



BOROUGH OF
LEWISBURG
PENNSYLVANIA

ACT 44 RELATED DISCLOSURE
ANNUAL UPDATE

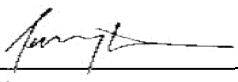
This Disclosure Form may be used by existing service providers **ONLY**

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 **November 18, 2022.**

Submitted by:



Signature

09/12/2022

Date

Jerry Witt

Print Name as it appears above

Principal

Company

711 High Street

Address

Des Moines, IA 50392

City/State/Zip

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. INDIVIDUAL'S MAILING ADDRESS 4. DATE OF DISCLOSURE

Street Apt.
City State Zip

5. CONTRIBUTIONS *Contributions for the past five (5) years must be disclosed*

Have you made any contributions above \$500, individually or in the aggregate, to any Candidate for public office in the Commonwealth?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you made any contributions above \$500, individually or in the aggregate, to any individual who holds a public office in the Commonwealth?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you made any contributions above \$500, individually or in the aggregate, to any Political Committee of a Candidate for public office in the Commonwealth?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you made any contributions above \$500, individually or in the aggregate, to any Political Committee of any individual who holds a public office in the Commonwealth?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you solicited or served as an intermediary for any contributions to any municipal official or candidate for municipal office in the Municipality or political party or Political Committee of that official or candidate??	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. GIFTS

Have you given any gifts to any official, employee, or fiduciary of the Plan or Municipality?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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7. RELATIONSHIPS

Do you 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)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any relationship with a third party intermediary, agent, or lobbyist that is to directly or indirectly 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.)	<input type="checkbox"/> Yes <input type="checkbox"/> 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 Principal

2. NAME AND TITLE OF INDIVIDUAL AUTHORIZED TO ACT ON BEHALF OF THE PROVIDER

Jerry Witt Client Service Manager

First Middle Last Suffix *Title*

3. PROVIDER MAILING ADDRESS 4. DATE OF DISCLOSURE

711 High Street 09/12/2022

Street Suite

Des Moines, IA 50392

City State Zip

5. CONTRIBUTIONS *Contributions for the past five (5) years must be disclosed*

Has the Business or Affiliated Entity made any contributions above \$500 to any Candidate for public office or Political Committee of a Candidate for public office in the Commonwealth?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has the Business or Affiliated Entity made any contributions above \$500 to any individual who holds a public office or Political Committee of an individual who holds a public office in the Commonwealth?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has an officer, director, Executive-level Employee, or owner of at least 5% of the Business or Affiliated Entity made any contributions above \$500 to any Candidate for public office or any Political Committee of any Candidate for public office in the Commonwealth?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has an officer, director, Executive-level Employee, or owner of at least 5% of the Business or Affiliated Entity made any contributions above \$500 to any individual who holds a public office or any Political Committee of an individual who holds public office in the Commonwealth?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has the Business or Affiliated Entity solicited or served as an intermediary for any contributions to any municipal official or candidate for municipal office in the Municipality or political party or Political Committee of that official or candidate??	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has an officer, director, Executive-level Employee, or owner of at least 5% of the Business or Affiliated Entity solicited or served as an intermediary for any contributions to any municipal official or candidate for municipal office in the Municipality or political party or Political Committee of that official or candidate??	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

6. GIFTS

Has the Business or Affiliated Entity given any gifts to any official, employee, or fiduciary of the Plan or Municipality?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. ☒ JW

[illegible]

2.. FINANCIAL, BUSINESS, AND COMMERCIAL RELATIONSHIPS

If No Disclosure is being made under this Section 2, please Check Box and Initial. ☒ JW

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. ☒ JW

Name of Third Party	Duties

4. CONFLICTS OF INTEREST

Is the Provider aware of any apparent, potential or actual conflicts of interest with respect to any officer, director or employee of the Provider and officials or employees of the Municipality or Plan?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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If "Yes" please disclose in 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:

This Disclosures form is being submitted in conjunction with the annual filing requirements set forth in Act 44 for calendar year: 2022

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.

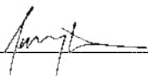
1. NAME OF SIGNATORY MAKING DISCLOSURE

Jerry Witt
First Middle Last Suffix

2. TITLE OF SIGNATORY

Client Service Manager

3. SIGNATURE OF PROVIDER



4. DATE SIGNED

09/12/2022

5. SIGNATORY'S CONTACT ADDRESS

711 High St
Street Suite
Des Moines, IA 50392
City State Zip

6. PHONE NO. & EMAIL

800-543-4015x24887
Phone
witt.jerry@principal.com
Email

Definitions. The following terms are used in this form and are defined for purposes of providing clarity to those who must make disclosures.

