

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)

Jurisdiction: (required) State County Municipal

Filing: (required) 1st Quarter (due April 15) 2nd Quarter (due July 15) 3rd Quarter (due October 15) 4th Quarter (due January 15)

Name of Officeholder: Sue King (required) **Office Held/District:** Lakewood City Council, Ward 3 (required)

Address: 9637 W. Ohio Ave (required) **City:** Lakewood (required), **Colorado** **Zip:** 80236 (required)

1) Name of Person from Whom the Gift, Honoraria or Other Benefit Was Received:

N/A Amount/Value: \$ _____ Date Received: _____

Description: _____

2) Name of Person from Whom the Gift, Honoraria or Other Benefit Was Received:

N/A Amount/Value: \$ _____ Date Received: _____

Description: _____

3) Name of Person from Whom the Gift, Honoraria or Other Benefit Was Received:

N/A Amount/Value: \$ _____ Date Received: _____

Description: _____

4) Name of Person from Whom the Gift, Honoraria or Other Benefit Was Received:

N/A Amount/Value: \$ _____ Date Received: _____

Description: _____

Sue King
Signature of Officeholder
(required)

July 8, 2009
Date
(required)