2005-005

[redacted]

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REPORT COVERING:

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

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

1. Name: Donovan (Last) Shawn (First) P (MI)

2. Business Address: 300 Atlantic Street (Street and No.) Stamford (City) CT (State) 06901 (Zip)

Mailing Address: 300 Atlantic Street, Stamford, CT 06901

3. Business Phone: 203-905-5359 (Area Code and Telephone Number)

4. Employer: K2 Advisors, LLC.

5. Employer's address: 300 Atlantic Street (Street and No.) Stamford (City) CT (State) 06901 (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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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: Louisiana State Employees' Retirement System (LASERS)

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

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

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

2) a. Name of Retirement System: _____

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: _____

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.

[illegible], Director, Client Service, [illegible] Advisors, LLC

Signature of Filer

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