2070012

RETIREMENT SYSTEM FINANCIAL DISCLOSURE REPORT

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FOR OFFICE USE ONLY
Postmark Date: 1-25-07

REPORT COVERING:

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

☒ JANUARY 1 through DECEMBER 31, 2006 _____ - **DUE BY FEBRUARY 15**

1. Name: Aronson (Last) Theodore (First) R (MI)

2. Business Address: 230 S. Broad Street, 20th Floor (Street and No.) Philadelphia (City) PA (State) 19102 (Zip)

Mailing Address: Same

3. Business Phone: 215/546-7500 (Area Code and Telephone Number)

4. Employer: Aronson-Johnson+Ortiz, LP

5. Employer's address: 230 S. Broad Street, 20th Floor (Street and No.) Philadelphia (City) PA (State) 19102 (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

b. Total of all expenditures made January 1 through June 30: $ 0

c. Total of all expenditures made July 1 through December 31: $ 0
(When applicable)

d. Total of all expenditures made during the calendar year: $ 0

2) a. Name of Retirement System: Louisiana State Police

b. Total of all expenditures made January 1 through June 30: $ 0

c. Total of all expenditures made July 1 through December 31: $ 0
(When applicable)

d. Total of all expenditures made during the calendar year: $ 0

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.

Signature of Filer

Form 406, Rev. 8/04