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CITY OF LAKEWOOD, CO
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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, Desirée González
(Name)

for the 2025 election, for the office of City Council,

Ward 4 (Ward) (if applicable).

Physical Address of Candidate: Lakewood, CO 80228
(Street/City/St/Zip)

Mailing address: ██████████ Lakewood, CO 80228-3824

Fax: N/A Web Address: www.DEZ4LAKELAKES.com

E-Mail Address: desireegonzalez1980@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: Desirée González

Candidate's Signature: _____ Date: August 5th 2025