

DECLARATION OF CANDIDACY

I, _____, a resident and registered voter of the county of St. Louis and the state of Missouri, residing at _____, do announce myself a candidate for the office of _____, to be voted on at the election to be held on the 2nd day of April 2024, and I further declare that if nominated and/or elected to such office I will qualify and serve.

Signature of Candidate

Residence Address

E-Mail (optional)

Phone Number (optional)

NAME AS TO APPEAR ON BALLOT (please print)

Subscribed and sworn to before me this _____ day of _____, 2024

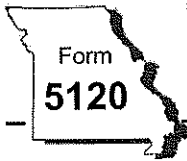
Signature of election official or other officer authorized to administer oaths

I, _____ hereby acknowledge that:
(Print)

_____ I have obscured my social security number and attached a copy of the completed, notarized
(Initial) MO DOR Form 5120.

_____ It is my responsibility to send the original MO DOR Form 5120 to the Missouri Department
(Initial) of Revenue.

_____ I do not have any outstanding campaign disclosure reports due from any prior elections to the
(Initial) Missouri Ethics Commission.



Candidate Information	First Name	Middle Name	Last Name	
	Social Security Number	County of Residence	Telephone Number* (____) _____ - _____	
	Street Address*	City	State	Zip Code
	Elected Office Candidate is Seeking	E-mail Address		

* Please update the Department should any information change

Signature	Declaration under 115.306, RSMo : I hereby declare under penalties of perjury that I am not currently aware of any delinquency in the filing or payment of any state income taxes, personal property taxes, municipal taxes, real property taxes on the place of residence, as stated on my declaration of candidacy, or that I am not a past or present corporate officer of any fee office that owes any taxes to the state, other than those taxes which may be in dispute. I declare under penalties of perjury that I am not aware of any information that would prohibit me from fulfilling any bonding requirements for the office for which I am filing.	
	Signature	Date (MM/DD/YYYY) ____/____/____

Notary Information	Embosser or black ink rubber stamp seal	Subscribed and sworn before me, this		
		_____ day of _____		_____ year
	State	County (or City of St. Louis)	My Commission Expires (MM/DD/YYYY) ____/____/____	
	Notary Public Signature			
Notary Public Name (Typed or Printed)				

Please review 115.306, RSMo. A failure to comply may disqualify you from the ballot. Upon request by the Department of Revenue, the candidate shall provide a copy of tax receipts for the candidate's personal property, municipal, and real property taxes, and any other information necessary to demonstrate compliance with 115.306, RSMo.

Mail to: Missouri Department of Revenue
General Counsel's Office
P.O. Box 475
Jefferson City, MO 65105

Phone: (573) 751-4450
TTY: (800) 735-2966
Fax: (573) 751-7151

Visit <http://dor.mo.gov/personal/candidates/>
for additional information.



Notice to Candidate

Regarding Personal Financial Disclosure (PFD)/Financial Interest Statement Filing Requirement

Part One: Candidate Information

Candidate's Name: _____

Political Subdivision: _____

Office Sought: _____

Election Date: _____

Part Two: Filing Status (check one)

Candidate must file a PFD/Financial Interest Statement with the Missouri Ethics Commission (proceed to part 3)

Candidate is not required to file a PFD/Financial Interest Statement (proceed to part 4)

A candidate must file a PFD/Financial Interest Statement if (only one must apply):

- The political subdivision has an annual operating budget over \$1 million and the subdivision does not have a conflict of interest ordinance on file with the MEC and the candidate is required to file pursuant to §§ 105.483—105.492, RSMo.; or
- The political subdivision has an annual operating budget over \$1 million and has a conflict of interest ordinance on file with the MEC that specifically requires a candidate running for this position to file; or the candidate (or their spouse, child(ren), parents, or a business in which they own a substantial interest) has had a business transaction with the political subdivision in excess of \$500 in the preceding 12 months; or
- The candidate is a new Associate Circuit Judge Candidate (incumbent state judicial candidates file with the Supreme Court).

A candidate is not required to file a PFD/Financial Interest Statement if (only one must apply):

- The political subdivision's annual operating budget is \$1 million or under; or
- The political subdivision's annual operating budget is over \$1 million and the subdivision has a conflict of interest ordinance on file with the MEC that does not require a candidate running for this position to file (note: if a candidate, their spouse, child(ren), parents, or a business in which they own a substantial interest has had a business transaction with the subdivision, candidate may still need to file); or
- The office sought by the candidate is political party committeeman or committee woman.

Part Three: Filing Deadlines and Penalties

- If the PFD/Financial Interest Statement is not filed by _____ (14 days after the closing date of candidate filing for the election), candidate will be assessed a **\$10 per day late fee** for each day the report is late.
- If the PFD/Financial Interest Statement is not filed by _____ (21 days after the closing date of candidate filing for the election), candidate will be **disqualified as a candidate** and their name will be removed from the ballot.

