

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



Below Space for Office Use Only

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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)  1<sup>st</sup> Quarter (due April 15)  2<sup>nd</sup> Quarter (due July 15)  3<sup>rd</sup> Quarter (due October 15)  4<sup>th</sup> Quarter (due January 15)

**Name of Officeholder:** Doug Anderson (required) **Office Held/District:** Council Lakewood Ward 4 (required)

**Address:** 380 So. Quail (required) **City:** Lakewood (required), **Colorado** **Zip:** 80226 (required)

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

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

Description: NONE

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: \_\_\_\_\_

Doug Anderson  
Signature of Officeholder  
(required)

4/2/09  
Date  
(required)