothy Klarich, Finance Director  
1100 DuPortail Rd.  
610.408.3605  
[tklarich@tredyffrin.org](mailto:tklarich@tredyffrin.org)

**REQUIRED UPDATES:**

Where noted, information in this form must be updated in writing as changes occur.

## DEFINITIONS FOR DISCLOSURE

<b>CONTRACTOR</b>	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.
<b>SUBCONTRACTOR OR ADVISOR</b>	Anyone who is paid a fee or receives compensation from a municipal pension system – directly or indirectly from or through a contractor.
<b>AFFILIATED ENTITY</b>	Any of the following: <ol style="list-style-type: none"> <li>1. A subsidiary or holding company of a lobbying firm or other business entity owned in whole or in part by a lobbying firm.</li> <li>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.</li> </ol>
<b>CONTRIBUTIONS</b>	As defined in section 1621 of the act of June 3 <sup>rd</sup> , 1937 (P.L. 1333, No. 320), known as the Pennsylvania Election Code
<b>POLITICAL COMMITTEE</b>	As defined in section 1621 of the act of June 3 <sup>rd</sup> , 1937 (P.L. 1333, No. 320), known as the Pennsylvania Election Code
<b>EXECUTIVE LEVEL EMPLOYEE</b>	Any employee or person or the person's affiliated entity who: <ol style="list-style-type: none"> <li>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</li> <li>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.</li> </ol>
<b>MUNICIPAL PENSION SYSTEM</b>	Any qualifying pension plan, under Pennsylvania state law, for any municipality within the Commonwealth of Pennsylvania; includes the Pennsylvania Municipal Retirement System. <i>Example: the Police Pension Plan for the Borough of Winchesterville</i>
<b>MUNICIPAL PENSION SYSTEM OFFICIALS AND EMPLOYEES; MUNICIPAL OFFICIALS AND EMPLOYEES</b>	<b>Specifically</b> , 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 <b>Requesting Municipality</b> .
<b>PROFESSIONAL SERVICES CONTRACT</b>	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 Municipality**

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.*”

### **TREDYFFRIN TOWNSHIP**

#### **Board of Supervisors**

Robert W. Lamina Chairman

Paul W. Olson, Vice Chairman

John P. DiBuonaventuro

Philip Donahue

Michael C. Heaberg

Michelle H. Kichline

Evelyn Richter

#### **Administration**

Mimi Gleason-Township Manager

Tom Scott- Assistant Township Manager

Timothy Klarich-Finance Director

Thomas P. Hogan-Solicitor

Andrew Chambers-Police Superintendent

#### **Pension Trustees**

Bert Dalby

Warren Hyams

Richard Veith

Michael Heaberg-Board of Supervisors Liaison

## 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.

Greg Duim  
Vice President  
Relationship Manager  
U.S. Bank

Rebecca Hassard  
Trust Officer  
Account Manager  
U.S. Bank

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)

N/A

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.

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.

NO

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

5. Since December 17<sup>th</sup> 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.

NO

6. Since December 17<sup>th</sup> 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).

NO

7. Since December 17<sup>th</sup>, 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.

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.

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.

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 18<sup>th</sup> 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.

N/A.

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.

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.

NO

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: Rebecca HASSARD Name:

Position: Account Manager Position:

Name: Name:

Position: Position:

Name: Name:

Position: Position:

Rebecca Hassard  
SIGNATURE

Trust Officer  
TITLE

Oct. 25, 2011  
DATE

**VERIFICATION**

I, Rebecca Hassard, hereby state that I am Account Manager for  
(Name) (Position)  
U.S. Bank, N.A. 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 Tredyffrin Township 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.

