



## APPENDIX K

### POLITICAL CONTRIBUTIONS REQUIRED TO BE REPORTED PSERS Board Policy 2025-POL-BD-05

**This report must be submitted with Offeror's Proposal to the Issuing Office by the deadline in the RFP's Calendar of Events.**

This form is to be used by any corporation, company, association, partnership, sole proprietorship or other business entity (collectively referred herein to as "Business Entity"), seeking a non-investment contract evaluated and/or approved by the Board.

A Business Entity shall itemize in this report all political contributions (which shall have the same meaning as "CONTRIBUTION" in the Pennsylvania Election Code (25 P.S. Section 3241(b)) made by:

- 1) Any officer, director, associate, partner, limited partner, individual owner or members of the immediate family when the contributions exceed an aggregate of one thousand dollars (\$1,000) by any individual during the 12-month period immediately preceding submission of the report; or
- 2) Any employee or members of his immediate family whose political contribution exceeded one thousand dollars (\$1,000) during the 12-month period immediately preceding submission of the report.

If the Business Entity does not have any political contributions falling within the scope of 1 and 2 above during the 12-month period immediately preceding submission of the report, certification of no contributions must be noted (via the checkbox on the filing) and certified.

**I SWEAR (OR AFFIRM) THAT THIS REPORT, INCLUDING ATTACHMENTS, IS A FULL TRUE AND DETAILED ACCOUNT OF EACH AND ALL POLITICAL CONTRIBUTIONS KNOWN TO THE NAMED BUSINESS ENTITY BY VIRTUE OF THE ACTUAL KNOWLEDGE POSSESSED BY ANY OFFICER, DIRECTOR, ASSOCIATE PARTNER, LIMITED PARTNER OR INDIVIDUAL OWNER, IN ACCORDANCE WITH THE REQUIREMENTS OF PSERS 2025-POL-BD-05**

**SWORN TO AND SUBSCRIBED BEFORE ME THIS**

**NAME OF BUSINESS ENTITY**

\_\_\_\_\_**DAY OF** **20** \_\_\_\_\_

**SIGNATURE OF AUTHORIZED PERSON  
SUBMITTING REPORT**

**SIGNATURE**

**PRINTED NAME**

**MY COMMISSION EXPIRES** \_\_\_\_\_  
MO.      DAY      YR.

**TITLE**

**NAME OF BUSINESS ENTITY** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

Check this box if there are no reportable contributions.

## REPORTABLE POLITICAL CONTRIBUTIONS

Attach additional sheets if necessary.