ACT 44 STANDARD DISCLOSURE FORM

WASHINGTON TOWNSHIP

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 **Washington Township** (hereinafter the "**Requesting Municipality**"). Act 44 disclosure requirements apply to ***Contactors*** who provide professional pension services and receive payment of any kind from the **Requesting Municipality**'s pension fund. The **Requesting Municipalit**y has determined that your company falls under the requirements of Act 44 and must complete this disclosure form. 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).

RETURN COMPLETED DISCLOSURE TO:

Washington Township
Attn: Karen Hargrave
13013 Welty Road
Waynesboro PA 17268
Phone: (717) 762-3128
Email: ksh@washtwp-franklin.org

LIST OF MUNICIPAL OFFICIALS & EMPLOYEES OF THE REQUESTING MUNICIPAL ENTITY

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."***

Elected Officials:			
Name:	**Title:**	**Name:**	**Title:**
C Stewart McCleaf	Chairman, Board of Supervisors		
Chad G Reichard	Vice-Chairman, Board of Supervisors	Elaine A Gladhill	Supervisor
Barbara A McCracken	Supervisor		
Charles Strausbaugh	Supervisor		
Employees or Appointed Officials:			
Name:	**Title:**	**Name:**	**Title:**
		Karen S Hargrave	Township Secretary
Jeffrey B Geesaman	Township Manager		
Others: Pension Committee Members (if applicable) (not listed above):			
Name:	**Title:**	**Name:**	**Title:**
n/a			

STANDARD DISCLOSURE QUESTIONS

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, please answer all questions. All questions with a "Yes" or "Applies" answer should be fully disclosed. If more room is required, please include the question number with corresponding answer on a separate page and attached to this disclosure form.

DISCLOSURE QUESTIONS

Questions	If your answer is "Yes" or "Applies" – – Please provide this information as instructed above	RESPONSES: Initial Here for: *"Yes"* or *"Applies"*	RESPONSES: Initial Here: for: *"No"* or *"Does not Apply"*
Q1. Please provide the names and titles of all individuals who will be providing professional services to the **Requesting Municipal entity's** pension plan(s) identified. Also include the names and titles of any advisors and subcontractors of the Contractor, identifying them as such. After each name provide a brief description of the responsibilities of that person with regard to the professional services being provided.	**James Kampstra – Financial Advisor** **Kelly Kampstra - Registered Assistant** **Allex Hartzell – Client Service Associate** **Phillip Layton - Registered Assistant** **Elizabeth Christopher – Administrative Assistant** **Kathryn Langville - Paraplanner**	**Applies**	
Q2. Please list the name and title of any ***Affiliated Entity*** and their ***Executive-level Employee(s)*** that require disclosure; after each name, include a brief description of their duties. **(See: Definitions)**	**N/A**		**Does Not Apply**
Q3. Are any of the individuals named in **Question #1 or #2** above, a current or former official or employee of the **Requesting Municipal entity**?	**N/A**		**No**
Q4. Are any of the individuals named in **Question #1 or #2** above, a current or former registered Federal or State lobbyist?	**N/A**		**No**
Q5. Disclose the terms of employment / compensation of any third party intermediary, agent, or lobbyist that is to directly or indirectly communicate with an official or employee of the ***Municipal Pension System*** of the **Requesting Municipal entity** (OR), any municipal official or employee of the **Requesting Municipal entity** in connection with any transaction or investment involving the ***Contractor (or an Affiliated Entity)*** 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, pursuant to the professional services contract with municipality's pension system.	**IF "YES",** identify: **(1)** **(the third party intermediary, agent, or lobbyist)** whom will be paid the compensation or employed by the ***Applicant*** 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, and** **(3)** The official they will communicate with. **N/A**		**No**

