

**Disclosure of Information for Professional Service Provider to Windber Borough's
Municipal Pension System(s)**

Professional Service Provider: _____

Regarding individuals who will provide services under the 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.	<p>Have you or an "affiliated entity" (as defined in Act 44 of 2009) made any contributions to which all of the following apply:</p> <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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.

Authorized Signature