



**AGENDA  
REGULAR MEETING  
CITY OF FERNANDINA BEACH  
BOARD OF TRUSTEES  
GENERAL EMPLOYEES' PENSION PLAN  
MAY 12, 2022  
3:00 PM  
CITY HALL COMMISSION CHAMBERS  
204 ASH STREET  
FERNANDINA BEACH, FL 32034**

- 1. CALL MEETING TO ORDER/ROLL CALL/DETERMINATION OF A QUORUM**
- 2. PLEDGE OF ALLEGIANCE**
- 3. NEW BUSINESS**
  - 3.1 Election of Board Officers
- 4. APPROVAL OF MINUTES**
  - 4.1 February 10, 2022 Quarterly meeting
- 5. REPORTS (ATTORNEY/CONSULTANT)**
  - 5.1 Foster & Foster, Actuary, Doug Lozen
    - 5.1.1 Member portal demo
    - 5.1.2 Proposed fee increase memo
  - 5.2 AndCo Consulting, Investment Consultant, John Thinnies
    - 5.2.1 Quarterly report as of March 31, 2022
  - 5.3 Sugarman & Susskind, Attorney, Pedro Herrera
    - 5.3.1 Financial disclosure filing
    - 5.3.2 Legislative/Legal updates
  - 5.4 Fund activity report for February 4, 2021 - May 5, 2022
- 6. APPROVAL OF INVOICES**

6.1 Summary of Payments

6.1.1 Invoices for ratification

6.1.1 Warrant #11 and #12

**7. OLD BUSINESS**

**8. PUBLIC COMMENTS**

**9. STAFF REPORTS, DISCUSSION, AND ACTION**

9.1 Foster & Foster, Plan Administrator, Kim Kilgore

9.1.1 Educational Opportunities

9.1.1 FPPTA 38th Annual Conference, June 26-29, 2022, Orlando, Florida

**10. TRUSTEE REPORTS, DISCUSSION, AND ACTION**

**11. ADJOURNMENT**

**12. Next Regular Meeting Date: August 11, 2022 @3:00PM**

All members of the public are invited to be present and be heard. Persons with disabilities requiring accommodations in order to participate in this program or activity should contact the City Clerk at (904) 310-3115 or TTY/TDD 711 (for the hearing or speech impaired).

February 7, 2022

**VIA ELECTRONIC MAIL**

Board of Trustees  
City of Fernandina Beach  
General Employees' Pension Board

***Re: Foster & Foster Fee Increase***

Dear Board:

I hope this letter finds you well.

It has been our pleasure serving the City of Fernandina Beach General Employees' Pension Plan (the "Plan") for the past 30+ years. During our partnership, we are proud to have helped guide the Plan from just over \$2m to over \$28m, and deeply value the relationships we have made with your Trustees and City staff.

We are off to a busy start in 2022, beginning the extensive Service Organization Control (SOC) 2 audit process. We have engaged KirkpatrickPrice to examine the whole of our firm over the next several months to ensure that our systems, processes and procedures are properly in place to promote a successful workplace and importantly, a safe, secure environment for your records.

In conducting a review of our business operations at the end of last year, we closely examined the fees we are charging our clients and the particular nuances of each plan. We also reviewed the current state of professional actuarial fees in the public pension space – both in Florida and nationally. In short, we have not requested a change in our fee structure with the Plan since 2011 with regard to a significant portion of our services. This also includes the issuance of GASB 67/68 and 112.664 reporting requirements – which began in October 2014. Over that time, our internal costs have continued to increase exponentially – with the addition of new professional staff members, systems (including significant technological tools for our clients' benefit), cyber security measures and additional infrastructure. We also continue to pay our people more each year to retain the best professionals in the industry – this, to allow us to provide the level of service you and over 200 of our other Florida plans require. Finally, as we have all seen from the grocery store to the gas pump, the inflationary environment we find ourselves in has added further financial strain.

In order to maintain and further enhance the services that we deliver to the Plan, we are respectfully requesting that our fees for services be increased as reflected below – effective October 1, 2022.

| <b>Item</b>                                      | <b>Current Fee<br/>Origin Date</b> | <b>Current Fee</b>       | <b>Proposed Fee</b>            |
|--------------------------------------------------|------------------------------------|--------------------------|--------------------------------|
| Standard Annual Valuation <sup>1</sup>           | 2021                               | \$15,988                 | \$16,787                       |
| Electronic Submission of<br>the Annual Valuation | 2017                               | \$300                    | \$300                          |
| GASB 67/68                                       | 2014                               | \$1,250 / \$2,000        | \$1,600 / \$2,500              |
| 112.664                                          | 2014                               | \$3,000                  | \$3,000                        |
| No Impact Letters                                | N/A                                | \$500                    | \$600                          |
| Actuarial Impact Statement<br>(minimum)          | N/A                                | \$1,000                  | \$1,500                        |
| Benefit Calculations /<br>Buybacks               | 2011                               | \$200                    | \$300                          |
| DROP Statements                                  | 2002                               | \$60pp                   | \$100pp                        |
| Refunds                                          | 2007                               | \$75                     | \$125                          |
| Exhibit B for Summary Plan<br>Description        | 2007                               | \$125                    | \$125                          |
| Member Statements                                | N/A                                | Included in<br>Valuation | \$25pp (min \$500)             |
| Online Portal                                    | N/A                                | N/A                      | \$10,000/\$15,000 <sup>2</sup> |

<sup>1</sup> Nonstandard valuations include those which include changes to assumptions, methods or benefit provisions and will result in additional hourly charges due to the extra work involved.

<sup>2</sup> The annual fee depends on the payroll basis. Additionally, there is a one-time implementation fee of \$10,000, which includes an on-site visit to host a member workshop, if desired. If the Police and Fire Board also subscribes to the Portal, there is a 10% discount on the annual fees.

