

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:

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 TH	IE DISCLO	SURE	2.	TITLE OF INDIVIDUAL
	First	Middle	Last		Suffix		
3.	INDIVIDU	AL'S MAILIN	G ADDRESS			4.	DATE OF DISCLOSURE
	Street		12	Apt.			
	City		State	Zip			
5.	CONTRIBL	JTIONS	Contributions	for the past	five (5) yea	ars must be disc	closed
Candi	date for public	contributions al office in the Co	mmonwealth'	?			□ Yes □ No
<u>indivi</u>	dual who holds	ontributions at a public office	in the Commo	onwenith?			□ Yes □ No
Have :	you made any c	ontributions at of a Candidate	ove \$500, ind	ividually or	in the aggr	egate, to any	□ Yes □ No
Politic	you made any c	contributions at of any individu	ove \$500, ind	ividually or	in the aggr	egate, to any	□ Yes □ No
Officia	il or candidate (served as an informunicipal of that official o	ffice in the Mu	micipality o	outions to a r political p	ny municipal party or	□ Yes □ No
6.	GIFTS						
Have y Munic	ou given any g ipality?	gifts to any offi	cial, employee	, or fiduciar	y of the Pla	n or	□ Yes □ No
7.	RELATION	SHIPS					
officia disclos Section	l of the Plan or ie the name of t n 2 below)	ct financial, co Municipality? he official and	(Note: If the a the general na	nswer is "Y ture of the r	es," the Pro elationship	vider must in Part C,	□ Yes □ No
any tra (Note:	ctly or indirectly nsaction or inve If the answer is	tionship with a y communicate estment involv s "Yes," the Pro ry, agent, or lo	with the Plan ing the Provide ovider must dis	or Municip er and the P sciose the n	ality in con lan or Mun ime and du	nection with	□ 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.

l.	NAME OF PROVIDER	MAKING THE DISC	LOSURE	R.J.	HALL COM?	ANY INC.
2.	NAME AND TITLE OF	INDIVIDUAL AUTE	ORIZED TO			
	ROBERT JAMES	H44_		_ [PRESTOG	NI
3.	First Middle PROVIDER MAILING	171171	Suffix	-	itle DATE OF DIS	CLOSURE
	3461 SP4ING	PLAD	<u> </u>		9/28/	706
	CAPLISLE	14 I	ine 7013	•		
5.	City CONTRIBUTIONS	State Zi	p			
		Contributions for th			be disclosed	
Candida	Business or Affiliated Enlate for public office or Poli	ity made any contribu tical Committee of a (tions above \$50 Candidate for p	00 to any ublic office	in o	Yes No
the Con	monwealth?				_	
individu	Business or Affiliated Entral who holds a public offi	ce or Political Commi	tions above \$50 nee of an indiv	00 to any Idua) who f	nolds	Yes ps No
a public	office in the Commonwer	ilth?				
Busines	officer, director, Executive s or Affiliated Entity made	any contributions abo	ve \$500 to any	/ Candidate	for	Yes X No
baplic o	ffice or any Political Com	mittee of any Candida	te for public of	fice in the		
Has an o	officer, director, Executive	-level Employee, or o	wner of at least	5% of the		Yes X No
who hol	s or Affiliated Entity made ds a public office or any P	olitical Committee of	ove \$500 to any an individual v	/ individual /ho holds		
	ffice in the Commonwealt Business or Affiliated Ent		as as intermed	land Con Line		
contribu	tions to any municipal off	icial or candidate for n	nunicipal office	in the		Yes X No
Has an a	ality or political party or fofficer, director, Executive	olitical Committee of	that official or	candidate?		
Busines:	s or Affiliated Entity solici	ted or served as an int	ermediary for a	nnv		Yes XNo
contribu Municin	tions to any municipal off ality or political party or F	icial or candidate for n	nunicipal office	in the		
		onder Committee Of	mat Official Of	caucing(6)	r	
6.	GIFTS					
Has the	Business or Affiliated Ent of the Plan or Municipal	ty given any gifts to a	ny official, em	ployee, or	0	Yes X No
	are a min or minimistrall	A1				

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 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)	□ Yes 🔌 No
Does the Business or Affiliated Entity have any relationship with a third party 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)	u Yes X No

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
			-	
			+	
		<u> </u>		
		·		

Name of Official	Nature of Relationship	
	RMEDIARIES, AGENTS, LOBBYISTS under this Section 3, please Check Box and Initial.	
Name of Third Party	Dust	
Name of Third Party	Duties	

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.

Please list the Professional Services Contracts between the Provider and the Plan:	
$T = m_{T} \cdot $	
· INVESTMENT ADVISOR · PENETON ADMINISTRATOR	
• TPA	
This Disclosures form is being submitted in conjunction with the annual filing requirements set forth in Act 44 f calendar year:	for
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 of 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.	in.
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 addisclosures 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 Service Contract voidable.	
1. NAME OF SIGNATORY MAKING DISCLOSURE 2. TITLE OF SIGNATORY	RY
ROBERT JAMES HALL PRESIDENT	-
3. SIGNATURE OF PROVIDER 4. DATE SIGNED	
7/05/85/9	
5. SIGNATORY'S CONTACT ADDRESS 6. PHONE NO. & EMAI	ıL
3461 SPENG RUAL (717)960-075	29
Siree CALLIXE PA 17013 Phone hall roberto	- Cihallea - com
City State Zip Email	=0 == 1 Cols