Rebecca Hassard  
Signature

10/25/11  
Date

**ACT 44 DISCLOSURE FORM FOR ENTITIES PROVIDING  
PROFESSIONAL SERVICES TO THE  
TREDYFFRIN TOWNSHIP'S PENSION SYSTEM**

CHAPTER 7-A OF ACT 44 OF 2009 MANDATES the annual disclosure of certain information by every entity (hereinafter "**Contractor**") which is a party to a professional services contract with one of the pension funds of Tredyffrin Township (hereinafter the "**Requesting Municipality**"). Act 44 disclosure requirements apply to *Contractors* who provide professional pension services and receive payment of any kind from the **Requesting Municipality's** pension fund. The **Requesting Municipality** has determined that 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 Municipality below, by **October 31, 2011**. 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) by **October 24, 2011**.

**RETURN COMPLETED**

**DISCLOSURE TO:**

Tredyffrin Township  
Attn: Mr. Timothy Klarich, Finance Director  
1100 DuPortail Rd.  
610.408.3605  
[tklarich@tredyffrin.org](mailto:tklarich@tredyffrin.org)

**REQUIRED UPDATES:**

Where noted, information in this form must be updated in writing as changes occur.

## DEFINITIONS FOR DISCLOSURE

<b>CONTRACTOR</b>	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.
<b>SUBCONTRACTOR OR ADVISOR</b>	Anyone who is paid a fee or receives compensation from a municipal pension system – directly or indirectly from or through a contractor.
<b>AFFILIATED ENTITY</b>	Any of the following: <ol style="list-style-type: none"> <li>1. A subsidiary or holding company of a lobbying firm or other business entity owned in whole or in part by a lobbying firm.</li> <li>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.</li> </ol>
<b>CONTRIBUTIONS</b>	As defined in section 1621 of the act of June 3 <sup>rd</sup> , 1937 (P.L. 1333, No. 320), known as the Pennsylvania Election Code
<b>POLITICAL COMMITTEE</b>	As defined in section 1621 of the act of June 3 <sup>rd</sup> , 1937 (P.L. 1333, No. 320), known as the Pennsylvania Election Code
<b>EXECUTIVE LEVEL EMPLOYEE</b>	<b>Any employee or person or the person's affiliated entity who:</b> <ol style="list-style-type: none"> <li>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</li> <li>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.</li> </ol>
<b>MUNICIPAL PENSION SYSTEM</b>	Any qualifying pension plan, under Pennsylvania state law, for any municipality within the Commonwealth of Pennsylvania; includes the Pennsylvania Municipal Retirement System. <i>Example: the Police Pension Plan for the Borough of Winchesterville</i>
<b>MUNICIPAL PENSION SYSTEM OFFICIALS AND EMPLOYEES; MUNICIPAL OFFICIALS AND EMPLOYEES</b>	<b>Specifically</b> , those listed in TABLE 2 titled: <i>"List of Pension System and Municipal Officials and Employees"</i> on the next page. Where applicable, includes any employee of the <b>Requesting Municipality</b> .
<b>PROFESSIONAL SERVICES CONTRACT</b>	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 Municipality**

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.*”

### **TREDYFFRIN TOWNSHIP**

#### **Board of Supervisors**

Robert W. Lamina Chairman

Paul W. Olson, Vice Chairman

John P. DiBuonaventuro

Philip Donahue

Michael C. Heaberg

Michelle H. Kichline

Evelyn Richter

#### **Administration**

Mimi Gleason-Township Manager

Tom Scott- Assistant Township Manager

Timothy Klarich-Finance Director

Thomas P. Hogan-Solicitor

Andrew Chambers-Police Superintendent

#### **Pension Trustees**

Bert Dalby

Warren Hyams

Richard Veith

Michael Heaberg-Board of Supervisors Liaison

## 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

457 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.

GARY L. BEAVER, PRESIDENT  
KT ADMINISTRATORS INC

THIRD PARTY ADMINISTRATOR

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**?

➔ IF "YES", provide the name and of the person employed, their position with the municipality, and dates of employment.

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.

NO

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

5. Since December 17<sup>th</sup> 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.

NO

6. Since December 17<sup>th</sup> 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).

NO

7. Since December 17<sup>th</sup>, 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.

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.

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.

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 18<sup>th</sup> 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.

NONE

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.

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.