Furthermore, we would also respectfully request that our hourly rates for all special project work be increased as reflected below – effective October 1, 2022

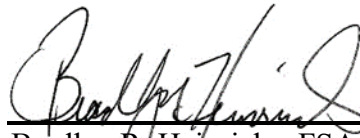
| <b>Personnel Type</b>     | <b>Current Fee<br/>Origin Date</b> | <b>Current<br/>Hourly Rate</b> | <b>Proposed<br/>Hourly Rate</b> |
|---------------------------|------------------------------------|--------------------------------|---------------------------------|
| Senior Consulting Actuary | 2007                               | \$250                          | \$375                           |
| Junior Consulting Actuary | 2007                               | \$200                          | \$325                           |
| Actuarial Analyst         | 2007                               | \$150                          | \$275                           |
| Administrative/Clerical   | 2007                               | \$65                           | \$150                           |

Going forward, we ask that all of these fees, inclusive of the items and hourly rates listed above, be adjusted annually based upon the Consumer Price Index for All Urban Customers (CPI-U) percent change for the preceding twelve (12) month period ending June 30<sup>th</sup>. The adjusted fees will go into effect on October 1, 2023 and each October 1<sup>st</sup> thereafter.

We greatly appreciate the trust that you have placed in us as the Plan's actuary and hope that you have found our service to be essential to your growth and sustainability over the years. Please understand that we took a thoughtful, reasoned approach to this request and did so in the interest of forging an equitable path going forward. We look forward to continuing our relationship with the Plan for many years to come.

If you would, kindly review these proposed fees at your next Board meeting and if acceptable, we will be happy to work with your Board attorney to amend our agreement accordingly. Please feel free to contact us directly if you have any questions or would like to discuss further.

Sincerely,



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Bradley R. Heinrichs, FSA, EA, MAAA  
President/CEO



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Douglas H. Lozen, EA, MAAA  
Consulting Actuary

**FORM 1****STATEMENT OF  
FINANCIAL INTERESTS****2021**Please print or type your name, mailing  
address, agency name, and position below:**FOR OFFICE USE ONLY:**

LAST NAME -- FIRST NAME -- MIDDLE NAME :

MAILING ADDRESS :

CITY : ZIP : COUNTY :

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

CHECK ONLY IF ☐ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE**\*\*\*\* THIS SECTION MUST BE COMPLETED \*\*\*\*****DISCLOSURE PERIOD:**

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2021.

**MANNER OF CALCULATING REPORTABLE INTERESTS:**

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (**must check one**):

☐ **COMPARATIVE (PERCENTAGE) THRESHOLDS** OR ☐ **DOLLAR VALUE THRESHOLDS****PART A -- PRIMARY SOURCES OF INCOME** [Major sources of income to the reporting person - See instructions]  
(If you have nothing to report, write "none" or "n/a")

| NAME OF SOURCE<br>OF INCOME | SOURCE'S<br>ADDRESS | DESCRIPTION OF THE SOURCE'S<br>PRINCIPAL BUSINESS ACTIVITY |
|-----------------------------|---------------------|------------------------------------------------------------|
|                             |                     |                                                            |
|                             |                     |                                                            |
|                             |                     |                                                            |
|                             |                     |                                                            |

**PART B -- SECONDARY SOURCES OF INCOME**[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]  
(If you have nothing to report, write "none" or "n/a")

| NAME OF<br>BUSINESS ENTITY | NAME OF MAJOR SOURCES<br>OF BUSINESS' INCOME | ADDRESS<br>OF SOURCE | PRINCIPAL BUSINESS<br>ACTIVITY OF SOURCE |
|----------------------------|----------------------------------------------|----------------------|------------------------------------------|
|                            |                                              |                      |                                          |
|                            |                                              |                      |                                          |
|                            |                                              |                      |                                          |

**PART C -- REAL PROPERTY** [Land, buildings owned by the reporting person - See instructions]  
(If you have nothing to report, write "none" or "n/a")**You are not limited to the space on the  
lines on this form. Attach additional  
sheets, if necessary.****FILING INSTRUCTIONS** for when  
and where to file this form are  
located at the bottom of page 2.**INSTRUCTIONS** on who must file  
this form and how to fill it out  
begin on page 3.

**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc. - See instructions]  
(If you have nothing to report, write "none" or "n/a")

| TYPE OF INTANGIBLE | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES |
|--------------------|-----------------------------------------------|
|                    |                                               |
|                    |                                               |

**PART E — LIABILITIES** [Major debts - See instructions]  
(If you have nothing to report, write "none" or "n/a")

| NAME OF CREDITOR | ADDRESS OF CREDITOR |
|------------------|---------------------|
|                  |                     |
|                  |                     |

**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses - See instructions]  
(If you have nothing to report, write "none" or "n/a")

|                                               | BUSINESS ENTITY # 1 | BUSINESS ENTITY # 2 |
|-----------------------------------------------|---------------------|---------------------|
| NAME OF BUSINESS ENTITY                       |                     |                     |
| ADDRESS OF BUSINESS ENTITY                    |                     |                     |
| PRINCIPAL BUSINESS ACTIVITY                   |                     |                     |
| POSITION HELD WITH ENTITY                     |                     |                     |
| I OWN MORE THAN A 5% INTEREST IN THE BUSINESS |                     |                     |
| NATURE OF MY OWNERSHIP INTEREST               |                     |                     |

**PART G — TRAINING** For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S.

☐ **I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.**

**IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE** ☐

**SIGNATURE OF FILER:**

**Signature:**

\_\_\_\_\_

**Date Signed:**

\_\_\_\_\_

**CPA or ATTORNEY SIGNATURE ONLY**

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, \_\_\_\_\_, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**FILING INSTRUCTIONS:**

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. To determine what category your position falls under, see page 3 of instructions.

**Local officers/employees** file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

**State officers or specified state employees** who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

**Candidates** file this form together with their filing papers.

**MULTIPLE FILING UNNECESSARY:** A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

**WHEN TO FILE: Initially**, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

**Candidates** must file at the same time they file their qualifying papers.

**Thereafter**, file by July 1 following each calendar year in which they hold their positions.

**Finally**, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2021.

## NOTICE

**Annual Statements of Financial Interests are due July 1. If the annual form is not filed or postmarked by September 1, an automatic fine of \$25 for each day late will be imposed, up to a maximum penalty of \$1,500. Failure to file also can result in removal from public office or employment. [s. 112.3145, F.S.]**

**In addition, failure to make any required disclosure constitutes grounds for and may be punished by one or more of the following: disqualification from being on the ballot, impeachment, removal or suspension from office or employment, demotion, reduction in salary, reprimand, or a civil penalty not exceeding \$10,000. [s. 112.317, F.S.]**

## **WHO MUST FILE FORM 1:**

1) Elected public officials not serving in a political subdivision of the state and any person appointed to fill a vacancy in such office, unless required to file full disclosure on Form 6.

