

REPORT COVERING:

2006-005

2060577

- JANUARY 1 through JUNE 30, 2006 - DUE BY AUGUST 15
- JANUARY 1 through DECEMBER 31, _____ - DUE BY FEBRUARY 15

1. Name: Buckley Dorothy A.
Last First MI

2. Business Address: 100 Park Ave, 5th Fl NY NY 10017
Street and No. City State Zip

Mailing Address: S/A

3. Business Phone: (212) 850-1804
Area Code and Telephone Number

4. Employer: J.P. W. Seligman & Co. Inc

5. Employer's address: 100 Park Ave, 5th Fl NY NY 10017
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 | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> | NA | <input type="checkbox"/> |
| From July 1 through December 31? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | NA | <input type="checkbox"/> |

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 | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> | NA | <input type="checkbox"/> |
| From July 1 through December 31? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | NA | <input type="checkbox"/> |

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

FOR OFFICE USE ONLY
 Postmark Date: _____

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 School Employees' Retirement System
b. Total of all expenditures made January 1 through June 30: \$ 1,272.28
c. Total of all expenditures made July 1 through December 31: \$ _____
(When applicable)
d. Total of all expenditures made during the calendar year: \$ 1,272.28

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.

Anthony Clark
Signature of Filer

Schedule A

\$1,272.28

Julie LeBlanc
Boyd Zitzmann
John Kennedy
Josic Meche
Anita Green
Peter Schneider
Lambert Boissiere
Laurie Stark
Susan Pappan

Dorothy Buckley – J&W Seligman Employee

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