

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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CITY OF LAKEWOOD, COLO.  
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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:** Karen S. Kellen (required) **Office Held/District:** Lakewood City Council (required)

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

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

10/19/09  
**Date**  
(required)