ACT 44 RELATED DISCLOSURE ANNUAL UPDATE

This Disclosure Form may be used by existing service providers ONLY

Please check only description which is applicable to you and complete the specified parts of this annual disclosure.
 I am an individual who is providing services to the Municipal Pension Plan solely in my capacity as an individual, and not as a Business or as an Affiliated Entity (as herein defined). Complete Parts A, C, D, and sign in Part E
 I am providing services to the Municipal Pension Plan as part of a Business or an Affiliated Entity. Complete Parts B, C, D, and sign in Part E
 Please complete this Annual Disclosure and return to the Municipality no later than October 31, 2017.
 Submitted by: Charles B. Friedlander, F.S.A.

President & Chief Actuary

Municipal Finance Partners, Inc.

PART A: Individual Disclosure. The information contained in this PART relates to a Provider who is an individual who is providing services under a Professional Services Contract to a Municipal Pension Plan.

1.	NAME OF INDIVIDUAL MAKING THE DISCLOSURE	TITLE OF INDIVIDUAL		
	First Middle Last Suffix			
3.	INDIVIDUAL'S MAILING ADDRESS	DATE OF DISCLOSURE		
	Street Apt.			
	City State Zip			
5.	CONTRIBUTIONS Contributions for the past five (5) years must	be discl	osed	
Cand	you made any contributions above \$500, individually or in the aggregate, idate for public office in the Commonwealth?		□ Yes □ No	
	you made any contributions above \$500, individually or in the aggregate, idual who holds a public office in the Commonwealth?	to any	□ Yes □ No	
	you made any contributions above \$500, individually or in the aggregate, cal Committee of a Candidate for public office in the Commonwealth?	to any	□ Yes □ No	
Polit	you made any contributions above \$500, individually or in the aggregate, cal Committee of any individual who holds a public office in the nonwealth?	to any	□ Yes □ No	
offici	you solicited or served as an intermediary for any contributions to any mu al or candidate for municipal office in the Municipality or political party o cal Committee of that official or candidate??		□ Yes □ No	
6.	GIFTS			
	you given any gifts to any official, employee, or fiduciary of the Plan or cipality?		□ Yes □ No	
7.	RELATIONSHIPS			
offici discle	by have any direct financial, commercial, or business relationship with any all of the Plan or Municipality? (Note: If the answer is "Yes," the Provider use the name of the official and the general nature of the relationship in Pagen 2 below)	must	□ Yes □ No	
to dir any ti (Note	ou have any relationship with a third party intermediary, agent, or lobbyist ectly or indirectly communicate with the Plan or Municipality in connectic ansaction or investment involving the Provider and the Plan or Municipality. If the answer is "Yes," the Provider must disclose the name and duties of party intermediary, agent, or lobbyist in Part C, Section 3 below.)	n with ty?	□ Yes □ No	

Additional specific information on every contribution and/or gift must be disclosed. Please use the Table provided in PART C.

PART B: Business Disclosure. The information contained in this PART relates to a Provider who is a Business or an Affiliated Entity that is providing services under a Professional Services Contract to the Municipal Pension Plan.

1.	NAME OF PROVIDER MAKING THE DISCLOSURE	Municipal Finance Partners, Inc.			
2.	NAME AND TITLE OF INDIVIDUAL AUTHORIZED TO	ACT ON I	BEHALF OF TH	ie prov	IDER
3.	Charles Bruce Friedlander First Middle Last Suffix PROVIDER MAILING ADDRESS 830 Sir Thomas Court, Suite 150 Street Suite Harrisburg, PA 17109	4.	President & Chi Title DATE OF DISC September 22.	CLOSURI	
	City State Zip	_	90		
5.	CONTRIBUTIONS Contributions for the past five (5)	vears must	be disclosed		
Candid	e Business or Affiliated Entity made any contributions above \$ late for public office or Political Committee of a Candidate for mmonwealth?	500 to any public off	ice in	Yes ☑	No
individ a publi	e Business or Affiliated Entity made any contributions above \$ lual who holds a public office or Political Committee of an ind c office in the Commonwealth?	vidual wh	o holds	Yes 🗹	
Busine public	officer, director, Executive-level Employee, or owner of at leasts or Affiliated Entity made any contributions above \$500 to a office or any Political Committee of any Candidate for public onwealth?	ny Candid	ate for	Yes Ø	No
Busine who ho	officer, director, Executive-level Employee, or owner of at leasts or Affiliated Entity made any contributions above \$500 to a olds a public office or any Political Committee of an individual office in the Commonwealth?	ny individ	ual	Yes Ø	No
Has the	e Business or Affiliated Entity solicited or served as an intermentations to any municipal official or candidate for municipal official or political party or Political Committee of that official	ce in the		Yes 🗹	No
Busine contrib	officer, director, Executive-level Employee, or owner of at leass or Affiliated Entity solicited or served as an intermediary for outions to any municipal official or candidate for municipal official or political party or Political Committee of that official	r any ce in the		Yes 🗹	No
6.	GIFTS				
	Business or Affiliated Entity given any gifts to any official, ery of the Plan or Municipality?	mployee, o	or 🗆	Yes 🗹	No
		* 10	'		

