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Lakewood

City Clerk's Office
Lakewood Civic Center
480 S. Allison Parkway
Lakewood, CO 80226-3127
Phone: 303-987-7080
Fax: 303-987-7088
TDD: 303-987-7057

CANDIDATE AFFIDAVIT

This affidavit certifies that I, DIANE Rhodes, am a candidate
(Name)
for the 2025 election, for the office of Council,
(Year) (Mayor/Council)
Ward 4 (if applicable).
(Ward)

Physical Address of Candidate: [REDACTED] LAKEWOOD 80228
(Street/City/St/Zip)

Mailing address: [REDACTED] LAKEWOOD, CO 80228

Business Phone: [REDACTED] Residence Phone: [REDACTED]

Fax: [REDACTED] Web Address: https://sites.google.com/view/drdiannerhodes

E-Mail Address: DR DIANE Rhodes@gmail.com

I certify that I have read and understand that campaign finance activities are governed by Chapter 2.54 Campaign and Political Finance in Municipal Elections of the Lakewood Municipal Code and the Lakewood City Clerk Rules and Regulations regarding campaign finance.

By submitting this form, you are certifying the above information to be true and correct, to the best of your knowledge.

Print Candidate Name: DIANE Rhodes

Candidate's Signature: [REDACTED] Date: 1/10/2025