

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)

THE  
CITY CLERK

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. Hoxsted (required) City: Lakewood (required), Colorado Zip: CO 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)

03/26/2009  
Date (required) via Fax