2) Appointed members of each board, commission, authority, or council having statewide jurisdiction, excluding members of solely advisory bodies, but including judicial nominating commission members; Directors of Enterprise Florida, Scripps Florida Funding Corporation, and Career Source Florida; and members of the Council on the Social Status of Black Men and Boys; the Executive Director, Governors, and senior managers of Citizens Property Insurance Corporation; Governors and senior managers of Florida Workers' Compensation Joint Underwriting Association; board members of the Northeast Fla. Regional Transportation Commission; board members of Triumph Gulf Coast, Inc; board members of Florida Is For Veterans, Inc.; and members of the Technology Advisory Council within the Agency for State Technology.

3) The Commissioner of Education, members of the State Board of Education, the Board of Governors, the local Boards of Trustees and Presidents of state universities, and the Florida Prepaid College Board.

4) Persons elected to office in any political subdivision (such as municipalities, counties, and special districts) and any person appointed to fill a vacancy in such office, unless required to file Form 6.

5) Appointed members of the following boards, councils, commissions, authorities, or other bodies of county, municipality, school district, independent special district, or other political subdivision: the governing body of the subdivision; community college or junior college district boards of trustees; boards having the power to enforce local code provisions; boards of adjustment; community redevelopment agencies; planning or zoning boards having the power to recommend, create, or modify land planning or zoning within a political subdivision, except for citizen advisory committees, technical coordinating committees, and similar groups who only have the power to make recommendations to planning or zoning boards, and except for representatives of a military installation acting on behalf of all military installations within that jurisdiction; pension or retirement boards empowered to invest pension or retirement funds or determine entitlement to or amount of pensions or other retirement benefits, and the Pinellas County Construction Licensing Board.

6) Any appointed member of a local government board who is required to file a statement of financial interests by the appointing authority or the enabling legislation, ordinance, or resolution creating the board.

7) Persons holding any of these positions in local government: mayor; county or city manager; chief administrative employee or finance director of a county, municipality, or other political subdivision; county or municipal attorney; chief county or municipal building inspector; county

or municipal water resources coordinator; county or municipal pollution control director; county or municipal environmental control director; county or municipal administrator with power to grant or deny a land development permit; chief of police; fire chief; municipal clerk; appointed district school superintendent; community college president; district medical examiner; purchasing agent (regardless of title) having the authority to make any purchase exceeding \$35,000 for the local governmental unit.

8) Officers and employees of entities serving as chief administrative officer of a political subdivision.

9) Members of governing boards of charter schools operated by a city or other public entity.

10) Employees in the office of the Governor or of a Cabinet member who are exempt from the Career Service System, excluding secretarial, clerical, and similar positions.

11) The following positions in each state department, commission, board, or council: Secretary, Assistant or Deputy Secretary, Executive Director, Assistant or Deputy Executive Director, and anyone having the power normally conferred upon such persons, regardless of title.

12) The following positions in each state department or division: Director, Assistant or Deputy Director, Bureau Chief, and any person having the power normally conferred upon such persons, regardless of title.

13) Assistant State Attorneys, Assistant Public Defenders, criminal conflict and civil regional counsel, and assistant criminal conflict and civil regional counsel, Public Counsel, full-time state employees serving as counsel or assistant counsel to a state agency, administrative law judges, and hearing officers.

14) The Superintendent or Director of a state mental health institute established for training and research in the mental health field, or any major state institution or facility established for corrections, training, treatment, or rehabilitation.

15) State agency Business Managers, Finance and Accounting Directors, Personnel Officers, Grant Coordinators, and purchasing agents (regardless of title) with power to make a purchase exceeding \$35,000.

16) The following positions in legislative branch agencies: each employee (other than those employed in maintenance, clerical, secretarial, or similar positions and legislative assistants exempted by the presiding officer of their house); and each employee of the Commission on Ethics.

17) Each member of the governing body of a "large-hub commercial service airport," as defined in Section 112.3144(1)(c), Florida Statutes, except for members required to comply with the financial disclosure requirements of s. 8, Article II of the State Constitution.

## **INSTRUCTIONS FOR COMPLETING FORM 1:**

**INTRODUCTORY INFORMATION** (Top of Form): If your name, mailing address, public agency, and position are already printed on the form, you do not need to provide this information unless it should be changed. To change any of this information, write the correct information on the form, and contact your agency's financial disclosure coordinator. You can find your coordinator on the Commission on Ethics website: [www.ethics.state.fl.us](http://www.ethics.state.fl.us).

**NAME OF AGENCY:** The name of the governmental unit which you serve or served, by which you are or were employed, or for which you are a candidate.

**DISCLOSURE PERIOD:** The "disclosure period" for your report is the calendar year ending December 31, 2021.

**OFFICE OR POSITION HELD OR SOUGHT:** The title of the office or position you hold, are seeking, or held during the disclosure period even if you have since left that position. If you are a candidate for office or are a new employee or appointee, check the appropriate box.

**PUBLIC RECORD:** The disclosure form and everything attached to it is a public record. Your social security number, bank account, debit, charge, and credit card numbers are not required and you should redact them from any documents you file. If you are an active or former officer or employee listed in Section 119.071, F.S., whose home address is exempt from disclosure, the Commission will maintain that confidentiality if you submit a written and notarized request.

## **MANNER OF CALCULATING REPORTABLE INTEREST**

Filers have the option of reporting based on either thresholds that are comparative (usually, based on percentage values) or thresholds that are based on absolute dollar values. The instructions on the following pages specifically describe the different thresholds. Check the box that reflects the choice you have made. You must use the type of threshold you have chosen for each part of the form. In other words, if you choose to report based on absolute dollar value thresholds, you cannot use a percentage threshold on any part of the form.

