

Thomas J. Anderson & Associates, Inc.

MUNICIPAL PENSION SPECIALISTS

115 WESTTOWN RD., STE 101
WEST CHESTER, PA 19382
(610) 430-3385 FAX (610) 430-3387

October 1, 2023

Ms. Alice Eastmure
Manager
SKIPPACK TOWNSHIP
4089 Heckler Rd., Box 164
Skippack, PA 19474

Re: Act 44 Annual Disclosure Form

Dear Alice:

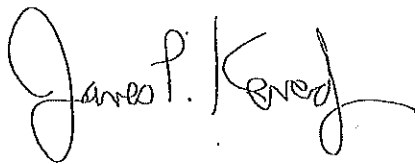
Enclosed is our firm's completed Act 44 annual disclosure form.

In accordance with the requirements of Act 44, each contractor that provides services to your municipality's pension plans, is required to complete a disclosure form annually.

It is important to note that when your municipality receives the completed disclosures from the contractors, they are to be reviewed to make sure that no contractor is violating the provisions of Act 44. According to Act 44, the annual disclosures for each contractor are to be placed on your municipality's website on or before December 8, 2023.

If I can be of further assistance, please do not hesitate to contact me.

Sincerely,



JAMES P. KENNEDY
President

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":

X

Non- Uniform Plan

Police Plan

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.

James P. Kennedy – President – providing pension consulting services

Scott Rhoads – Consultant – providing pension consulting services

Douglas Werley – Consultant – providing pension consulting services

David Reid, Kevin Stanton – Actuary- CBIZ – providing actuarial services

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)

ANSWER - 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.

ANSWER - 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.

ANSWER - NO

NOTICE: All information provided for items 1- 4 above must be updated as changes occur.

5. Since December 17th 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.

ANSWER - NO

6. 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 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).

ANSWER - NO

7. Since December 17th, 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.

ANSWER - 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.

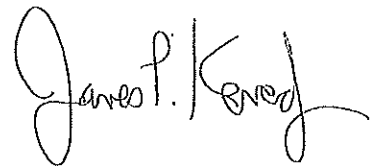
ANSWER - NO

VERIFICATION

I, James P. Kennedy, hereby state that I am President of Thomas J. Anderson & Associates, Inc., and I am authorized to make this verification.

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



Signature

October 1, 2023

Date