

**2022 ACT 44 DISCLOSURE FORM FOR ENTITIES PROVIDING  
PROFESSIONAL SERVICES TO THE  
PARKESBURG '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 PARKESBURG (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 **December 17, 2021**. 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 **December 21, 2022**.

**RETURN COMPLETED**

**DISCLOSURE TO:** Parkesburg Borough  
315 W. 1<sup>st</sup> Ave., Building 1  
Parkesburg, PA 19365  
[rdurnall@parkesburg.org](mailto:rdurnall@parkesburg.org)  
[jreali@parkesburg.org](mailto:jreali@parkesburg.org)

**REQUIRED UPDATES:**

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

## List of Municipal Officials for the Requesting Municipality

**CONTRACTORS:** 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."

**MUNICIPALITY:** Enter below, a list of municipal officials that have any involvement in the administration or management of the pension system – Elected Officials, Appointed Officials and Employees, Board Members, or other Pension Committee Members (if applicable). Do not include employees that are not in a management position or serve on a pension committee or in a decision-making position relative to this pension system. If a category listed below is not applicable, so state.

Elected Officials:			
Name:	Title:	Name:	Title:
Sharon Wolf	Council President	Todd Brade	Council Vice President
Mark Agen	Council Member	David Mellema	Council Member
Margaretta Lipscomb	Council Member	Nicholas Ohar	Council Member
Joshua Mellinger	Council Member	John P. Hagan	Mayor
Employees or Appointed Officials:			
Name:	Title:	Name:	Title:
Joseph Reali	Borough Manager	Rebecca Durnall	Borough Secretary
John Carnes	Solicitor	Rebecca Durnall	Treasurer
Others: Pension Committee Members (if applicable) (persons not already listed above):			
Name:	Title:	Name:	Title:

## IDENTIFICATION OF CONTRACTORS & RELATED PERSONNEL

**CONTRACTORS:** (See “Definitions” – page 2) Any entity who currently provides service(s) by means of a Professional Services Contract to the Municipal Pension System of the **Requesting Municipality**, please complete all of the following:

Identify the Municipal Pension System(s) for which you are providing information:

Indicate all that apply with an “X”:

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

**\*\*NOTE:** For all that follow, you may answer the questions / items on a separate sheet of paper and attach it to this Disclosure if the space provided is not sufficient. Please reference each question / item you are responding to by the appropriate number. (example: REF – Item #1.)

1. Please provide the names and titles of all individuals providing professional services to the **Requesting Municipality’s** pension plan(s) identified above. Also include the names and titles of any advisors and subcontractors of the Contractor, identifying them as such. After each name provide a description of the responsibilities of that person with regard to the professional services being provided to each designated pension plan.  
“Complete list - SEE ATTACHED”
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)  
“NO – 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 of the person employed, their position with the municipality, and dates of employment.  
“NO – NONE”
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.  
“YES – SEE ATTACHED”

**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

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 – NONE”**

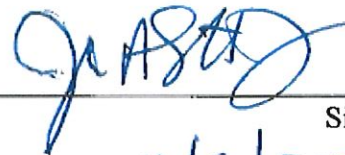
### VERIFICATION

I, Joseph A Scott Jr., hereby state that I am MRT Client Services Director for  
(Name) (Position)

PSAB Municipal Retirement Trust 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 **Parkesburg Borough’s 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

11/30/2022

Date