2005-005

# RETIREMENT SYSTEM FINANCIAL DISCLOSURE REPORT

Pursuant to LSA-R.S. 42:1114.2, each person who has or is seeking to obtain a contractual or other business or financial relationship with a state or statewide public retirement system shall file with the Board of Ethics a financial disclosure report semiannually if the person has made expenditures of five hundred dollars or more in a calendar year. Reports disclosing expenditures for retirement officials must be filed by August 15th, covering January 1 through June 30 of the calendar year and by February 15th, covering January 1 - December 31 of the calendar year. Although there is no registration requirement under R.S. 42:1114.2, you may be required to register and report under LSA-R.S. 49:71 et seq.

Reports may be mailed or delivered to: Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808
OR
Faxed to: (225)763-8787 or (225)763-8780

REPORT COVERING:

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

G JANUARY 1 through DECEMBER 31, 2005 - DUE BY FEBRUARY 15

FOR OFFICE USE ONLY
Postmark Date: _____

1. Name: Westfield Capital Management Co, LLC.
Clark (Last) Kimberly (First) A (MI)

2. Business Address: One Financial Ctr (Street and No.) Boston (City) MA (State) 02111 (Zip)

Mailing Address: Same

2051099

3. Business Phone: 617 428 7100
Area Code and Telephone Number

4. Employer: Westfield Capital Management

5. Employer's address: Same
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.

2005 DEC 29 PM 3:32

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: LASERS

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

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

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.

Kimberly A. Clark
Signature of Filer