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 *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: GARY BENDER

Name:

Position: PRESIDENT

Position:

Name:

Name:

Position:

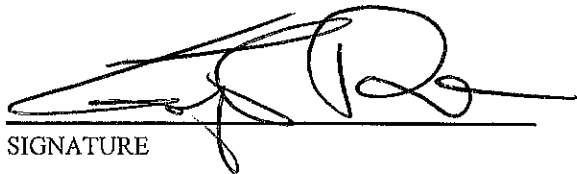
Position:

Name:

Name:

Position:

Position:



SIGNATURE

PRESIDENT

TITLE

10/25/2011


DATE

## VERIFICATION

I, SARY L. BEAVER, hereby state that I am PRESIDENT for  
(Name) (Position)  
KI ADMINISTRATORS INC 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 Tredyffrin Township 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  
10/28/2011  
\_\_\_\_\_  
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":  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.

**Thomas J. Anderson – President – providing pension consulting services**

**Douglas Werley, CPA – Consultant – providing pension consulting services**

**Scott Rhoads – 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 17<sup>th</sup> 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 17<sup>th</sup> 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 17<sup>th</sup>, 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
- 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:

KILLION VICTORY COMMITTEE 2/6/08 – THROUGH 7/1/11 - \$2250

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

PRESIDENT  
\_\_\_\_\_  
TITLE

SEPTEMBER 26, 2011  
\_\_\_\_\_  
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 TREDYFFRIN TOWNSHIP 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

September 26, 2011

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”:  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.

- John Spagnola – Managing Director
- John Molloy – Managing Director
- Marc Ammaturo – Senior Managing Consultant
- Mark Yasenchak – Senior Managing Consultant
- Margaret Belmondo - Consultant
- Tyler Braun – Consultant
- Stuart Cameron – Consultant
- Matthew Tracy – Consultant
- Teshome Gebremedhin – Account Coordinator
- Marie Nasevich – Account Coordinator
- Tess Russell – Account Coordinator
- Fan Yam – Account Coordinator
- Amy Moryl-Roberts – Associate
- Stephanic Rogers – Senior Associate

- 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)

N/A

- 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.

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.

No.

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

5. Since December 17<sup>th</sup> 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.

No.

6. Since December 17<sup>th</sup> 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).

No.

7. Since December 17<sup>th</sup>, 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.

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.

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.

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 18<sup>th</sup> 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.

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.

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.**

N/A

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:** John Spagnola

**Name:** Marc Ammaturo

**Position:** Managing Director

**Position:** Senior Managing Consultant

**Name:** Richard Michael

**Name:** Amy Moryl-Roberts

**Position:** Compliance Director


**Position:** Associate

**Name:**

**Name:**

**Position:**

**Position:**

  
\_\_\_\_\_  
SIGNATURE  
**MANAGING DIRECTOR**  
\_\_\_\_\_  
TITLE  
**NOVEMBER 8, 2011**  
\_\_\_\_\_  
DATE

## VERIFICATION

I, John S. Spagnola, hereby state that I am Managing Director for  
(Name) (Position)  
PFM Asset Management LLC 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 Tredyffrin Township 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

November 8, 2011  
Date

**ACT 44 DISCLOSURE FORM FOR ENTITIES PROVIDING  
PROFESSIONAL SERVICES TO THE  
TREDYFFRIN TOWNSHIP'S PENSION SYSTEM**

CHAPTER 7-A OF ACT 44 OF 2009 MANDATES the annual disclosure of certain information by every entity (hereinafter "**Contractor**") which is a party to a professional services contract with one of the pension funds of Tredyffrin Township (hereinafter the "**Requesting Municipality**"). Act 44 disclosure requirements apply to *Contractors* who provide professional pension services and receive payment of any kind from the **Requesting Municipality's** pension fund. The **Requesting Municipality** has determined that 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 Municipality below, by **October 31, 2011**. 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) by **October 24, 2011**.

**RETURN COMPLETED**

**DISCLOSURE TO:**

Tredyffrin Township  
Attn: Mr. Timothy Klarich, Finance Director  
1100 DuPortail Rd.  
610.408.3605  
[tklarich@tredyffrin.org](mailto:tklarich@tredyffrin.org)

**REQUIRED UPDATES:**

Where noted, information in this form must be updated in writing as changes occur.

