

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



**DISCLOSURE BY PUBLIC OFFICEHOLDER**  
**REPORT OF GIFTS, HONORARIA AND OTHER BENEFITS**  
(C.R.S. 24-6-203)

RECEIVED  
2009 JUL 14 P 12:29

**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:** DIANA ALLEN **Office Held/District:** City Council - ward 5  
(required) (required)

**Address:** 906 W. Colorado St. **City:** LAKWOOD, Colorado **Zip:** 80232  
(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)

7/13/09  
**Date**  
(required)