

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:** Cindy Baroway (required) **Office Held/District:** Council Member (required) ward 2

**Address:** 1860 Glen Dale Dr. (required) **City:** Lakewood (required), Colorado **Zip:** 80245 (required)

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

Olsson + Associates Amount/Value: \$ 60.00 Date Received: 6/26/09  
**Description:** CML - Dinner @ Montauk in Vail

**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:** \_\_\_\_\_

Cindy Baroway  
**Signature of Officeholder**  
(required)

6/29/09  
**Date**  
(required)