2008-002

[redacted]

REPORT COVERING:

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

G JANUARY 1 through DECEMBER 31, 2007 - DUE BY FEBRUARY 15

2080076

FOR OFFICE USE ONLY
Postmark Date: _____

Missing numbered pages were blank and had no information on them.

1. Name: OSTLUND ROBIN M
Last First MI

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

Mailing Address: 12th Floor

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: $ 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: 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. 42:1114.2 has been deliberately omitted.

Signature of Filer

John T. Ferguson
Chief Operating Officer
to Investment Manager
of LRJ Fund, LLC

Form 406, Rev. 8/04