### **IF YOU HAVE CHOSEN DOLLAR VALUE THRESHOLDS THE FOLLOWING INSTRUCTIONS APPLY**

#### **PART A — PRIMARY SOURCES OF INCOME**

[Required by s. 112.3145(3)(b)1, F.S.]

Part A is intended to require the disclosure of your principal sources of income during the disclosure period. You do not have to disclose any public salary or public position(s). The income of your spouse need not be disclosed; however, if there is joint income to you and your spouse from property you own jointly (such as interest or dividends from a bank account or stocks), you should disclose the source of that income if it exceeded the threshold.

Please list in this part of the form the name, address, and principal business activity of each source of your income which exceeded \$2,500 of gross income received by you in your own name or by any other person for your use or benefit.

"Gross income" means the same as it does for income tax purposes, even if the income is not actually taxable, such as interest on tax-free bonds. Examples include: compensation for services, income from business, gains from property dealings, interest, rents, dividends, pensions, IRA distributions, social security, distributive share of partnership gross income, and alimony if considered gross income under federal law, but not child support.

Examples:

- If you were employed by a company that manufactures computers and received more than \$2,500, list the name of the company, its address, and its principal business activity (computer manufacturing).
- If you were a partner in a law firm and your distributive share of partnership gross income exceeded \$2,500, list the name of the firm, its address, and its principal business activity (practice of law).
- If you were the sole proprietor of a retail gift business and your gross income from the business exceeded \$2,500, list the name of the business, its address, and its principal business activity (retail gift sales).
- If you received income from investments in stocks and bonds, list each individual company from which you derived more than \$2,500. Do not aggregate all of your investment income.
- If more than \$2,500 of your gross income was gain from the sale of property (not just the selling price), list as a source of income the purchaser's name, address and principal business activity. If the purchaser's identity is unknown, such as where securities listed on an exchange are sold through a brokerage firm, the source of income should be listed as "sale of (name of company) stock," for example.
- If more than \$2,500 of your gross income was in the form of interest from one particular financial institution (aggregating interest from all CD's, accounts, etc., at that institution), list the name of the institution, its address, and its principal business activity.

#### **PART B — SECONDARY SOURCES OF INCOME**

[Required by s. 112.3145(3)(b)2, F.S.]

This part is intended to require the disclosure of major customers, clients, and other sources of income to businesses in which you own an interest. It is not for reporting income from second jobs. That kind of income should be reported in Part A "Primary Sources of Income," if it meets the reporting threshold. You will not have anything to report unless, during the disclosure period:

- (1) You owned (either directly or indirectly in the form of an equitable

or beneficial interest) more than 5% of the total assets or capital stock of a business entity (a corporation, partnership, LLC, limited partnership, proprietorship, joint venture, trust, firm, etc., doing business in Florida); **and**,

- (2) You received more than \$5,000 of your gross income during the disclosure period from that business entity.

If your interests and gross income exceeded these thresholds, then for that business entity you must list every source of income to the business entity which exceeded 10% of the business entity's gross income (computed on the basis of the business entity's most recently completed fiscal year), the source's address, and the source's principal business activity.

Examples:

- You are the sole proprietor of a dry cleaning business, from which you received more than \$5,000. If only one customer, a uniform rental company, provided more than 10% of your dry cleaning business, you must list the name of the uniform rental company, its address, and its principal business activity (uniform rentals).
- You are a 20% partner in a partnership that owns a shopping mall and your partnership income exceeded the above thresholds. List each tenant of the mall that provided more than 10% of the partnership's gross income and the tenant's address and principal business activity.

#### **PART C — REAL PROPERTY**

[Required by s. 112.3145(3)(b)3, F.S.]

In this part, list the location or description of all real property in Florida in which you owned directly or indirectly at any time during the disclosure period in excess of 5% of the property's value. You are not required to list your residences. You should list any vacation homes if you derive income from them.

Indirect ownership includes situations where you are a beneficiary of a trust that owns the property, as well as situations where you own more than 5% of a partnership or corporation that owns the property. The value of the property may be determined by the most recently assessed value for tax purposes, in the absence of a more accurate fair market value.

The location or description of the property should be sufficient to enable anyone who looks at the form to identify the property. A street address should be used, if one exists.

#### **PART D — INTANGIBLE PERSONAL PROPERTY**

[Required by s. 112.3145(3)(b)3, F.S.]

Describe any intangible personal property that, at any time during the disclosure period, was worth more than \$10,000 and state the business entity to which the property related. Intangible personal property includes things such as cash on hand, stocks, bonds, certificates of deposit, vehicle leases, interests in businesses, beneficial interests in trusts, money owed you (including, but not limited to, loans made as a candidate to your own campaign), Deferred Retirement Option Program (DROP) accounts, the Florida Prepaid College Plan, and bank accounts in which you have an ownership interest. Intangible personal property also includes investment products held in IRAs, brokerage accounts, and the Florida College Investment Plan. Note that the product contained in a brokerage account, IRA, or the Florida College Investment Plan is your asset—not the account or plan itself. Things like automobiles and houses you own, jewelry, and paintings are not intangible property. Intangibles relating to the same business entity may be aggregated; for example, CDs and savings accounts with the same bank. Property owned as tenants by the entirety or as joint tenants with right of survivorship, including bank accounts owned in such a manner, should be valued at 100%. The value of a leased vehicle is the vehicle's present value minus the lease residual (a number found on the lease document).

## PART E — LIABILITIES

[Required by s. 112.3145(3)(b)4, F.S.]

List the name and address of each creditor to whom you owed more than \$10,000 at any time during the disclosure period. The amount of the liability of a vehicle lease is the sum of any past-due payments and all unpaid prospective lease payments. You are not required to list the amount of any debt. You do not have to disclose credit card and retail installment accounts, taxes owed (unless reduced to a judgment), indebtedness on a life insurance policy owed to the company of issuance, or contingent liabilities. A "contingent liability" is one that will become an actual liability only when one or more future events occur or fail to occur, such as where you are liable only as a guarantor, surety, or endorser on a promissory note. If you are a "co-maker" and are jointly liable or jointly and severally liable, then it is not a contingent liability.

## PART F — INTERESTS IN SPECIFIED BUSINESSES

[Required by s. 112.3145(7), F.S.]

