

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



2009 JUN 30 A 8:09

**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:** Karen Keller **Office Held/District:** Ward 1  
(required) (required)

**Address:** 675 Dudley St **City:** Lakewood, Colorado **Zip:** 80215  
(required) (required) (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: \_\_\_\_\_

[Signature]  
**Signature of Officeholder**  
(required)

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