

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  
CITY OF LAKEWOOD, COLORADO  
OCT 19 A 10:57  
OFFICE OF THE  
CITY CLERK

**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:** Vicki Stack (required) **Office Held/District:** City Council, Lakewood (required)

**Address:** 8890 W 12th Ave. (required) **City:** Lakewood (required) **Colorado Zip:** 80215 (required)

1) Name of Person from Whom the Gift, Honoraria or Other Benefit Was Received:  
\_\_\_\_\_  
Amount/Value: \$ \_\_\_\_\_ Date Received: \_\_\_\_\_  
Description: \_\_\_\_\_

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: \_\_\_\_\_

Vicki Stack  
Signature of Officeholder (required)

10-18-09  
Date (required)

Colorado Secretary of State Form Rev: 06/07