

**2025 ACT 44 DISCLOSURE FORM FOR ENTITIES PROVIDING  
PROFESSIONAL SERVICES TO THE PENSION SYSTEM(S) OF:  
ST. CLAIR BOROUGH**

HEREINAFTER REFERRED TO AS THE "REQUESTING MUNICIPAL ENTITY"

CHAPTER 7-A OF ACT 44 OF 2009 MANDATES the annual disclosure of certain information by every entity (hereinafter "Contractor") which provides professional services under contract to one or more of the pension funds of St. Clair Borough. Act 44 disclosure requirements apply to *Contractors* who provide professional pension services and receive payment of any kind from the *Requesting Municipal Entity's* pension fund. 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 Municipal Entity below, **by December 1, 2025**. 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), not later than 15 days following receipt of this request. As changes occur and before the next disclosure is made, updates should be made in writing.

**Return the completed disclosure to:**  
**St. Clair Borough**  
**Attn: Richard E. Tomko**  
**16 S. Third Street, St. Clair, PA 17970**  
**570-429-0640**  
**RPrice@StClairPA.gov**

## **Definitions for Disclosure**

**CONTRACTOR:** 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.

**SUBCONTRACTOR OR ADVISOR:** Anyone who is paid a fee or receives compensation from a municipal pension system – directly or indirectly from or through a contractor.

**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; or (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.

**CONTRIBUTIONS:** 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.

**POLITICAL COMMITTEE:** 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

**EXECUTIVE LEVEL EMPLOYEE:** Any employee or 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 policies relating to pensions, investments, contracts or procurement or the conduct of business with a municipality or municipal pension system.

**MUNICIPAL PENSION SYSTEM:** Any qualifying pension plan, under Pennsylvania state law, for any municipality within the Commonwealth of Pennsylvania; includes the Pennsylvania Municipal Retirement System.

*Example: The Police Pension Plan for the Borough of Winchesterville*

**MUNICIPAL PENSION SYSTEM OFFICIALS AND EMPLOYEES; MUNICIPAL OFFICIALS AND EMPLOYEES:** Specifically, those listed in Table 2 titled: “List of Pension System and Municipal Officials and Employees” on the next page. Where applicable, includes any employee of the Requesting Municipal Entity.

**PROFESSIONAL SERVICES CONTRACT:** 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 Municipal Entity

**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.”

**REQUESTING MUNICIPAL ENTITY:** 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, enter “NA” in the top right box only.

**TABLE 2: List of Municipal Officials and / or Employees – “List of Municipal Officials”**

| <b>Elected Officials:</b>                                                                    |                        |               |                |
|----------------------------------------------------------------------------------------------|------------------------|---------------|----------------|
| <b>Name:</b>                                                                                 | <b>Title:</b>          | <b>Name:</b>  | <b>Title:</b>  |
| Richard E. Tomko                                                                             | Mayor                  | Joann Brennan | Council Member |
| Thomas Dempsey                                                                               | Council President      | Norn Diehl    | Council Member |
| Cheryl Dempsey                                                                               | Council Vice President |               |                |
| William Dempsey                                                                              | Council Member         |               |                |
| Judy Stednitz-Julian                                                                         | Council Member         |               |                |
| Tony Klazas                                                                                  | Council Member         |               |                |
| <b>Employees or Appointed Officials:</b>                                                     |                        |               |                |
| <b>Name:</b>                                                                                 | <b>Title:</b>          | <b>Name:</b>  | <b>Title:</b>  |
| Roland Price                                                                                 | Borough Manager        |               |                |
| Carol Sutzko                                                                                 | Borough Treasurer      |               |                |
|                                                                                              |                        |               |                |
| <b>Others: Pension Committee Members (if applicable) (persons not already listed above):</b> |                        |               |                |
| <b>Name:</b>                                                                                 | <b>Title:</b>          | <b>Name:</b>  | <b>Title:</b>  |
|                                                                                              |                        |               |                |
|                                                                                              |                        |               |                |
|                                                                                              |                        |               |                |

## Identification of Contractors & Related Personnel

**CONTRACTORS:** (Review “Definitions” on page 2 before completing this form) Any entity who currently provides service(s) by means of a Professional Services Contract to the Municipal Pension System of the **Requesting Municipal Entity**, please complete all 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

☐

Fire Plan

**Instructions:** For all that follow, any yes or affirmative response requires further information. Please provide this information to the extent detailed in each question. Answer all questions below, then on a separate sheet of paper provide the detailed information required and attach it to this Disclosure. Please refer to each question you are responding to by the appropriate number. (Example: REF – Question #3). **NOTE:** Question # 1 requires a detailed response. All information provided for items 1- 4 above must be updated as changes occur.

