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] 9/15/22
**Signature** **Date**

Robert J. Hall
**Print Name as it appears above**

R.J. Hall Company
**Company**

3461 Spring Road
**Address**

Carlisle PA 17013
**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

Robert J. Hall
*First* *Middle* *Last* *Suffix*

2. TITLE OF INDIVIDUAL

President

3. INDIVIDUAL'S MAILING ADDRESS

3461 Spring Road
*Street* *Apt.*
Carlisle PA 17013
*City* *State* *Zip*

4. DATE OF DISCLOSURE

9/15/22

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? | ☐ Yes ☒ No |
| Have you made any contributions above $500, individually or in the aggregate, to any individual who holds a public office in the Commonwealth? | ☐ Yes ☒ 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? | ☐ Yes ☒ 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? | ☐ Yes ☒ 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?? | ☐ Yes ☒ No |

6. GIFTS

| | |
|---|---|
| Have you given any gifts to any official, employee, or fiduciary of the Plan or Municipality? | ☐ Yes ☒ No |

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) | ☐ Yes ☒ 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.) | ☐ 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.

1. NAME OF PROVIDER MAKING THE DISCLOSURE _____

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

_____ _____
*First* *Middle* *Last* *Suffix* *Title*

3. PROVIDER MAILING ADDRESS 4. DATE OF DISCLOSURE

_____ _____
*Street* *Suite*

_____
*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? | □ Yes □ 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? | □ Yes □ 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? | □ Yes □ 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? | □ Yes □ 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?? | □ Yes □ 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?? | □ Yes □ No |

6. GIFTS

| | |
|---|---|
| Has the Business or Affiliated Entity given any gifts to any official, employee, or fiduciary of the Plan or Municipality? | □ 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 (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) | ☐ Yes ☐ 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 |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

2.. FINANCIAL, BUSINESS, AND COMMERCIAL RELATIONSHIPS

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

| 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. ☐ _____

| 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? | ☐ Yes ☐ No |

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

Robert J Hall
*First* *Middle* *Last* *Suffix*

2. TITLE OF SIGNATORY

President

3. SIGNATURE OF PROVIDER

4. DATE SIGNED

9/15/22

5. SIGNATORY'S CONTACT ADDRESS

3461 Spring Road
*Street* *Suite*
Carlisle PA 17013
*City* *State* *Zip*

6. PHONE NO. & EMAIL

717-960-0752
*Phone*

*Email*