

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

**Professional Service Provider: GEM Group**

**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.	<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"> <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:

(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.

*Laura E. Bealles* 1/24/2012  
 Authorized Signature