

City of Lakewood
City Clerk's Office
480 S. Allison Pkwy
Lakewood, CO 80226
Ph: (303) 987-7080
Fax: (303) 987-7088



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DISCLOSURE BY PUBLIC OFFICEHOLDER
REPORT OF GIFTS, HONORARIA AND OTHER BENEFITS
(C.R.S. 24-6-203)

Jurisdiction: (required) State County Municipal

Filing: (required) 1st Quarter (due April 15) 2nd Quarter (due July 15) 3rd Quarter (due October 15) 4th Quarter (due January 15)

Name of Officeholder: DIANA ALLEN (required) **Office Held/District:** City Council - ward 5 (required)

Address: 9066 W. Colorado Pl (required) **City:** LAKESWOOD (required), **Colorado** **Zip:** 80232 (required)

1) **Name of Person from Whom the Gift, Honoraria or Other Benefit Was Received:**

None Amount/Value: \$ _____ Date Received: _____

Description: _____

2) **Name of Person from Whom the Gift, Honoraria or Other Benefit Was Received:**

_____ Amount/Value: \$ _____ Date Received: _____

Description: _____

3) **Name of Person from Whom the Gift, Honoraria or Other Benefit Was Received:**

_____ Amount/Value: \$ _____ Date Received: _____

Description: _____

4) **Name of Person from Whom the Gift, Honoraria or Other Benefit Was Received:**

_____ Amount/Value: \$ _____ Date Received: _____

Description: _____

Diana Allen
Signature of Officeholder
(required)

3/14/09
Date
(required)