READ each question, put and “X” in the Yes or No Box to the left or right to respond. If necessary, provide the information requested for a yes or affirmative answer.

| YES | Question                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | NO |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| X   | <b>Q1:</b> Please provide the names and titles of <u>all individuals</u> providing professional services to the <b>Requesting Municipal Entity</b> ’s pension plan(s) identified above. Also include the names and titles of <u>any advisors and subcontractors</u> of the Contractor, identifying them as such. After each name provide a description of the responsibilities of that person regarding the professional services being provided to each designated pension plan.                                                                                                                                 |    |
|     | <b>Q2:</b> Please list the name and title of any <i>Affiliated Entity</i> and their <i>Executive-level Employee(s)</i> that require disclosure; after each name, include a brief description of their duties. (See: Definitions)                                                                                                                                                                                                                                                                                                                                                                                  | X  |
|     | <b>Q3:</b> Are any of the individuals named in Questions 1 and 2 above a current or former official or employee of the <b>Requesting Municipal Entity</b> ?<br>** IF “YES,” provide the name of the person employed, their position with the municipality, and dates of employment.                                                                                                                                                                                                                                                                                                                               | X  |
| X   | <b>Q4:</b> Are any of the individuals named in Item 1 or Item 2 above a current or former registered Federal or State lobbyist?<br>** 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.                                                                                                                                                                                                                                                                                                                |    |
|     | <b>Q5:</b> Since December 17 <sup>th</sup> , 2009, has the <i>Contractor</i> , or any agent, officer, director, or employee of the <i>Contractor</i> solicited a contribution to any municipal officer or candidate for municipal office in the <b>Requesting Municipal Entity</b> , or to the political party or political action committee of that official or candidate?<br>** 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). | X  |
|     | <b>Q6:</b> Within the past two years: Has the <i>Contractor</i> or an <i>Affiliated Entity</i> made any contributions to a municipal official or any candidate for municipal office in the <b>Requesting Municipal Entity</b> ?<br>** 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.                                                                                              | X  |

Continued next page.

| YES | Question                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | NO |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
|     | <p><b>Q7: Since December 17<sup>th</sup> 2009</b>, has the <i>Contractor</i> or an <i>Affiliated Entity</i> 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 <i>Municipal Pension System</i> of the <b>Requesting Municipal Entity</b> (OR), any municipal official or employee of the <b>Requesting Municipal Entity</b> in connection with any transaction or investment involving the <i>Contractor</i> and the <i>Municipal Pension System</i> of the <b>Requesting Municipal Entity</b>?</p> <p><b><u>This question does not apply</u></b> to an officer or employee of the <i>Contractor</i> 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.</p> <p><b>** IF "YES", identify:</b> (1) whom (the third party intermediary, agent, or lobbyist) was paid the compensation or employed by the <i>Contractor</i> or <i>Affiliated Entity</i>, (2) their specific duties to directly or indirectly communicate with an official or employee of the <i>Municipal Pension System</i> of the <b>Requesting Municipal Entity</b> (OR), any municipal official or employee of the <b>Requesting Municipal Entity</b>, (3) the official they communicated with, and (4) the dates of this service.</p> | X  |
|     | <p><b>Q8:</b> Does the <i>Contractor</i> or an <i>Affiliated Entity</i> have any direct financial, commercial, or business relationship with any official identified on the <i>List of Municipal Officials</i>, of the <b>Requesting Municipal Entity</b>?</p> <p><b>** IF "YES,"</b> identify the individual with whom the relationship exists and give a detailed description of that relationship. <b>NOTE:</b> A written letter <u>is required from the Requesting Municipal Entity</u> acknowledging the relationship and consenting to its existence. The letter must be attached to this disclosure. Contact the <b>Requesting Municipal Entity</b> to obtain this letter and attach it to this disclosure before submission.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | X  |
|     | <p><b>Q9: Since December 17<sup>th</sup>, 2009:</b> Has the <i>Contractor</i> or an <i>Affiliated Entity</i> given any gifts having more than a nominal value to any official, employee or fiduciary – specifically, those on the <i>List of Municipal Officials</i> of the <b>Requesting Municipal Entity</b>?</p> <p><b>** IF "YES,"</b> 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.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | X  |
| X   | <p><b>Q 10:</b> Disclosure of contributions to any political entity in the Commonwealth of Pennsylvania<br/> <b>Applicability:</b> A "yes" response <u>is required</u>, and full disclosure is required <b><u>ONLY WHEN ALL</u></b> the following applies:</p> <ol style="list-style-type: none"> <li>The contribution was made within the last 5 years</li> <li>The contribution was made by an officer, director, executive-level employee, or owner of at least 5% of the <i>Contractor</i> or <i>Affiliated Entity</i>.</li> <li>The amount of the contribution was at least \$500 and in the form of: <ol style="list-style-type: none"> <li>A single contribution by a person in (b.) above, OR</li> <li>The aggregate of all contributions to all persons in (b.) above.</li> </ol> </li> <li>The contribution was for <ol style="list-style-type: none"> <li>Any candidate for any public office or any person who holds an office in the Commonwealth of Pennsylvania; or</li> <li>The political committee of a candidate for public office or any person that holds an office in the Commonwealth of Pennsylvania.</li> </ol> </li> </ol> <p><b>** IF "YES",</b> provide the name and address of the person(s) making the contribution, the contributor's relationship to the <i>Contractor</i>, 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.</p>                                                                      |    |