The types of businesses covered in this disclosure include: state and federally chartered banks; state and federal savings and loan associations; cemetery companies; insurance companies; mortgage companies; credit unions; small loan companies; alcoholic beverage licensees; pari-mutuel wagering companies; utility companies, entities controlled by the Public Service Commission; and entities granted a franchise to operate by either a city or a county government.

Disclose in this part the fact that you owned during the disclosure

period an interest in, or held any of certain positions with the types of businesses listed above. You must make this disclosure if you own or owned (either directly or indirectly in the form of an equitable or beneficial interest) at any time during the disclosure period more than 5% of the total assets or capital stock of one of the types of business entities listed above. You also must complete this part of the form for each of these types of businesses for which you are, or were at any time during the disclosure period, an officer, director, partner, proprietor, or agent (other than a resident agent solely for service of process).

If you have or held such a position or ownership interest in one of these types of businesses, list the name of the business, its address and principal business activity, and the position held with the business (if any). If you own(ed) more than a 5% interest in the business, indicate that fact and describe the nature of your interest.

## PART G — TRAINING CERTIFICATION

[Required by s. 112.3142, F.S.]

If you are a Constitutional or elected municipal officer, appointed school superintendent, or a commissioner of a community redevelopment agency created under Part III, Chapter 163 whose service began before March 31 of the year for which you are filing, you are required to complete four hours of ethics training which addresses Article II, Section 8 of the Florida Constitution, the Code of Ethics for Public Officers and Employees, and the public records and open meetings laws of the state. You are required to certify on this form that you have taken such training.

# IF YOU HAVE CHOSEN COMPARATIVE (PERCENTAGE) THRESHOLDS THE FOLLOWING INSTRUCTIONS APPLY

## PART A — PRIMARY SOURCES OF INCOME

[Required by s. 112.3145(3)(a)1, F.S.]

Part A is intended to require the disclosure of your principal sources of income during the disclosure period. You do not have to disclose any public salary or public position(s), but income from these public sources should be included when calculating your gross income for the disclosure period. The income of your spouse need not be disclosed; however, if there is joint income to you and your spouse from property you own jointly (such as interest or dividends from a bank account or stocks), you should include all of that income when calculating your gross income and disclose the source of that income if it exceeded the threshold.

Please list in this part of the form the name, address, and principal business activity of each source of your income which exceeded 5% of the gross income received by you in your own name or by any other person for your benefit or use during the disclosure period.

"Gross income" means the same as it does for income tax purposes, even if the income is not actually taxable, such as interest on tax-free bonds. Examples include: compensation for services, income from business, gains from property dealings, interest, rents, dividends, pensions, IRA distributions, social security, distributive share of partnership gross income, and alimony if considered gross income under federal law, but not child support.

Examples:

- If you were employed by a company that manufactures computers and received more than 5% of your gross income from the company, list the name of the company, its address, and its principal business activity (computer manufacturing).
- If you were a partner in a law firm and your distributive share of partnership gross income exceeded 5% of your gross income, then list the name of the firm, its address, and its principal business activity (practice of law).
- If you were the sole proprietor of a retail gift business and your gross income from the business exceeded 5% of your total gross income, list the name of the business, its address, and its principal business activity (retail gift sales).
- If you received income from investments in stocks and

bonds, list each individual company from which you derived more than 5% of your gross income. Do not aggregate all of your investment income.

— If more than 5% of your gross income was gain from the sale of property (not just the selling price), list as a source of income the purchaser's name, address, and principal business activity. If the purchaser's identity is unknown, such as where securities listed on an exchange are sold through a brokerage firm, the source of income should be listed as "sale of (name of company) stock," for example.

— If more than 5% of your gross income was in the form of interest from one particular financial institution (aggregating interest from all CD's, accounts, etc., at that institution), list the name of the institution, its address, and its principal business activity.

## PART B — SECONDARY SOURCES OF INCOME

[Required by s. 112.3145(3)(a)2, F.S.]

This part is intended to require the disclosure of major customers, clients, and other sources of income to businesses in which you own an interest. It is not for reporting income from second jobs. That kind of income should be reported in Part A, "Primary Sources of Income," if it meets the reporting threshold. You will **not** have anything to report **unless** during the disclosure period:

- (1) You owned (either directly or indirectly in the form of an equitable or beneficial interest) more than 5% of the total assets or capital stock of a business entity (a corporation, partnership, LLC, limited partnership, proprietorship, joint venture, trust, firm, etc., doing business in Florida); **and**,
- (2) You received more than 10% of your gross income from that business entity; **and**,
- (3) You received more than \$1,500 in gross income from that business entity.

If your interests and gross income exceeded these thresholds, then for that business entity you must list every source of income to the business entity which exceeded 10% of the business entity's gross income (computed on the basis of the business entity's most recently completed fiscal year), the source's address, and the source's principal business activity.

Examples:

— You are the sole proprietor of a dry cleaning business, from which you received more than 10% of your gross income—an amount that was more than \$1,500. If only one customer, a uniform rental company, provided more than 10% of your dry cleaning business, you must list the name of the uniform rental company, its address, and its principal business activity (uniform rentals).

— You are a 20% partner in a partnership that owns a shopping mall and your partnership income exceeded the thresholds listed above. You should list each tenant of the mall that provided more than 10% of the partnership's gross income, and the tenant's address and principal business activity.

## PART C — REAL PROPERTY

[Required by s. 112.3145(3)(a)3, F.S.]

In this part, list the location or description of all real property in Florida in which you owned directly or indirectly at any time during the disclosure period in excess of 5% of the property's value. You are not required to list your residences. You should list any vacation homes, if you derive income from them.

Indirect ownership includes situations where you are a beneficiary of a trust that owns the property, as well as situations where you own more than 5% of a partnership or corporation that owns the property. The value of the property may be determined by the most recently assessed value for tax purposes, in the absence of a more accurate fair market value.

The location or description of the property should be sufficient to enable anyone who looks at the form to identify the property. A street address should be used, if one exists.

## PART D — INTANGIBLE PERSONAL PROPERTY

[Required by s. 112.3145(3)(a)3, F.S.]

