

1130 N. BETHLEHEM PIKE • P.O. BOX 625 • SPRING HOUSE, PA 19477-0625 • 215-646-5302 • FAX 215-646-3357

[www.lowergwynedd.org](http://www.lowergwynedd.org)

September 8, 2023

Joseph Spagnola  
PFM Asset Management LLC  
1735 Market St  
43<sup>rd</sup> Floor  
Philadelphia, PA 19103

David Reid  
CBIZ Retirement Plan Services  
1845 Walnut Street, 14<sup>th</sup> FL  
Philadelphia, PA 19103

Brett Kogler-Schommer  
U.S. Bank Institutional Trust & Custody  
60 Livingston Avenue  
St. Paul, MN 55107

Gentlemen:

As you may be aware, Act 44 of 2009 imposed best practice standards on municipal pension plans in Pennsylvania. These standards include conflict-of-interest standards, restrictions on political contributions, and annual disclosure requirements.

Your firm received compensation from Lower Gwynedd Township's Pension Funds. Please complete the attached disclosure form and return it to the writer on or before December 1, 2023.

If you have any questions, please do not hesitate to call.

Sincerely,

Melinda Haldeman, CPA  
Finance Director  
Lower Gwynedd Township  
1130 N. Bethlehem Pike  
Spring House, PA 19477  
(215) 646-5302

Attachment



**ACT 44 DISCLOSURE FORM FOR ENTITIES PROVIDING  
PROFESSIONAL SERVICES TO THE  
LOWER GWYNEDD TOWNSHIP 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 Lower Gwynedd 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 December 1, 2023**. 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:**

**Lower Gwynedd Township  
Attn: Melinda Haldeman- Finance Director  
1130 N. Bethlehem Pike  
P.O. Box 625  
Spring House, PA 19477**

**Phone Number: 215-646-5302 x305  
E-Mail Address: maldeman@lowergwynedd.org**

**REQUIRED UPDATES:**

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

## DEFINITIONS FOR DISCLOSURE

TERM:	DEFINITION:
<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: 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.
<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> 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.
<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 <b>TABLE 2</b> 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.*”

### **LOWER GWYNEDD TOWNSHIP**

*Danielle A. Duckett, Chair – Board of Supervisors*

*Michael Twersky, Vice Chair– Board of Supervisors*

*Kathleen Hunsicker, Member – Board of Supervisors*

*Tessie McNeely, Member – Board of Supervisors*

*Janine Martin, Member – Board of Supervisors*

*Mimi Gleason – Township Manager*

*Melinda Haldeman - Finance Director*

*Neil A. Stein, Esq. – Township Solicitor*

*Steve Smith – Advisory Board*

*Brian Siegel – Advisory Board*

*James V. Morris – Advisory Board*

## 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

**\*\*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.

Tarah Lowe - Officer, Account Manager: Oversees daily administration of the plan including cash and asset activity and all participant related matters.  
Kathleen O'Connor - Vice President, Relationship Manager: Oversees overall relationship including management of account structure and legal documentation.

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. U.S. Bank maintains records of its lobbying registrations and of those employees registered in lobbyists in federal, state and local jurisdictions. We have no record of any current third-party intermediary, agent, or lobbyist to communicate directly or indirectly with an official or employee of the municipal pension system of the requesting municipality, or any municipal official or employee of the municipality in connection with any transaction or investment involving the Contractor and the municipal pension system of the requesting municipality.

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).

U.S. Bank maintains political contribution and solicitation records for those individuals identified by the nature of their roles for U.S. Bank. The records date back to early 2012 for those individuals covered by a federal pay-to-play rule, and more recently include those who could be covered by state and local regulations. To the best of our knowledge, based upon these records, no solicitation has been made for a contribution to any municipal official or candidate for municipal office of Lower Gwynedd Township or to a political party or political action committee of an official of Lower Gwynedd Township.

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.

U.S. Bank does not have record of any gifts or entertainment given to any official or employee from Lower Gwynedd Township.

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.

U.S. Bank maintains political contribution and solicitation records for those individuals identified by the nature of their roles for U.S. Bank. To the best of our knowledge, based upon these records, no such contributions described in Question 10 above have been disclosed.

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.

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:** Tarah Lowe

**Name:**

**Position:** Officer, Account Manager

**Position:**

**Name:**

**Name:**

**Position:**

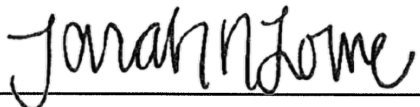
**Position:**

**Name:**

**Name:**

**Position:**

**Position:**



SIGNATURE

Officer, Account Manager

TITLE

9/25/2023

DATE



## VERIFICATION

I, Tarah Lowe, hereby state that I am Officer, Account Manager for  
(Name) (Position)  
U.S. Bank, NA 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 the Lower Gwynedd 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.

Tarah Lowe  
Signature

9/25/2023  
Date