Term	Definition
AFFILIATED ENTITY	<p>Any of the following:</p> <p>(1) A subsidiary or holding company of a lobbying firm or other business entity owned in whole or in part by a lobbying firm.</p> <p>(2) An organization recognized by the Internal Revenue Service as a tax-exempt organization under Section 501(c) of the Internal Revenue Code of 1986 (Public Law 99-514, 26 U.S.C. § 501(c)) established by a lobbyist or lobbying firm or an affiliated entity.</p>
APPLICANT	An individual or Business who intends to enter into a Professional Services Contract.
BUSINESS	A corporation, limited liability company, partnership, association, joint venture or any other legal entity (including non-profit organizations) that is not an individual.
CANDIDATE	<p>Any individual who seeks nomination or election to public office, other than a judge of elections or inspector of elections, whether or not such individual is nominated or elected. An individual is deemed to be seeking nomination or election to such office if he has:</p> <p>(1) Received a contribution or made an expenditure or has given his consent for any other person or committee to receive a contribution or make an expenditure, for the purpose of influencing his nomination or election to such office, whether or not the individual has made known the specific office for which he or she will seek nomination or election at the time the contribution is received or the expenditure is made; or</p> <p>(2) Taken the action necessary under the laws of the Commonwealth to qualify himself for nomination or election to such office.</p>
COMMONWEALTH	Commonwealth of Pennsylvania
CONTRIBUTIONS	<p>Any payment, gift, subscription, assessment, contract, payment for services, dues, loan, forbearance, advance, or deposit of money or any valuable thing, to a candidate or political committee made for the purpose of influencing any election in the Commonwealth of Pennsylvania or for paying debts incurred by or for a candidate or committee before or after any election. "Contribution" shall also include the purchase of tickets for events such as dinners, luncheons, rallies, and all other fund-raising events; the granting of discounts or rebates not available to the general public; the granting of discounts or rebates by television and radio stations and newspapers not extended on an candidates for the same office; and, any payments provided for the benefit of any candidate, including any payments for the services of any person serving as an agent of a candidate or committee by a person other than the candidate or committee.</p> <p>Any of the following shall not be deemed a contribution for purposes of these disclosure forms:</p> <p>(1) Voluntary personal services provided by individuals who volunteer a portion or all of their time on behalf of a candidate or political committee.</p> <p>(2) The operation of a motor vehicle owned or leased by a candidate or a member of his immediate family or for consumption of food or beverages by a candidate or his immediate family.</p>

(3) The use of real or personal property, including a community room or a church used on a regular basis by members of a community for noncommercial purposes, and the cost of invitations, food and beverages voluntarily provided by an individual to any candidate in rendering voluntary personal services on the individual's residential premises or in the church or community room for candidate related activities, to the extent that the cumulative value of such invitations, food and beverages provided by such individual on behalf of any single candidate does not exceed two hundred fifty dollars (\$ 250), with respect to any single election.

(4) The sale of any food or beverage by a vendor other than a corporation or unincorporated association for use in any candidate's campaign at a charge less than the normal comparable charge, if such charge is at least equal to the cost of such food or beverage to the vendor to the extent that the cumulative value of such reduced charge by such vendor on behalf of any single candidate does not exceed two hundred fifty dollars (\$250) with respect to any single election.

(5) Any unreimbursed payment for travel expenses made by any individual on behalf of any candidate to the extent that the cumulative value of such travel activity by such individual on behalf of any single candidate does not exceed two hundred fifty dollars (\$250) with respect to any single election.

(6) The use of the personal residence or the business or office space of the candidate other than a corporation or unincorporated association and the use of personal property owned or leased by the candidate; provided, however, that the cumulative value of the use of such personal property does not exceed one thousand dollars (\$1,000) with respect to any single election.

(7) The use of the personal residence or the business or office space of any volunteer, other than a corporation or unincorporated association, and the use of personal property owned or leased by a volunteer; provided, however, that the cumulative value of the use of such personal property does not exceed two hundred fifty dollars (\$250) with respect to any single election.

EXECUTIVE LEVEL
EMPLOYEE

An employee of a person or the person's affiliated entity who:

(1) Can affect or influence the outcome of the person's or affiliated entity's actions, policies or decisions relating to pensions and the conduct of business with a municipality or a municipal pension system; OR

(2) Is directly involved in the implementation or development of policies relating to pensions, investments, contracts or procurement or to the conduct of business with a municipality or a municipal pension system.

GIFT

An offering made to any official, employee, or fiduciary of the Plan or Municipality including money, services, loans, travel, lodging, entertainment, or a discount.

PLAN

The Municipal Pension Plan that is a party to an existing or proposed professional services contract.

POLITICAL
COMMITTEE

Any committee, club, association or other group of persons which receives contributions or makes expenditures.

PROFESSIONAL
SERVICES
CONTRACT

A contract to which the Municipal Pension Plan is a party that is:

(1) For the purchase or provision of professional services, including investment services and consulting services; and

(2) Not subject to a requirement that the lowest bid be accepted.

PROVIDER

An individual or a Business providing services under an existing professional services contract.

SOLICIT A
CONTRIBUTION

Requesting or suggesting that a person make a contribution. The sponsoring or hosting of a fundraising event is considered soliciting a contribution from the attendees of the event. Any contributions raised at such event are counted as a contribution made by the host of the event.