Q6. 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 Municipal** entity, or to the political party or political action committee of that official or candidate?	IF "YES", identify the agent, officer, director or employee who made the solicitation and the municipal officials, candidates, political party or political committee who were solicited (to whom the solicitation was made). **N/A**		**No**
Q7. In the past 2 years: Has the ***Contractor*** or an ***Affiliated Entity*** made any contributions to a municipal official or any candidate for municipal office in the **Requesting Municipal entity?**	**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. **N/A**		**No**
Q8. Does the ***Contractor*** or an ***Affiliated Entity*** have any direct financial, commercial or business relationship with any official identified on the ***List of Municipal Officials***, of the **Requesting Municipal entity?**	**IF "YES",** identify the individual with whom the relationship exists and give a detailed description of that relationship. **Due to privacy issues, client information will not be released without written approval by the client.**	**Yes**	
Q9. Since December 17th 2009: Has the ***Contractor*** or an ***Affiliated Entity*** given any gifts having more than a nominal value to any official, employee or fiduciary – specifically, those on the ***List of Municipal Officials*** of the **Requesting Municipal entity?**	**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. **N/A**		**No**
Q10. 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: **(1)** The contribution was made within the last 5 years **(2)** The contribution was made by an officer, director, executive-level employee or owner of at least 5% of the ***Contractor*** or ***Affiliated Entity*** **(3)** The amount of the contribution was at least $500 and in the form of: A single contribution by a person in *(2)* above **OR,** the aggregate of all contributions by all persons in *(2)* above; **(4)** The contribution was made to: A candidate for any public office in the Commonwealth or any person who holds that office **OR;** A political committee of a candidate for public office in the Commonwealth or of an individual that holds that office.	**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**		**Does Not Apply**
Q11. With respect to your provision of professional services to the Municipal Pension System of the **Requesting Municipal entity:** Are you aware of any apparent, potential or actual conflicts of interest with respect to any officer, director or employee of the ***Contractor*** (includes: subcontractors, advisors, or any Affiliated Entity of or for the Contractor), and any of the officials or employees of the **Requesting Municipality?**	**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. **N/A**		**No**
Q12. Former Employment – to your knowledge, is anyone now employed by your firm that was employed by the **Requesting Municipal entity** within the past one year – **OR** – is there anyone listed in the ***List of Municipal Officials*** above that was a formerly employed by your firm within the past one year?	**IF "YES",** provide the name and of the person employed, their position with the municipality, and dates of employment. **Note:** Pursuant to Act 44, 2009, Section 702-A Subparagraph (e) "Conflict of Interest": A **one year restriction** is imposed, without exception, on either circumstance of this question. **N/A**		**None**

DEFINITIONS FOR THIS DISCLOSURE FORM

TERM:	DEFINITION:
CONTRACTOR	Any person, company, or other entity that receives payments, fees, or any other form of compensation from a municipal pension system in exchange for rendering professional services for the benefit of the municipal pension system. **This term shall also Apply** to any Applicant who solicits, applies for, or responds to a Request for Proposal for the purpose of gaining a professional services contract.
SUBCONTRACTOR OR ADVISOR	Anyone who is paid a fee or receives compensation from a municipal pension system – directly or indirectly from or through a contractor.
AFFILIATED ENTITY	Any of the following: 1. A subsidiary or holding company of a lobbying firm or other business entity owned in whole or in part by a lobbying firm. 2. An organization recognized by the Internal Revenue Service as a tax-exempt organization under section 501(c) of the Internal Revenue Code of 1986 (Public Law 99-514, 26 U.S.C. § 501 (c)) established by a lobbyist or lobbying firm or an affiliated entity.
CONTRIBUTIONS	As defined in section 1621 of the act of June 3rd, 1937 (P.L. 1333, No. 320), known as the Pennsylvania Election Code
POLITICAL COMMITTEE	As defined in section 1621of the act of June 3rd, 1937 (P.L. 1333, No. 320), known as the Pennsylvania Election Code
EXECUTIVE LEVEL EMPLOYEE	**ANY employee or person or the person's affiliated entity who**: 1. Can affect or influence the outcome of the person's or affiliated entity's actions, policies, or decisions relating to pensions and the conduct of business with a municipality or a municipal pension system; or 2. Is directly involved in the implementation or development policies relating to pensions, investments, contracts or procurement or the conduct of business with a municipality or municipal pension system.
MUNICIPAL PENSION SYSTEM	Any qualifying pension plan, under Pennsylvania state law, for any municipality within the Commonwealth of Pennsylvania; includes the Pennsylvania Municipal Retirement System. *Example: the Police Pension Plan for the Borough of Winchesterville*
MUNICIPAL PENSION SYSTEM OFFICIALS AND EMPLOYEES; MUNICIPAL OFFICIALS AND EMPLOYEES	**Specifically,** those listed in the preceding section titled: ***"List of Municipal Officials & Employees for the Requesting Municipality:"*** and / or whenever applicable, may include any employee of the **Requesting Municipality**.
PROFESSIONAL SERVICES CONTRACT	A contract to which the municipal pension system is a party to 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.

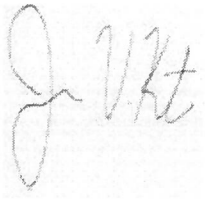
VERIFICATION

I, **James V Kampstra**, hereby state that I am the **Presidential** for
(Name) (Position)

the **Ferrara Kampstra** and I am authorized to make this verification.
(Contractor / Company Name)

I hereby verify that the facts set forth in the foregoing Act 44 Disclosure Form for Entities Providing Professional Services to **the Washington 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.



September 14, 2017

Signature Date