Describe any intangible personal property that, at any time during the disclosure period, was worth more than 10% of your total assets, and state the business entity to which the property related. Intangible personal property includes things such as cash on hand, stocks, bonds, certificates of deposit, vehicle leases, interests in businesses, beneficial interests in trusts, money owed you (including, but not limited to, loans made as a candidate to your own campaign), Deferred Retirement Option Program (DROP) accounts, the Florida Prepaid College Plan, and bank accounts in which you have an ownership interest. Intangible personal property also includes investment products held in IRAs, brokerage accounts, and the Florida College Investment Plan. Note that the product contained in a brokerage account, IRA, or the Florida College Investment Plan is your asset—not the account or plan itself. Things like automobiles and houses you own, jewelry, and paintings are not intangible property. Intangibles relating to the same business entity may be aggregated; for example, CD's and savings accounts with the same bank.

Calculations: To determine whether the intangible property exceeds 10% of your total assets, total the fair market value of all of your assets (including real property, intangible property, and tangible personal property such as jewelry, furniture, etc.). When making this calculation, do not subtract any liabilities (debts) that may relate to the property. Multiply the total figure by 10% to arrive at the disclosure threshold. List only the intangibles that exceed this threshold amount. The value of a leased vehicle is the vehicle's present value minus the lease residual (a number which can be found on the lease document). Property that is only jointly owned property should be valued according to the percentage of your joint ownership. Property owned as tenants by the entirety or as joint tenants with right of survivorship, including bank accounts owned in such a manner, should be valued at 100%. None of your calculations or the value of the property have to be disclosed on the form.

Example: You own 50% of the stock of a small corporation that is worth \$100,000, the estimated fair market value of your home and other property (bank accounts, automobile, furniture, etc.) is \$200,000. As your total assets are worth \$250,000, you must disclose intangibles worth over \$25,000. Since the value of the stock exceeds this threshold, you should list "stock" and the name of the corporation. If your accounts with a particular bank exceed \$25,000, you should list "bank accounts" and bank's name.

## PART E — LIABILITIES

[Required by s. 112.3145(3)(b)4, F.S.]

List the name and address of each creditor to whom you owed any amount that, at any time during the disclosure period, exceeded your net worth. You are not required to list the amount of any debt or your net worth. You do not have to disclose: credit card and retail installment accounts, taxes owed (unless reduced to a judgment), indebtedness on a life insurance policy owed to the company of issuance, or contingent liabilities. A "contingent liability" is one that will become an actual liability only when one or more future events occur or fail to occur, such as where you are liable only as a guarantor, surety, or endorser on a promissory note. If you are a "co-maker" and are jointly liable or jointly and severally liable, it is not a contingent liability.

Calculations: To determine whether the debt exceeds your net worth, total all of your liabilities (including promissory notes, mortgages, credit card debts, judgments against you, etc.). The amount of the liability of a vehicle lease is the sum of any past-due payments and all unpaid prospective lease payments. Subtract the sum total of your liabilities from the value of all your assets as calculated above for Part D. This is your "net worth." List each creditor to whom your debt exceeded this amount unless it is one of the types of indebtedness listed in the paragraph above (credit card and retail installment accounts, etc.). Joint liabilities with others for which you are "jointly and severally liable," meaning that you may be liable for either your part or the whole of the obligation, should be included in your calculations at 100% of the amount owed.

Example: You owe \$15,000 to a bank for student loans, \$5,000 for credit card debts, and \$60,000 (with spouse) to a savings and loan for a home mortgage. Your home (owned by you and your spouse) is worth \$80,000 and your other property is worth \$20,000. Since your net worth is \$20,000 (\$100,000 minus \$80,000), you must report only the name and address of the savings and loan.

## PART F — INTERESTS IN SPECIFIED BUSINESSES

[Required by s. 112.3145(7), F.S.]

The types of businesses covered in this disclosure include: state and federally chartered banks; state and federal savings and loan associations; cemetery companies; insurance companies; mortgage companies; credit unions; small loan companies; alcoholic beverage licensees; pari-mutuel wagering companies, utility companies, entities controlled by the Public Service Commission; and entities granted a franchise to operate by either a city or a county government.

Disclose in this part the fact that you owned during the disclosure period an interest in, or held any of certain positions with, the types of businesses listed above. You are required to make this disclosure if you own or owned (either directly or indirectly in the form of an equitable or beneficial interest) at any time during the disclosure period more than 5% of the total assets or capital stock of one of the types of business entities listed above. You also must complete this part of the form for each of these types of businesses for which you are, or were at any time during the disclosure period, an officer, director, partner, proprietor, or agent (other than a resident agent solely for service of process).

If you have or held such a position or ownership interest in one of these types of businesses, list the name of the business, its address and principal business activity, and the position held with the business (if any). If you own(ed) more than a 5% interest in the business, indicate that fact and describe the nature of your interest.

## PART G — TRAINING CERTIFICATION

[Required by s. 112.3142, F.S.]

If you are a Constitutional or elected municipal officer, appointed school superintendent, or a commissioner of a community redevelopment agency created under Part III, Chapter 163 whose service began before March 31 of the year for which you are filing, you are required to complete four hours of ethics training which addresses Article II, Section 8 of the Florida Constitution, the Code of Ethics for Public Officers and Employees, and the public records and open meetings laws of the state. You are required to certify on this form that you have taken such training.

