

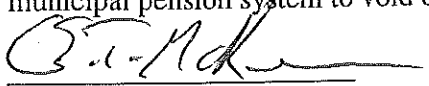
**Disclosure of Information for Professional Service Provider to Bellefonte Borough's  
Municipal Pension System(s)  
Professional Service Provider: The Hartman Group**

<b>Regarding individuals who will provide services under the contract:</b>		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?	✓	

<b>Regarding your firm and affiliated entities:</b>		Yes	No
1.	Have you or an "affiliated entity" (as defined in Act 44 of 2009) made any contributions to which <u>all</u> 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.		✓
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