

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

**Professional Service Provider: First Commonwealth Bank - Trust Division**

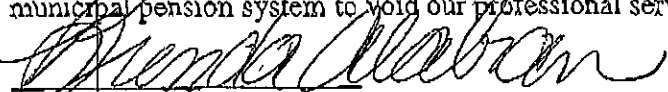
Regarding individuals who will provide services under the contract:		Yes	No
1.	Are any current or former officials or employees of the municipality?		X
2.	Are any a registered federal or state lobbyist?		X
3.	Have any made a contribution in the past two years to a municipal official or candidate for office at municipality?		X
4.	Do any have a direct financial, commercial, or business relationship with any official of the municipality or municipal pension system?		X

Regarding your firm and affiliated entities:		Yes	No
1.	Have you or an "affiliated entity" (as defined in Act 44 of 2009) 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 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.		X
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?		X
3.	Do you employ any third-party intermediary, agent or lobbyist?		X
4.	Do any additional potential or actual conflicts of interest exist relative to contracting of services with the municipality?		X

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.

BY:



Authorized Signature  
 First Commonwealth Bank - Trust Division  
 Brenda Alabran  
 Vice President and Trust Officer, Regional Manager

**Disclosure of Information for Professional Service Provider to Ford City Borough's (Pension)  
Municipal Pension System(s)  
Professional Service Provider: First Commonweawlth Bank - Trust Division**

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

Yes No

1.	Are any current or former officials or employees of the municipality?		X
2.	Are any a registered federal or state lobbyist?		X
3.	Have any made a contribution in the past two years to a municipal official or candidate for office at municipality?		X
4.	Do any have a direct financial, commercial, or business relationship with any official of the municipality or municipal pension system?		X

**Regarding your firm and affiliated entities:**

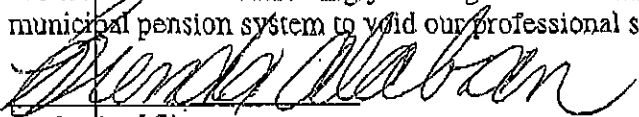
Yes No

1.	Have you or an "affiliated entity" (as defined in Act 44 of 2009) 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 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.		X
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?		X
3.	Do you employ any third-party intermediary, agent or lobbyist?		X
4.	Do any additional potential or actual conflicts of interest exist relative to contracting of services with the municipality?		X

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:

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BY:



Authorized Signature  
 First Commonwealth Bank - Trust Division  
 Brenda Alabran  
 Vice President and Trust Officer, Regional Manager

**Disclosure of Information for Professional Service Provider to Ford City Borough's  
Municipal Pension System(s)  
Professional Service Provider: Mockenhaupt Benefits Group**

**Regarding individuals at Mockenhaupt Benefits Group who will provide services under the contract:**

		Yes	No
1.	Are any current or former officials or employees of the municipality?		X
2.	Are any a registered federal or state lobbyist?		X
3.	Have any made a contribution in the past two years to a municipal official or candidate for office at municipality?		X
4.	Do any have a direct financial, commercial, or business relationship with any official of the municipality or municipal pension system?		X

**Regarding Mockenhaupt Benefits Group and affiliated entities:**

		Yes	No
1.	Have you or an "affiliated entity" (as defined in Act 44 of 2009) made any contributions to which all of the following apply: <ul style="list-style-type: none"> <li>a. The contribution was made within the last five years.</li> <li>b. The contribution was made by an officer, director, executive-level employee or owner of at least 5% of the firm or "affiliated entity."</li> <li>c. The amount of the contribution was at least \$500 in the form of               <ul style="list-style-type: none"> <li>i. a single contribution by a person in subparagraph (b) above; or</li> <li>ii. the aggregate of all contributions by all persons in subparagraph (b) above.</li> </ul> </li> <li>d. The contribution was made to:               <ul style="list-style-type: none"> <li>i. a candidate for any public office in the Commonwealth or to an</li> <li>ii. individual who holds that office; or</li> <li>iii. a political committee of a candidate for public office in the Commonwealth or of an individual who holds that office.</li> </ul> </li> </ul>		X
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?		X
3.	Do you employ any third-party intermediary, agent or lobbyist?		X
4.	Do any additional potential or actual conflicts of interest exist relative to contracting of services with the municipality?		X

5. For the contribution(s) disclosed in your answer to No. 1 above, provide the following information:

Name and address of the contributor: N/A  
 Contributor's relationship to the Contractor: N/A  
 Name and office or position of each person receiving a contribution: N/A  
 Amount of the contribution: N/A  
 Date of the contribution: N/A

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.



William C. Asay, CEBS