2007-005

20070214

FOR OFFICE USE ONLY
Postmark Date: 2-14-07

REPORT COVERING:

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

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

1. Name: Guy (Last) Mary (First) K (MI)

2. Business Address: 1 Lincoln St. (Street and No.) Boston (City) MA (State) 02111 (Zip)

Mailing Address: Same

3. Business Phone: 617-664-2044 (Area Code and Telephone Number)

4. Employer: SSgA

5. Employer's address: Same (Street and No.) (City) (State) (Zip)

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STUDENT ADMINISTRATION
CAMPAIGN FINANCE
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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: Municipal Employees Retirement Sys of LA

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

c. Total of all expenditures made July 1 through December 31: $ 617.34
(When applicable)

d. Total of all expenditures made during the calendar year: $ 617.34

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.

Mary Y Guy
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
Bob Rust	Louisiana Muni Employees Ret Sys		88.19	88.19
Dudley Dixon	"		88.19	88.19
Mary Vice	"		88.19	88.19
Johnny Bothelot	"		88.19	88.19
Gerald Johnson	"		88.19	88.19
Claire Samadel	"		88.19	88.19
Janet Stevens	"		88.19	88.19