

## **Borough of Lewisburg**

55 South Fifth Street • Lewisburg, Pennsylvania 17837-1867 Telephone (570) 523-3614 • Fax (570) 524-2270

# 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: MINCIPAL FINANCIAL HAVISORS, 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 2.					TITLE OF INDIVIDUAL		
	First	Middle	Last		Suffix			
3.	INDIVIDU	JAL'S MAILII	NG ADDRESS			4.	DATE O	F DISCLOSURI
	Street		· · · · · · · · · · · · · · · · · · ·	Apt.				
	City		State	Zip				
5.	CONTRIB	UTIONS	Contributions	for the pa	st five (5) ye	ars must be disc	closed	
			above \$500, inc Commonwealth		or in the agg	regate, to any	o Y	es 🗆 No
			above \$500, inceeding the comme			regate, to any	□ Y	es 🗆 No
Have	you made any	contributions	above \$500, inc e for public offi	dividually	or in the agg		υΥ	es 🗆 No
Have y	you made any	contributions	above \$500, include who holds	dividually	or in the agg	regate, to any	о Y	es 🗆 No
Have :	you solicited o	for municipal	intermediary for office in the M	lunicipality			□ Y	es 🗆 No
6.	GIFTS							
Have	you given any ipality?	gifts to any of	ficial, employe	e, or fiduc	iary of the Pl	an or	o Y	es 🗆 No
7.	RELATIO	NSHIPS						
officia disclo	of the Plan	or Municipality	commercial, or ?? (Note: If the ad the general n	answer is '	"Yes," the Pr	ovider must	o Y	es 🗆 No
Do yo to dire any tra (Note:	u have any re ectly or indirect ansaction or in If the answer	ctly communic nvestment invo r is "Yes," the	a third party in ate with the Pla lving the Provi Provider must of lobbyist in Part	in or Muni der and the disclose the	cipality in co Plan or Mu name and d	nnection with nicipality?	σY	es 🗆 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	PRINC	IPAL	FNAN	ICIAL.	ADVISOI
2.	NAME AND TITLE OF INDIVIDUAL AUTHORIZED TO	ACT ON	1			
	PERRY L DEJOUNGE	-		1594	HSS	OCIATE
3.	First Middle Last Suffix PROVIDER MAILING ADDRESS	4.	Title	OF DISC	LOSUE	EE.
٥.		**		1/17	.00201	
	BOI GRAND AVE DES MOINGS IA 50369	-	7/2	41./.		
	DES MOINES TA 50369  City State Zip	-				
	City State Zip					
5.	CONTRIBUTIONS Contributions for the past five (5)	ears mus	be disc	losed		
Has the	Business or Affiliated Entity made any contributions above \$5	00 to any			Yes x	No
	ate for public office or Political Committee of a Candidate for p nmonwealth?	ublic offic	e in		,-	
		00.				
	Business or Affiliated Entity made any contributions above \$5 and who holds a public office or Political Committee of an indiv		holds		Yes 🔉	No
a public	office in the Commonwealth?					
Has an	officer, director, Executive-level Employee, or owner of at leas so or Affiliated Entity made any contributions above \$500 to an	t 5% of th v Candida	e te for	0	Yes 🕱	No
	office or any Political Committee of any Candidate for public of					
	onwealth? officer, director, Executive-level Employee, or owner of at leas	4 59/4 of th			Yes 🗷	No
	officer, director, executive-level employee, or owner of at leases or Affiliated Entity made any contributions above \$500 to an				1 55 25	140
who ho	lds a public office or any Political Committee of an individual v					
Has the	office in the Commonwealth? Business or Affiliated Entity solicited or served as an intermed	liary for a	าง	D	Yes A	No
contrib	utions to any municipal official or candidate for municipal offic	e in the			,	
	pality or political party or Political Committee of that official or officer, director, Executive-level Employes, or owner of at leas				Yes k	No
Busines	ss or Affiliated Entity solicited or served as an intermediary for	any		_	- 40 14	
	utions to any municipal official or candidate for municipal offic pality or political party or Political Committee of that official or		277			
iviuillet				<del></del>		
6.	GIFTS					
	Business or Affiliated Entity given any gifts to any official, em	ployee, o	r	0	Yes 🔊	No
fiduciar	ry of the Plan or Municipality?	[4]				

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 🗷 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 to No
intermediary, agent, or lobbyist that is to directly communicate with the Plan or	
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 GIFFE
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
			1	
	Ne		1/1	
		A .	_	
	40			

2 FINANCIAL, B	USINESS, AND COMMERCIAL RELATIONSHIPS				
If No Disclosure is being	made under this Section 2, please Check Box and Initial. 75	PLD			
Name of Official	Nature of Relationship				
3 THIRD PARTY	INTERMEDIARIES, AGENTS, LOBBYISTS				
If No Disclosure is being	made under this Section 3, please Check Box and Initial. 36	PLO			
Name of Third Party	Duties				
4. CONFLICTS OF	INTEREST				
Is the Provider aware of a respect to any officer, dire of the Municipality or Pla	ny apparent, potential or actual conflicts of interest with ector or employee of the Provider and officials or employees n?	□ Yes 🗽 No			
	the space provided or attach a separate statement:				

### 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.

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 Plan:

INVESTMENT ADVISORY SERVICES

	Disclosures form is being submitted in conjunction with the annudar year:	al filing requirer	nents set forth in Act 44 for
provi this I The F	RT E: Signature. The signature of the Provider or an official a ided on every Disclosure form. Should the Provider knowingly made Disclosure form, the Provider's Professional Services Contract with Provider will also be prohibited from entering into a Professional icipality for a period of up to three (3) years.	ike a material m h the Plan or M	isstatement or omission on unicipality shall be voided.
	Disclosure forms that are not signed	l will be rejec	eted.
prope discle omiss	signatory hereby declares and certifies themselves to be the Provice orly authorized to execute these disclosure forms, and represents a course provided herein to the best of their knowledge are true and sions. Breach of such representation and covenant may render any ract voidable.	nd covenants the	at all of the information and rial misstatements or
1.	NAME OF SIGNATORY MAKING DISCLOSURE	2.	TITLE OF SIGNATORY
	First Middle Last Suffix		
3.	SIGNATURE OF PROVIDER	4.	DATE SIGNED 9/21/17
5.	SIGNATORY'S CONTACT ADDRESS	6.	PHONE NO. & EMAIL
	Street Suite	-	Phone
	City State Zip	-	Email