2005-005

[redacted]

REPORT COVERING:

☐ JANUARY 1 through JUNE 30, _____ - DUE BY AUGUST 15

☑ JANUARY 1 through DECEMBER 31, 2004 - DUE BY FEBRUARY 15

FOR OFFICE USE ONLY
Postmark Date: _____

2050078

1. Name: PYRFORD INTERNATIONAL Plc
Last First MI

2. Business Address: 79 GROSVENOR STREET LONDON W1K 3JU UK
Street and No. City State Zip

Mailing Address: As above

REC'D
FEB 15 2005
MUNICIPAL POLICE EMPLOYEE RETIREMENT SYSTEM

3. Business Phone: 0044 207 495 4641
Area Code and Telephone Number

4. Employer: _____

5. Employer's address: _____
Street and No. City State Zip

6. Did you make an expenditure exceeding $50 on one occasion for a retirement system official:

From January 1 through June 30?	Yes	☐	No	☑		
From July 1 through December 31?	Yes	☐	No	☑	NA	☐

If the answer to either question in Number 6 above is YES, complete Schedule A and attach.

7. Did you make expenditures exceeding the sum of $250 for a retirement system official:

From January 1 through June 30?	Yes	☐	No	☑		
From July 1 through December 31?	Yes	☐	No	☑	NA	☐

If the answer to either question in Number 7 above is YES, complete Schedule A and attach.

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ETHICS ADMINISTRATION
CAMPAIGN FINANCE
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8. PROVIDE BELOW (a) the name of the state or statewide public retirement system; (b) the aggregate total of all expenditures attributable to the retirement system made during the January 1 - June 30 reporting period; (c) the aggregate total of all expenditures attributable to the retirement system made during the July 1 - December 31 reporting period when applicable; (d) the aggregate total of all expenditures made in a calendar year attributable to the retirement system.

1) a. Name of Retirement System: MUNICIPAL POLICE EMPLOYEES' RETIREMENT SYSTEM

b. Total of all expenditures made January 1 through June 30: $ NIL

c. Total of all expenditures made July 1 through December 31: (When applicable) $ NIL

d. Total of all expenditures made during the calendar year: $ NIL

2) a. Name of Retirement System: N/A

b. Total of all expenditures made January 1 through June 30: $

c. Total of all expenditures made July 1 through December 31: (When applicable) $

d. Total of all expenditures made during the calendar year: $

3) a. Name of Retirement System: N/A

b. Total of all expenditures made January 1 through June 30: $

c. Total of all expenditures made July 1 through December 31: (When applicable) $

d. Total of all expenditures made during the calendar year: $

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; that all reportable expenditures have been included herein; and that no information required by LSA-R.S. 42:1114.2 has been deliberately omitted.

David L Olive

Signature of Filer

DAVID L OLIVE
FINANCE DIRECTOR - COMPLIANCE OFFICER
PURFORD INTERNATIONAL INC.

Form 406, Rev. 8/04

1. OFFICIAL'S NAME	2. NAME OF RETIREMENT SYSTEM	3. AMOUNT OF EXPENDITURES MADE ON AN OFFICIAL FOR WHOM YOU EITHER SPENT OVER $50 ON ONE OCCASION OR MADE EXPENDITURES EXCEEDING $250 BETWEEN JANUARY 1 AND JUNE 30	4. AMOUNT OF EXPENDITURES MADE ON AN OFFICIAL FOR WHOM YOU EITHER SPENT OVER $50 ON ONE OCCASION OR MADE EXPENDITURES EXCEEDING $250 BETWEEN JULY 1 AND DECEMBER 31	5. TOTAL OF COLUMNS 3 AND 4

NIL Return