2006-005

2060923

RETIREMENT SYSTEM FINANCIAL DISCLOSURE REPORT

[illegible]

OR

[illegible]

REPORT COVERING:

G JANUARY 1 through JUNE 30, 2006 - DUE BY AUGUST 15

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

FOR OFFICE USE ONLY
Postmark Date: _____

1 Name: OSTLUND ROBIN M.
Last First MI

2 Business Address: 300 Atlantic St, Stamford, CT 06901
Street and No City State Zip

Mailing Address: Same as above

3 Business Phone: 203-905-5376
Area Code and Telephone Number

4 Employer: K2 Advisors, LLC

5 Employer's address: same as above
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

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 Retirement System (LASERS)

b. Total of all expenditures made January 1 through June 30: $ 700.00

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

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

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. 42:11:4.2 has been deliberately omitted.

Signature of Filer

SCHEDULE A: EXPENDITURES FOR RETIREMENT SYSTEM OFFICIALS

[illegible]

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
Kathy Singleton	LASERS *	$50		$50.
Bobby Beale	LASERS *	$50		$50.
(2 Other LASERS Trustees + Spouses	LASERS *	$50/each		$600.

* Pro rata share of [illegible]
Trustee dinner on 2/22/06
Co-sponsored with Brandywine Asset

Form 406 Rev 3/04