## DEFINITIONS FOR DISCLOSURE

<b>CONTRACTOR</b>	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.
<b>SUBCONTRACTOR OR ADVISOR</b>	Anyone who is paid a fee or receives compensation from a municipal pension system – directly or indirectly from or through a contractor.
<b>AFFILIATED ENTITY</b>	Any of the following: <ol style="list-style-type: none"> <li>1. A subsidiary or holding company of a lobbying firm or other business entity owned in whole or in part by a lobbying firm.</li> <li>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.</li> </ol>
<b>CONTRIBUTIONS</b>	As defined in section 1621 of the act of June 3 <sup>rd</sup> , 1937 (P.L. 1333, No. 320), known as the Pennsylvania Election Code
<b>POLITICAL COMMITTEE</b>	As defined in section 1621 of the act of June 3 <sup>rd</sup> , 1937 (P.L. 1333, No. 320), known as the Pennsylvania Election Code
<b>EXECUTIVE LEVEL EMPLOYEE</b>	<b>Any employee or person or the person's affiliated entity who:</b> <ol style="list-style-type: none"> <li>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</li> <li>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.</li> </ol>
<b>MUNICIPAL PENSION SYSTEM</b>	Any qualifying pension plan, under Pennsylvania state law, for any municipality within the Commonwealth of Pennsylvania; includes the Pennsylvania Municipal Retirement System. <i>Example: the Police Pension Plan for the Borough of Winchesterville</i>
<b>MUNICIPAL PENSION SYSTEM OFFICIALS AND EMPLOYEES; MUNICIPAL OFFICIALS AND EMPLOYEES</b>	<b>Specifically</b> , those listed in TABLE 2 titled: <i>"List of Pension System and Municipal Officials and Employees"</i> on the next page. Where applicable, includes any employee of the <b>Requesting Municipality</b> .
<b>PROFESSIONAL SERVICES CONTRACT</b>	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 Municipality**

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.*”

### **TREDYFFRIN TOWNSHIP**

#### **Board of Supervisors**

Robert W. Lamina Chairman

Paul W. Olson, Vice Chairman

John P. DiBuonaventuro

Philip Donahue

Michael C. Heaberg

Michelle H. Kichline

Evelyn Richter

#### **Administration**

Mimi Gleason-Township Manager

Tom Scott- Assistant Township Manager

Timothy Klarich-Finance Director

Thomas P. Hogan-Solicitor

Andrew Chambers-Police Superintendent

#### **Pension Trustees**

Bert Dalby

Warren Hyams

Richard Veith

Michael Heaberg-Board of Supervisors Liaison

**INSTRUCTIONS FOR MUNICIPALITY:**

**DO NOT** INCLUDE THIS INSTRUCTION PAGE WITH THE DISCLOSURE

You will need to prepare and send one of these disclosure forms to **each Contractor** that you have a contract for providing services to your pension plan (AND) a separate set of disclosures for each type of plan – fire, police, etc. IF ONE CONTRACTOR services two or more plans, then only one disclosure is required, but the contractor must indicate he / she is completing the disclosure for more than one plan...**PAGE 4, Question One.**

You should also prepare a brief cover letter explaining the reason you are sending this disclosure out.

➤ **Who should receive this disclosure?**

Generally there are 5 primary service providers for each pension plan but it is not limited to just these:

- Actuarial Services**
- Investment Services**
- Administration Services**
- Advisory Services**
- Legal Advisory Services** – usually performed by the municipal solicitor

**IF some** of these services are combined through one service provider **or Contractor**, then you only need to send this to that one entity. **For Example**, your administrative services and actuarial services are conducted through **Robert Smith and Associates** and your contract is with this company. However, **Robert Smith and Associates** subcontracts certain portions of these services to two other companies. You need only send one disclosure to **Robert Smith and Associates**, and one to any other entity that provides specific services – other than administrative and actuarial.

