

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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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:** Thomas P. Quinn (required) **Office Held/District:** City Council Ward 5 (required)

**Address:** 1685 S. Holly St. (required) **City:** Lakewood (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:**  
NONE Amount/Value: \$ \_\_\_\_\_ Date Received: \_\_\_\_\_  
**Description:** \_\_\_\_\_

3) **Name of Person from Whom the Gift, Honoraria or Other Benefit Was Received:**  
NONE Amount/Value: \$ \_\_\_\_\_ Date Received: \_\_\_\_\_  
**Description:** \_\_\_\_\_

4) **Name of Person from Whom the Gift, Honoraria or Other Benefit Was Received:**  
NONE Amount/Value: \$ \_\_\_\_\_ Date Received: \_\_\_\_\_  
**Description:** \_\_\_\_\_

Thomas P. Quinn  
**Signature of Officeholder**  
(required)

10/15/2009  
**Date**  
(required)