| FUND ACTIVITY REPORT                                              |                |                 |                        |                       |                   |
|-------------------------------------------------------------------|----------------|-----------------|------------------------|-----------------------|-------------------|
| City of Fernandina Beach General Employees' Retirement Trust Fund |                |                 |                        |                       |                   |
| February 4, 2021 through May 5, 2022                              |                |                 |                        |                       |                   |
| Retirees                                                          | Term Date      | Monthly Benefit | Option Selection       | PLOP %                | Sent to Custodian |
| None this period                                                  |                |                 |                        |                       |                   |
| DROP Entries                                                      | Entry Date     | Monthly Benefit | Option Selection       | PLOP %                |                   |
| None this period                                                  |                |                 |                        |                       |                   |
| DROP Exits                                                        | Exit Date      | Monthly Benefit | Account Balance        |                       | Sent to Custodian |
| None this period                                                  |                |                 |                        |                       |                   |
| Refunded Contributions                                            | Term Date      | Refund Amount   | Status                 |                       | Sent to Custodian |
| Harriet Davis                                                     | 6/22/2021      | \$11,711.90     | Non-Vested             |                       | 2/4/2022          |
| Adam Johns                                                        | 11/19/2021     | \$2,154.95      | Non-Vested             |                       | 3/22/2022         |
| Lisa Middaugh                                                     | 1/21/2022      | \$11,741.32     | Non-Vested             |                       | 4/19/2022         |
| Purchase of Service Credit                                        |                | Amount Due      | Rollover Contributions | Payroll Deductions    | Sent to Custodian |
| None this period                                                  |                |                 |                        |                       |                   |
| Deceased Members/Beneficiaries                                    |                | Benefit Amount  | Date of Death          | Option Selection      | Sent to Custodian |
| Tommy Purvis                                                      |                | \$2,304.66      | 3/28/2022              | Joint & Survivor 100% | 4/5/2022          |
| Beneficiary Payments                                              |                | Benefit Amount  | Type                   |                       | Sent to Custodian |
| Elizabeth Purvis                                                  |                | \$2,304.66      | Joint & Survivor 100%  |                       | 4/30/2022         |
| Other                                                             | Effective Date | Benefit Amount  | Notes                  |                       | Sent to Custodian |
| None this period                                                  |                |                 |                        |                       |                   |

**SUMMARY OF PAYMENTS**  
**City of Fernandina Beach General Employees' Pension Plan**  
**February 11, 2022 - May 12, 2022**

| INVOICES                                                                          |                  |                            |                                                                     |             |
|-----------------------------------------------------------------------------------|------------------|----------------------------|---------------------------------------------------------------------|-------------|
| WARRANT #                                                                         | SENT FOR PAYMENT | FOR PERIOD                 | DESCRIPTION                                                         | TOTAL DUE   |
| 11                                                                                | 3/9/2022         | January 2022               | Foster & Foster, invoice #22763, plan administration                | \$2,100.00  |
| 12                                                                                | 5/6/2022         | February 2022              | Foster & Foster, invoice #22972, plan administration                | \$2,100.00  |
| 12                                                                                | 5/6/2022         | January 1 - March 31, 2022 | AndCo, invoice #40687, investment consulting                        | \$5,250.00  |
| 12                                                                                | 5/6/2022         | March 2022                 | Foster & Foster, invoice #23195, plan administration                | \$2,222.77  |
| 12                                                                                | 5/6/2022         | January 1 - March 31, 2022 | Highland Capital Management, invoice #30297, investment management  | \$6,968.64  |
| 12                                                                                | 5/6/2022         | January 1 - March 31, 2022 | Agincourt Capital Management, invoice #15870, investment management | \$2,896.36  |
| 12                                                                                | 5/6/2022         | Since Last Invoice         | Foster & Foster, invoice #23555, actuarial services                 | \$3,200.00  |
| Total Invoices                                                                    |                  |                            |                                                                     | \$24,737.77 |
| CHECK REQUESTS                                                                    |                  |                            |                                                                     |             |
|                                                                                   |                  |                            |                                                                     |             |
| Total Checks                                                                      |                  |                            |                                                                     | \$0.00      |
| <div></div> **Highlighted items are pending approval and have not yet been paid** |                  |                            |                                                                     |             |



# Invoice

| Date     | Invoice # |
|----------|-----------|
| 2/8/2022 | 22763     |

## Plan Administration Division

**Phone: (239) 333-4872**

**Fax: (239) 481-0634**

**billing@foster-foster.com**

**www.foster-foster.com**

**Federal EIN: 59-1921114**

|                                                                                                                                                       |  |        |           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------|-----------|
| Bill To                                                                                                                                               |  |        |           |
| City of Fernandina Beach<br>General Employees' Pension Plan<br>c/o Foster & Foster, Inc.<br>2503 Del Prado Blvd. S, Suite 502<br>Cape Coral, FL 33904 |  |        |           |
|                                                                                                                                                       |  | Terms  | Due Date  |
|                                                                                                                                                       |  | Net 30 | 3/10/2022 |
| Description                                                                                                                                           |  |        | Amount    |
| Plan Administration services for the month of January 2022.                                                                                           |  |        | 2,100.00  |

***Thank you for your business!***

Most preferred method of payment is a bank transfer.

Please reference Plan name & Invoice # above:

- Account Title: Foster & Foster, Inc.
- Account Number: 6100000360
- Routing Number: 063114661
- Bank Name: Cogent Bank

**Balance Due**      **\$2,100.00**

For payment via a mailed check, please remit to:

Foster & Foster, Inc.

13420 Parker Commons Blvd, Ste 104, Fort Myers, FL 33912





AndCo  
531 W. Morse Blvd  
Suite 200  
Winter Park, FL 32789

| Date      | Invoice # |
|-----------|-----------|
| 3/31/2022 | 40687     |

Bill To:

City of Fernandina Beach  
General Employees' Pension Plan

| Description                                                                                        | Amount   |
|----------------------------------------------------------------------------------------------------|----------|
| Consulting Services and Performance Evaluation, Billed Quarterly (January, 2022)                   | 1,750.00 |
| Consulting Services and Performance Evaluation, Billed Quarterly (February, 2022)                  | 1,750.00 |
| Consulting Services and Performance Evaluation, Billed Quarterly (March, 2022)                     | 1,750.00 |
| It is our pleasure to provide 100% independent investment consulting ALWAYS putting clients first! |          |
| <b>Balance Due</b>                                                                                 |          |
| <b>\$5,250.00</b>                                                                                  |          |

**Total Open Balance** \$5,250.00



# FOSTER & FOSTER

ACTUARIES AND CONSULTANTS

## Invoice

| Date     | Invoice # |
|----------|-----------|
| 4/4/2022 | 23195     |

### Plan Administration Division

Phone: (239) 333-4872

Fax: (239) 481-0634

billing@foster-foster.com

www.foster-foster.com

Federal EIN: 59-1921114

#### Bill To

City of Fernandina Beach

General Employees' Pension Plan

c/o Foster & Foster, Inc.