Continued next page.

| YES | Question                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | NO |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
|     | <p><b>Q11:</b> With respect to your provision of professional services to the Municipal Pension System of the <b>Requesting Municipal Entity:</b> Are you, the <i>Contractor</i>, aware of any apparent, potential, or actual conflicts of interest with respect to any officer, director or employee of the <i>Contractor</i> and officials or employees of the <b>Requesting Municipal Entity?</b></p> <p><b>NOTE:</b> If, in the future, you become aware of any apparent, potential, or actual conflict of interest, you are expected to update this <b>Disclosure Form</b> immediately in writing by:</p> <ul style="list-style-type: none"> <li>• Providing a brief synopsis of the conflict of interest (and);</li> <li>• An explanation of the steps taken to address this apparent, potential, or actual conflict of interest.</li> </ul> <p><b>** IF "YES,"</b> 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.</p> | X  |

## VERIFICATION

I, Amanda S. Potts, hereby state that I am the Director, MRT Operations for  
 (Name) (Position)  
PA State Assoc. of Boroughs – 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 the ***Requesting Municipal Entity's Pension System(s)*** 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.

*Amanda Potts*

\_\_\_\_\_  
Signature

10/1/2025

\_\_\_\_\_  
Date

# **PSAB Municipal Retirement Trust 2025 Addendum**

## **Required Disclosure Form Statements** (updated as of 1 November 2025)

### **(Reference Question #1) List of MRT Personnel**

#### **PSAB Municipal Retirement Trust (MRT) – State Association and Pension Operations Contractor**

**The Municipal Retirement Trust is wholly owned and operated by the PSAB and is the primary contractor.** The MRT employs several subcontracted firms to provide specific and unique services to the Trust. The principal PSAB-MRT team members are listed first, followed by those of each subcontractor.

#### **Contractor Team Listing**

##### ***PSAB Municipal Retirement Trust (MRT)***

##### ***The PA State Association of Boroughs and Principal Pension Operations Contractor***

Chris Cap, PSAB Executive Director – Serves as MRT Treasurer/Secretary

Amanda Potts, Director, MRT Operations

Joseph Scott, MRT Client Services Director – Inside/Outside pension service liaison

#### **Sub-Contractor and Advising Team Listing**

- ***Administrative, Accounting, Custodial, and Actuarial Companies***

##### **Thomas J. Anderson & Associates – Trust Administrator (optional actuarial services)**

James Kennedy, President – Manages Act 205 administrative compliance efforts. TPA Administrative Services. (TJA offers optional actuarial services through an agreement with CBiz Actuary Svcs.)

