



PROPOSER DISCLOSURE FORM

All proposers are required to submit this form to comply with the LACERS Marketing Cessation Policy to disclose the following:

1. All contacts made during the restricted period; and/or
2. Personal or Business Relationships between their personnel and any Member of the Board, Staff of LACERS, or consultants who are designated Form 700 filers in the Department's Conflict of Interest Code (list attached); and/or
3. Any payments for Marketing or Placement Services to any person, firm or entity to assist in seeking the LACERS contracting opportunity.

Any failure to disclose, or false disclosures, are in violation of this policy and shall result in automatic disqualification of the Firm involved.

For Numbers 1 & 2:

| Name of Form 700 Filer Contacted/Related to | Nature of Contact or Relationship | Date of Contact (if applicable) |
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For Number 3:

| Name of Person, Firm, or Entity | Type and Value of Compensation | Date of Contact (if applicable) |
|---------------------------------|--------------------------------|---------------------------------|
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I certify that the information included in this form is true and correct.

Signature

Date