



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, ADOLFO WILLIAMS, am a candidate
(Name)

for the 2025 election, for the office of COUNCIL,
(Year) (Mayor/Council)

Ward 3 (if applicable).
(Ward)

Physical Address of Candidate: [REDACTED] LAKEWOOD CO 80232
(Street/City/St/Zip)

Mailing address: [REDACTED] LAKEWOOD CO 80215

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

Fax: _____ Web Address: _____

E-Mail Address: ADOLFO.C.WILLIAMS@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: ADOLFO WILLIAMS

Candidate's Signature: [REDACTED] Date: 1/17/2025