##### **Brown Plus– Trust Auditor**

John W. Bonawitz, Jr., Principal – Supervises annual audit functions for the Trust.

##### **Hamilton & Musser – Accounting Sub-contractor**

Robert Mast, Shareholder – Manages account reporting, tax filings and fund disbursements.

##### **Fulton Bank – Fund Depository**

Tammy Snyder, VP of Corporate Development – Manages checking and disbursement accounts.

##### **Morgan Stanley – Investment Market Monitor**

H. Jeffrey Herb, Senior Vice President, Investments – Serves as investment monitor of MRT.

##### **Mette Evans & Woodside – Law firm providing legal counsel**

Mary Alice Busby, Shareholder – Serves as the MRT Solicitor.

- ***Investment Management – Style-Specific Companies***

##### **Robeco/Boston Partners - Large Cap Value Manager**

Joseph F. Feeney, CFA, CEO

Mark Donovan, CFA, – Portfolio Manager

##### **ISHARES RUSSELL 1000 VALUE ETF - Large Cap Value Manager**

Greg Savage - Portfolio Manager

##### **Vanguard S&P 500 Index - Large Cap Core Manager**

Michael Feehily - Senior Managing Director

##### **ISHARES RUSSELL 1000 GRW ETF – Large Cap Growth Manager**

Greg Savage - Portfolio Manager

**Wedge Capital Management – SMid-Cap, Core Bond Manager and Short Term Fixed**

Bradley W. Horstmann, CFA, General Partner- Chief Compliance Officer

John G. Norman, Executive Vice President – Portfolio Manager - Equity

**Ancora/Thelen Advisors - Small Mid Cap Manager**

Dan Theleni, CFA – Portfolio Manager

Frederick DiSanto – Chairman & Chief Executive Officer

**Great Lakes Advisors - Small Mid Cap Manager**

Jeff Agne, CIO – Managing Director

William O. Bell, III – Director – Consultant Relations

**Vanguard Extended Market ETF-Mid/Small Cap Manager**

Michelle Louie, CFA - Portfolio Manager

Nick Birkett, CFA - Portfolio Manager

**ISHARES RUSSELL Mid-Cap Growth – Small Mid Cap Manager**

Greg Savage - Portfolio Manager

**Harding Loevner - International Fund Manager**

Ferrill Roll, CFA –Portfolio Manager

Lindsey Andresen - Manager, Client Management

**Causeway Capital Management - International Fund Manager**

Sarah Ketterer - CEO/Portfolio Manager

Eric Crabtree - Chief Client Service Officer

**ISHARES MSCI EAFE ETF - International Fund Manager**

Greg Savage - Portfolio Manager

**Bentall Kennedy – Real Estate Manager**

Michael Keating, Senior Vice President – Portfolio Manager

Josh Samilow, Vice President - Business Development and Client Relations

**Intercontinental – Real Estate Manager**

Peter Palandjian – Chairman and CEO

James Beloff - Senior Managing Director

**C.S. McKee L.P. – Fixed Income Manager**

Brian S. Allen, CFA – Senior Vice President and Chief Investment Officer – Portfolio Manager

Mark. R. Gensheimer – President

**CBRE Listed Global Infrastructure**

Jeremy Anagnos – Chief Investment Officer, Listed Infrastructure

Daniel Foley – Portfolio Manager

**CION Areas Diversified Credit Fund (New 2025)**

Mitch Goldstein - Co-Head of Ares Credit Group

Michael Smith - Co-Head of Ares Credit Group

**(Reference Question # 4) List current or former registered Federal or State lobbyists**

**Chris Cap**, State Registered Lobbyist (last renewed 1/1/2025). Position: PA State Association of Boroughs –

PSAB Executive Director

**(Reference Question # 10) Disclosure of contributions to any political entity**

Randy Riddle - PSAB Board of Directors

1/29/20 Mercer County Republican Party \$200

9/23/20 Friends of Tim Bonner (PA State Rep) \$300.

3/14/23 Friends of Ann Coleman (Mercer County Commissioner) \$150.

8/23/23 Friends of Ann Coleman (Mercer County Commissioner) \$100.

3/30/24 Mercer County Republican Party \$40.

Chuck Mummert – Trustee

\$50 (2020, 2023) – David Hickernell PA State Representative