Additional specific information on every contribution and/or gift must be disclosed. Please use the Table provided in PART C.

PART B: Business Disclosure (continued)

7. RELATIONSHIPS

Does the Business or Affiliated Entity have any direct financial, commercial, or		Yes	Ø	No
business relationship with any official of the Plan or Municipality? (Note: If the				
answer is "Yes," the Provider must disclose the name of the official and the general				
nature of the relationship in Part C, Section 2 below)				
Does the Business or Affiliated Entity have any relationship with a third party		Yes	M	No
intermediary, agent, or lobbyist that is to directly communicate with the Plan or	_		_	110
Municipality in connection with any transaction or investment involving the Provider				
and the Plan or Municipality? (Note: If the answer is "Yes," the Provider must disclose				
the name and duties of the third party intermediary, agent, or lobbyist in Part C,				
Section 3 below)				

PART C: Additional Disclosures to be Completed by ALL Providers The information sought in this PART relates to any Provider providing services under a Professional Services Contract to the Plan or Municipality.

1. SPECIFIC INFORMATION RELATING TO CONTRIBUTIONS AND GIFTS If no Disclosure is being made under Section 1, please Check Box and Initial.

Name of Contributor	Relationship (to individual or Business completing this form)	Name of Recipient & Office/Position	Date of Contribution or Gift	Amount of Contribution or Gift

Name of Official	Nature of Relationship	
THIRD PARTY IN	TERMEDIARIES, AGENTS, LOBBYISTS	
= No Disclosure is being ma	de under this Section 3, please Check Box and Initial.	CBF
Name of Third Party	Duties	
Name of Third Party		
Name of Third Party		
Name of Third Party		
Name of Third Party CONFLICTS OF I	Duties	

FINANCIAL, BUSINESS, AND COMMERCIAL RELATIONSHIPS

5. OTHER DISCLOSURES

To the extent Act 44 of 2009 requires you to disclose any additional information other disclosures beyond what is requested, please provide that information in the space provided or attach a separate statement.

None

2.

PART D: Contract information. The information in this part relates to the Professional Services Contract Annual Disclosures form is being submitted.

Please list the Professional Services Contracts between the Provider and the Plant

Contract for Actuarial Services to Non-Uniformed Pension Plan

This Disclosures form is being submitted in conjunction with the annual filing requirements set forth in Act 44 for calendar year: _______

PART E: Signature. The signature of the Provider or an official authorized to represent the Provider must be provided on every Disclosure form. Should the Provider knowingly make a material misstatement or omission on this Disclosure form, the Provider's Professional Services Contract with the Plan or Municipality shall be voided. The Provider will also be prohibited from entering into a Professional Services Contract with the Plan or Municipality for a period of up to three (3) years.

Disclosure forms that are not signed will be rejected.

The signatory hereby declares and certifies themselves to be the Provider, declares and certifies that they are properly authorized to execute these disclosure forms, and represents and covenants that all of the information and disclosures provided herein to the best of their knowledge are true and contain no material misstatements or omissions. Breach of such representation and covenant may render any current or subsequent Professional Services Contract voidable.

1.	NAME OF SIGNATORY MAKING DISCLOSURE			2.	TITLE OF SIGNATORY
	Charles Bruce Frie	dlander Iiddle Last	Suffix		President & Chief Actuary
	11131 16	name tast	Suyux		
3.	SIGNATURE OF I			4.	DATE SIGNED
	Charles B?	sullanter			September 22, 2017
5.	SIGNATORY'S CO	ONTACT ADDR	ESS	6.	PHONE NO. & EMAIL
	830 Sir Thomas Court, Suite 150			_	(717) 909-8400
	Street		Suite		Phone
	Harrisburg,	PA	17109	_	cfriedlander@mfpinc.biz
	City	State	Zip		Email