

**ACT 44 DISCLOSURE FORM FOR ENTITIES PROVIDING  
PROFESSIONAL SERVICES TO THE  
TOWNSHIP OF FINDLAY 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 or more of the pension funds of the Township. Act 44 disclosure requirements apply to Contractors who provide professional pension services and receive payment of any kind from the Municipality's pension funds.

The Township of Findlay has two pension plans - the Police Pension Plan for police officers and the Non-Uniformed Pension Plan for all other full-time employees (with the exception of the Public Works Department).

Disclosure Statements were provided to and completed by the following:

Axios Advisory Group - Non-Uniformed Pension Plan  
Private Wealth Advisors - Police Pension Plan  
Mockenhaupt Benefits Group - Police Pension Plan

**Disclosure of Information for Professional Service Provider to  
Findlay Township's Municipal Pension System(s) - Year 2015**

**Regarding individuals who will provide services under this contract:**

		Yes	No
1.	Are any current or former officials or employees of the municipality?		X
2.	Are any a registered federal or state lobbyist?		X
3.	Have any made a contribution in the past two years to a municipal official or candidate for office at municipality?		X
4.	Do any have a direct financial, commercial, or business relationship with any official of the municipality or municipal pension system?		X

**Regarding your firm and affiliated entities:**

		Yes	No
1.	Have you or any "affiliated entity" (as defined in Act 44 of 2009) made any contributions to which all of the following apply: a. The contribution was made within the last five years b. The contribution was made by an officer, director, executive-level employee or owner of at least 5% of the firm of "affiliated entity" c. The amount of the contribution was at least \$500 in the form of i. a single contribution by a person in subparagraph (b) above; or ii. the aggregate of all contributions by all persons in subparagraph (b) above. d. The contribution was made to: i. a candidate for any public office in the Commonwealth or to an ii. individual who holds that office; or iii. a political committee of a candidate for public office in the Commonwealth or of an individual who holds that office.		X
2.	Have you or an "affiliated entity" given any gifts to an official or employee of the municipal pension system or the municipality which controls the municipal pension system?		X
3.	Do you employ any third-party intermediary, agent or lobbyist?		X
4.	Do any additional potential or actual conflicts of interest exist relative to contracting of services with the municipality?		X

5. For the contribution(s) disclosed in your answer to No. 1 above, provide the following information (Attach additional pages if necessary):

Name and address of the contributor: \_\_\_\_\_

Contributor's relationship to the Contractor: \_\_\_\_\_

Name and office or position of each person receiving a contribution: \_\_\_\_\_

Amount of the contribution: \_\_\_\_\_

Date of the contribution: \_\_\_\_\_

**We understand that knowingly making a material misstatement or omission on this form may cause the municipal pension system to void our professional services contract.**

Axiom Advisory Group  
Company Name

115 VIP DR STE 120, WEXFORD PA 15090  
Address

[Signature]  
Authorized Signature

3/19/15  
Date

**Disclosure of Information for Professional Service Provider to  
Findlay Township's Municipal Pension System(s) - Year 2015**

**Regarding individuals who will provide services under this contract:**

		Yes	No
1.	Are any current or former officials or employees of the municipality?		✓
2.	Are any a registered federal or state lobbyist?		✓
3.	Have any made a contribution in the past two years to a municipal official or candidate for office at municipality?		✓
4.	Do any have a direct financial, commercial, or business relationship with any official of the municipality or municipal pension system?		✓

**Regarding your firm and affiliated entities:**

		Yes	No
1.	Have you or any "affiliated entity" (as defined in Act 44 of 2009) made any contributions to which all of the following apply: a. The contribution was made within the last five years b. The contribution was made by an officer, director, executive-level employee or owner of at least 5% of the firm of "affiliated entity" c. The amount of the contribution was at least \$500 in the form of i. a single contribution by a person in subparagraph (b) above; or ii. the aggregate of all contributions by all persons in subparagraph (b) above. d. The contribution was made to: i. a candidate for any public office in the Commonwealth or to an ii. individual who holds that office; or iii. a political committee of a candidate for public office in the Commonwealth or of an individual who holds that office.		✓
2.	Have you or an "affiliated entity" given any gifts to an official or employee of the municipal pension system or the municipality which controls the municipal pension system?		✓
3.	Do you employ any third-party intermediary, agent or lobbyist?		✓
4.	Do any additional potential or actual conflicts of interest exist relative to contracting of services with the municipality?		✓

5. For the contribution(s) disclosed in your answer to No. 1 above, provide the following information

(Attach additional pages if necessary):

Name and address of the contributor: \_\_\_\_\_

Contributor's relationship to the Contractor: \_\_\_\_\_

Name and office or position of each person receiving a contribution: \_\_\_\_\_

Amount of the contribution: \_\_\_\_\_

Date of the contribution: \_\_\_\_\_

We understand that knowingly making a material misstatement or omission on this form may cause the municipal pension system to void our professional services contract.

Private Wealth Advisors, Inc.

Company Name

4900 Perry Highway, Suite #300, Pittsburgh, PA 15229

Address

  
Authorized Signature

March 31, 2015

Date

**Disclosure of Information for Professional Service Provider to  
Findlay Township's Municipal Pension System(s) - Year 2015**

**Regarding individuals who will provide services under this contract:**

		Yes	No
1.	Are any current or former officials or employees of the municipality?		X
2.	Are any a registered federal or state lobbyist?		X
3.	Have any made a contribution in the past two years to a municipal official or candidate for office at municipality?		X
4.	Do any have a direct financial, commercial, or business relationship with any official of the municipality or municipal pension system?		

**Regarding your firm and affiliated entities:**

		Yes	No
1.	Have you or any "affiliated entity" (as defined in Act 44 of 2009) made any contributions to which all of the following apply: a. The contribution was made within the last five years b. The contribution was made by an officer, director, executive-level employee or owner of at least 5% of the firm of "affiliated entity" c. The amount of the contribution was at least \$500 in the form of i. a single contribution by a person in subparagraph (b) above; or ii. the aggregate of all contributions by all persons in subparagraph (b) above. d. The contribution was made to: i. a candidate for any public office in the Commonwealth or to an ii. individual who holds that office; or iii. a political committee of a candidate for public office in the Commonwealth or of an individual who holds that office.		X
2.	Have you or an "affiliated entity" given any gifts to an official or employee of the municipal pension system or the municipality which controls the municipal pension system?		X
3.	Do you employ any third-party intermediary, agent or lobbyist?		X
4.	Do any additional potential or actual conflicts of interest exist relative to contracting of services with the municipality?		X

5. For the contribution(s) disclosed in your answer to No. 1 above, provide the following information

(Attach additional pages if necessary):

Name and address of the contributor: \_\_\_\_\_

Contributor's relationship to the Contractor: \_\_\_\_\_

Name and office or position of each person receiving a contribution: \_\_\_\_\_

Amount of the contribution: \_\_\_\_\_

Date of the contribution: \_\_\_\_\_

We understand that knowingly making a material misstatement or omission on this form may cause the municipal pension system to void our professional services contract.

Mockenhaupt Benefits Group

*Company Name*

One Gateway Center, Suite 1475

Pittsburgh, PA 15222

*Address*



*Authorized Signature*

03/16/2015

*Date*