2503 Del Prado Blvd. S, Suite 502

Cape Coral, FL 33904

#### Terms

Net 30

#### Due Date

5/4/2022

| Description                                                                                                                                                                        | Amount   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| Plan Administration services for the month of March 2022.                                                                                                                          | 2,100.00 |
| Attendance at February 10, 2022, Board meeting (out-of-pocket expenses only, shared with the Fernandina Beach P&F, Orange Park Fire and the Neptune Beach Police Pension Boards.). | 122.77   |

***Thank you for your business!***

Most preferred method of payment is a bank transfer.

Please reference Plan name & Invoice # above:

- Account Title: Foster & Foster, Inc.
- Account Number: 6100000360
- Routing Number: 063114661
- Bank Name: Cogent Bank

**Balance Due**

**\$2,222.77**

For payment via a mailed check, please remit to:

Foster & Foster, Inc.

13420 Parker Commons Blvd, Ste 104, Fort Myers, FL 33912



April 5, 2022

Invoice Number: 30297

MANAGEMENT FEE:

FERNANDINA BEACH GENERAL EMPLOYEES VALUE

|                            |                        |
|----------------------------|------------------------|
| 3/31/2022 Portfolio Value: | \$ 5,576,253.08        |
| Exclude Dividend Accrual   | - 1,337.40             |
| Billable Value             | <u>\$ 5,574,915.68</u> |

Quarterly Fee Based On:

|                                |             |
|--------------------------------|-------------|
| \$ 5,574,916 @ 0.50% per annum | \$ 6,968.64 |
|--------------------------------|-------------|

|                         |         |
|-------------------------|---------|
| \$ 0 @ 0.375% per annum | \$ 0.00 |
|-------------------------|---------|

|                |                    |
|----------------|--------------------|
| Quarterly Fee: | <u>\$ 6,968.64</u> |
|----------------|--------------------|

For the Period 1/1/2022 through 3/31/2022

|                      |           |
|----------------------|-----------|
| Paid by Debit Direct | (\$ 0.00) |
|----------------------|-----------|

|                     |                           |
|---------------------|---------------------------|
| <b>Please Remit</b> | <u><b>\$ 6,968.64</b></u> |
|---------------------|---------------------------|

Mailing Check:

**Highland Capital Management, LLC**

**850 Ridge Lake Blvd. Suite 205**

**Memphis, TN 38120**

Wiring Instructions:

**Contact:** [srunyan@highlandcap.com](mailto:srunyan@highlandcap.com)

\*\*\*\*\*Note New Address\*\*\*\*\*



# INVOICE

#15870

4/11/2022

## INVOICE FOR PAYMENT

**Ms. Teresa Bryan**

City of Fernandina Beach General Employees' Pension Plan

204 Ash Street

Fernandina Beach, FL 32034

## COPY SENT TO

Amed Avila

## FERNANDINA BEACH GENERAL EMPLOYEES' PENSION PLAN

Per Our Investment Management Agreement, the fees to Agincourt Capital Management in payment for investment services rendered from 1/1/2022 - 3/31/2022

## MONTHLY MARKET VALUE

|                                                                    |           |                |
|--------------------------------------------------------------------|-----------|----------------|
| FGE - Fernandina Beach General Employees' Pension Plan \ 450079940 | 3/31/2022 | \$4,634,180.99 |
|--------------------------------------------------------------------|-----------|----------------|

|                |   |          |   |             |
|----------------|---|----------|---|-------------|
| \$4,634,180.99 | x | 0.2500 % | = | \$11,585.45 |
|----------------|---|----------|---|-------------|

|                         |                    |
|-------------------------|--------------------|
| <b>Total Annual Fee</b> | <b>\$11,585.45</b> |
|-------------------------|--------------------|

|                                |                   |
|--------------------------------|-------------------|
| <b>Total Quarterly Fee Due</b> | <b>\$2,896.36</b> |
|--------------------------------|-------------------|

PLEASE MAKE PAYMENT TO AGINCOURT CAPITAL MANAGEMENT, WITHIN 30 DAYS:

### IF BY ACH

Branch Banking Trust (BBT) 901 East Byrd Street, Richmond, VA 23219

ABA# 021052053 | Account# 72169911 | FBO: Agincourt Capital Management

### IF BY WIRE

Previous wire instructions are valid. Please send wire to account ending with #1778. If you need instructions, please call 804-915-1308.

### IF BY CHECK

Agincourt Capital Management, LLC

ATTN: Elsie Rose

200 South 10th Street, Suite 800

Richmond, VA 23219

**Agincourt's Federal Tax ID: 54-1947440**

Please let us know if you would like a copy of our latest SEC Form ADV Part 2, our Code of Ethics or our Privacy Statement.



# FOSTER & FOSTER

ACTUARIES AND CONSULTANTS

## Invoice

| Date     | Invoice # |
|----------|-----------|
| 5/3/2022 | 23555     |

### Bill To

City of Fernandina Beach  
General Employees' Pension Plan  
c/o Foster & Foster, Inc.  
2503 Del Prado Blvd. S, Suite 502  
Cape Coral, FL 33904

Phone: (239) 433-5500

Fax: (239) 481-0634

Email: AR@foster-foster.com

Website: www.foster-foster.com

Federal EIN: 59-1921114

### City of Fernandina Beach General Employees' Pension Plan

| Terms  | Due Date |
|--------|----------|
| Net 30 | 6/2/2022 |

| Description                                                                                                | Amount   |
|------------------------------------------------------------------------------------------------------------|----------|
| Preparation for and attendance at February 10, 2022 Board meeting<br>(Board's share of expenses)-No charge | 0.00     |
| Preparation of the 2021 Chapter 112.664 compliance disclosure                                              | 3,000.00 |
| Benefit Calculations: MAXWELL, Randy (DROP)                                                                | 200.00   |

***Thank you for your business!***

Most preferred method of payment is an ACH deposit.

Please reference Plan name & Invoice # above:

- Account Title: Foster & Foster, Inc.
- Account Number: 6100000360
- Routing Number: 063114661
- Bank Name: Cogent Bank

**Balance Due** **\$3,200.00**

For payment via a mailed check, please remit to:

Foster & Foster, Inc.

13420 Parker Commons Blvd, Ste104. Fort Myers, FL 33912