

2015

**Disclosure of Information for Professional Service Provider to Westmont Borough's  
Municipal Pension System  
Professional Service Provider: Mockenhaupt Benefits Group**

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Act 44 of 2009 requires annual disclosure of certain information by individuals or entities that hold contracts with and provide professional services to a municipal pension system. Please complete and return this disclosure to the department as soon as possible. If you feel you are not obligated to complete the disclosure, please provide written explanation. Responses should be directed to:

Ms. Gail Heeter  
Borough Secretary  
Westmont Borough  
1000 Luzerne Street  
Johnstown, PA 15905

**Section 1 - Definitions:**

The following terms are defined within Section 701-A of Act 44 of 2009.

*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.

*Contractor:* A person or an affiliated entity that has a professional services contract with a municipal pension system

*Contributions:* As defined in section 1621 of the act of June 3, 1927 (P.L. 1333, No. 320), known as the Pennsylvania Election Code.

*Executive Level Employee:*

An employee of a 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 of policies relating to pensions, investments, contracts or procurement or to the conduct of business with a municipality or a municipal pension system.

*Political*

*Committee:* As defined in section 1621 of the act of June 3, 1937 (P.L. 1333, No. 320), known as the Pennsylvania Election Code.

*Professional*

*Services Contract:* A contract to which the municipal pension system is a party that is:

1. For the purchase or provision 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 is accepted.

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**Section 2 - Municipal Officials:**

The following individuals are identified as pension system officials and employees to be considered as you complete the disclosure.

**Elected Officials**

**Robert J. Callahan, DDS, Mayor**  
**Don C. Hall, II, President of Council**  
**Lee E. Williamson, Vice President of Council**  
**Thomas C. Gramling, President Pro Tem**  
**Bud Moran, Council Member**  
**Kevin Schrock, Council Member**  
**Marc McCall, Council Member**  
**James Mirabile, Council Member**

**Appointment Officials or Employees**

**Robert Shahade, Esq. Solicitor**  
**Gail Y. Heeter, Borough Secretary/CAO**

**Section 3 - Individuals Providing Professional Services and Affiliated Entities:**

A. Please provide names and titles of all individuals who provide professional services to the municipal pension plan.

**William C. Asay, CEBS - President & CEO**  
**David H. Stimpson, E.A., F.C.A., M.A.A.A. - VP of Actuarial Services**  
**Carrie Troutman, CEBS - Consultant**  
**Chris Anderson, CEBS - Actuarial Analyst**

B. Please identify any Affiliated Entity (name and title) of your company.

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**Section 4 – Disclosure:**

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

		Yes	No
1.	Are any current or former officials or employees of the municipality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.	Are any a registered federal or state lobbyist?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.	Have any made a contribution in the past two years to a municipal official or candidate for office at municipality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Regarding your firm and Affiliated Entities:**

		Yes	No
1.	Have you or an Affiliated Entity 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 or 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 individual who holds that office; or ii. a political committee of a candidate for public office in the Commonwealth or of an individual who holds that office.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.	Do you or an Affiliated Entity employ or retain any third-party intermediary, agent or lobbyist? If "Yes", describe the duties of that person.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	a. Do you or an Affiliated Entity have a direct financial, commercial or business relationship with any official of the municipal pension system or the municipality which controls the municipal pension system? b. Answer only if the answer to 4a. was "Yes": Has the municipal pension system consented in writing to the relationship following full disclosure?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.	Do any additional potential or actual conflicts of interest exist relative to contracting of services with the municipality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

6. 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:

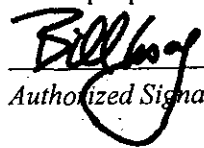
Contributor's relationship to the Contractor:

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.

  
Authorized Signature

11/19/2015  
Date