➤ **PLEASE CHECK WITH YOUR SOLICITOR**...as a precaution regarding whom you should send this disclosure to.

**Every place you see this: [ ENTER NAME OF MUNICIPALITY ]** Enter the name of the municipality. Change the Font color to Black and remove the brackets.

Pages 1, 3, and 8 are the only pages that require modification and reprinting by the Municipality.

**Instructions for the “Requesting Municipality” for completion of PAGE 3:**

Under the header, prepare a list of Names and Positions of all personnel that are a party to ANY Pension Plan the municipality has. This should include: every Elected Official, Municipal Manager or equivalent position, Municipal Finance Director or equivalent position, Chief Administrative Officer for each plan , The Solicitor, Any Pension Advisory Committee or Pension Board Members (not listed above)

**SAMPLE Municipal List:**

**Elected Officials**

- Bobby Jeffries - Mayor
- Clyde J. Smith - Borough Council President
- Edith Moniker - Borough Council Vice-President / Police Pension Committee Chair
- Janie Whitehead - Council Member
- Tonya Gray - Council Member and Non-Uniformed Pension Committee Chair
- Walter Doorstop – Council Member
- Walter Special, Esq. – Solicitor

**Appointed Officials or Employees**

- Sammy Special - Borough Manager / CAO, Non-Uniform Plan / CAO, Police Plan
- Alice Victory - Borough Secretary and Non-Uniformed Pension Committee Member
- Michael Gunn – Chief of Police / Police Pension Committee Member

**Pension Committee(s)**

- Jeffery Right – Non-Uniform Committee Member
- Patty Wrong – Non-Uniform Committee Member
- Fred Albright – Police Pension Committee Member
- John Duggan (Retired Police Officer) / Police Pension Committee Member

## VERIFICATION

I, Jessica Taskic, hereby state that I am Vice President for  
(Name) (Position)  
Fiduciary Management Inc. 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 Tredyffrin Township 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.

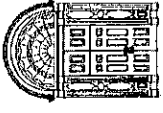
I understand that false statements herein are made subject to the penalties of 18 P.A.C.S. § 4904 relating to unsworn falsification to authorities.

Jessica Taskic

Signature

10/26/11

Date

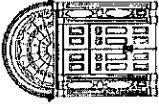


# Fiduciary Management, Inc.

## Investment Professionals

Name	Portfolio Management Committee	Years of Investment Experience
Ted D. Kellner, CFA	Yes	42
Patrick J. English, CFA	Yes	26
John S. Brandser	Yes	26
Bladen J. Burns, CFA		19
Andy P. Ramer, CFA	Yes	14
Robert M. Helf, CFA	Yes	21
Matthew J. Goetzinger, CFA	Yes	10
Karl T. Poehls, CFA	Yes	7
Daniel G. Sievers	Yes	3
Jonathan T. Bloom	Yes	1
Michael S. Stanley		11
Elena M. Vukmir		1
Collin M. Hirsch		9
Nora A. Smith		2
Jessica P. Taske		8

# Fiduciary Management, Inc.



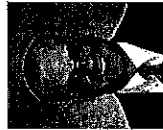
**TED D. KELLNER, CFA, 64, Executive Chairman**  
Investment Experience: 42 Years – Joined FMI: 1980  
University of Wisconsin, BBA  
Prior Experience: Nicholas Company, Inc., 1973-1980; Brittingham, Inc., 1969-1973



**PATRICK J. ENGLISH, CFA, 50, CEO and Chief Investment Officer**  
Investment Experience: 26 Years – Joined FMI: 1986  
Stanford University, BA  
Prior Experience: Dodge and Cox, Inc., 1985-1986



**JOHN S. BRANDSER, 49, President, COO, CCO**  
Investment Experience: 26 Years – Joined FMI: 1995  
University of Minnesota, Duluth, BA Accounting  
Prior Experience: Marshall & Ilsley Corp., 1985-1995

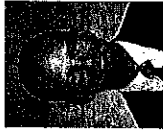
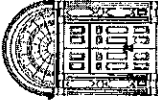


**BLADEN J. BURNS, CFA, 41, Senior Vice President**  
Investment Experience: 19 Years – Joined FMI: 2002  
Boston University, BS Business Administration  
Prior Experience: Strong Capital Mgmt., 1996-2002; Wellesley Group, 1994-1996; Brown Brothers Harriman, 1992-1994



**ANDY P. RAMER, CFA, 36, Director of Research, Research Analyst**  
Investment Experience: 14 years – Joined FMI: 2002  
University of Illinois, BS  
Prior Experience: Bufka & Rodgers, LLC, 1997-2002

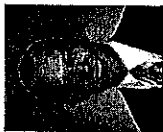
# Fiduciary Management, Inc.



**ROBERT M. HELF, CFA, 42, Research Analyst**  
Investment Experience: 21 years – Joined FMI: 1998  
University of Wisconsin, MS; University of Southern California, BS  
Prior Experience: Everen Securities, 1994-1997; R.W. Baird & Co., 1990-1992



**MATTHEW J. GOETZINGER, CFA, 33, Research Analyst**  
Investment Experience: 10 years – Joined FMI: 2004  
University of Wisconsin – Madison, MS, BBA  
Prior Experience: Applied Security Analysis Program, University of Wisconsin, 2003-2004;  
R. W. Baird & Co., 2003; Strong Investments, Inc., 2001-2002



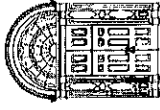
**KARL T. POEHLS, CFA, 30, Research Analyst**  
Investment Experience: 7 years – Joined FMI: 2008  
University of Wisconsin – Madison, MBA, University of Wisconsin-LaCrosse, BS  
Prior Experience: Applied Security Analysis Program, University of Wisconsin, 2006-2008; UBS Investment Bank, 2007; Smith Barney, Citigroup Global Markets, 2004-2006



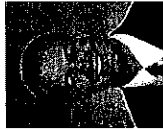
**DANIEL G. SIEVERS, 25, Research Analyst**  
Investment Experience: 3 Years – Joined FMI: 2009  
Boston College, BS  
Prior Experience: Evergreen Investment Management Company, LLC, 2008-2009  
Dan has passed all three levels of the CFA exam. His charter is pending his completion of the work experience requirement.



**JONATHAN T. BLOOM, 30, Research Analyst**  
Investment Experience: 1 year – Joined FMI: 2010  
Columbia Business School, MBA; Brown University, BA  
Prior Experience: Applied Value Investing Program, Columbia Business School, 2008-2009; National Investment Services, 2009; Jonathan has passed all three levels of the CFA exam. His charter is pending his completion of the work experience requirement.



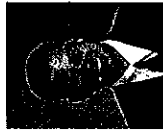
# Fiduciary Management, Inc.



**MICHAEL S. STANLEY**, 33, Vice President  
Investment Experience: 11 years – Joined FMI: 2003  
Marquette University, MBA; University of Wisconsin – Whitewater, BBA  
Prior Experience: Strong Capital Management, 2000-2003



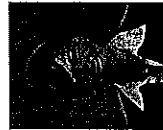
**ELENA M. VUKMIR**, 23, Client Service Associate  
Investment Experience: 1 Year – Joined FMI: 2010  
Drake University, BSBA  
Prior Experience: Fiduciary Management, Inc. Summer Intern, 2009  
CFA Level 2 Candidate



**COLLIN M. HIRSCH**, 30, Senior Trader  
Investment Experience: 9 Years – Joined FMI: 2007  
University of Wisconsin – Milwaukee , BA, MS  
Prior Experience: Artisan Partners, 2002-2007



**NORA A. SMITH**, 25, Vice President–Portfolio Administration / Trading  
Investment Experience: 2 Years – Joined FMI: 2009  
University of Wisconsin – Milwaukee, BA



**JESSICA P. TASKE**, 30, Vice President--Administration  
Investment Experience: 8 Years – Joined FMI: 2004  
University of Wisconsin – LaCrosse, BS  
Prior Experience: Wells Fargo, 2003-2004; Strong Capital Management, 2002-2003