NOTE: If the political subdivision has a conflict of interest ordinance with the MEC:

1. *And if filing deadlines are not met, penalties (if any) are assessed by the political subdivision in accordance with its ordinance.*
2. *Candidate must also file a copy of their PFD/Financial Interest Statement with the governing body/subdivision*

Part Four: Acknowledgement (completed by candidate and witnessed by election official)

I, _____, hereby acknowledge the authority of the Missouri Ethics Commission,

(print name)

or the political subdivision for which I am filing, in enforcing laws governing candidates for elected office in Missouri; and acknowledge that I have received:

Candidate
Initials

Notice to Candidate: written notice of candidate's obligation to file a PFD/Financial Interest Statement, including the consequences for failure to file on time; and

Candidate
Initials

The MEC's Guide to Ethics Law—A Plain English Summary: regarding laws governing candidates for elected office in Missouri.

Signature of candidate

Candidate's email address

Signature of election official (witness)

Date



Office Use:

Personal Financial Interest Statement

1. Statement Information (select one)

Type: [] New [] Amended

2. Filing Status & Time Period Covered (select one & insert time period)

A. Filing Status

- [] Annual Filer: file from Jan 1 to Dec 31 of prior year (if no longer serving, enter the time period served), due by May 1
[] Newly Appointed/Employed: file for calendar year before start date, due within 30 days
[] Incumbent Candidate: file from Jan 1 of prior year to closing date for candidacy (may be longer than 12-month period), due within 14 days of closing date for candidacy
[] New Candidate: file for the 12-month period before the closing date for candidacy, due within 14 days of closing date for candidacy

B. Time Period Covered: From ___/___/___ to ___/___/___ (mm/dd/yyyy)

3. Filer's Information

Filer's name (First, Middle, Last)

Spouse's name (First, Middle, Last)

Mailing address

City/State/Zip

Dependent child(ren)'s name* (First, Middle, Last)

Dependent child(ren)'s name* (First, Middle, Last)

Political Subdivision or State Agency

Title (Position/Office Seeking)

[] Check if spouse is filing separate from yourself (if your spouse is not required to file a PFD, this statement MUST disclose his/her information).

*Includes all children, stepchildren, foster children and wards under the age of eighteen residing in the person's household and who receive in excess of 50% of their support from the person.

4. Employment

List the name and address of every employer from whom you, your spouse or dependent child(ren) received income of \$1,000 or more during the time period covered by this statement.

Employer Name

Employer Address/City/State/Zip

Person's name who received income

Employer Name

Employer Address/City/State/Zip

Person's name who received income

Employer Name

Employer Address/City/State/Zip

Person's name who received income

Employer Name

Employer Address/City/State/Zip

Person's name who received income

5. Sole Proprietorships

List each sole proprietorship owned by you, your spouse or dependent child(ren) during the time period covered by this statement.

Sole Proprietorship Name

Sole Proprietorship Address/City/State/Zip

Sole Proprietorship Name

Sole Proprietorship Address/City/State/Zip

6. General Partnerships, Joint Ventures

List each general partnership and joint venture in which you, your spouse or dependent child(ren) were a partner or participant during the time period covered by this statement, and the names of partners or co-participants unless such names and addresses are filed with the Secretary of State.

General Partnership or Joint Venture Name

Address/City/State/Zip

Nature of Business

Partner/Coparticipant's Name & Address

Party Involved

General Partnership or Joint Venture Name

Address/City/State/Zip

Nature of Business

Partner/Coparticipant's Name & Address

Party Involved

If additional space is needed, attach separate sheet.

7. Stocks, Bonds & Other holdings

EXCEPTIONS: » Interest in any qualified plan or annuity pursuant to the Employees Retirement Income Security Act (ERISA) is not required to be listed. » Members of boards or commissions of the state or any political subdivision uncompensated except for actual expenses or a per diem allowance do not have to report interest in publicly traded corporations or limited partnerships listed on a regulated stock exchange or automated quotation system.

A. *Limited Partnerships, Closely-held Corporations:* List the name of any closely-held corporation/limited partnership in which you, your spouse, or dependent child(ren) own ten percent (10%) or more of any class of the outstanding stock or units during the time period covered by this statement.

Limited Partnership/Closely-held Corporation Name	Address/City/State/Zip	Nature of Business	Party Involved
Limited Partnership/Closely-held Corporation Name	Address/City/State/Zip	Nature of Business	Party Involved

B. *Publicly Traded Corporation or Limited Partnership:* List the name of any publicly traded corporation or limited partnership which is listed on a regulated stock exchange or automated quotation system in which you, your spouse or dependent child(ren) own two percent (2%) or more of any class of outstanding stock, units or other equity interests during the time period covered by this statement.

Corporation/Limited Partnership Name	Party Involved
Corporation/Limited Partnership Name	Party Involved

C. List the name and address of each entity in which you, your spouse or dependent child(ren) owned stock, bonds, or other equity interest with a value of more than \$10,000 during the time period covered by this statement. If the entity is a corporation listed on a regulated stock exchange, list the name only.

Entity Name	Entity Address/City/State/Zip
Entity Name	Entity Address/City/State/Zip

8. Miscellaneous Income

List the name and address of any source from which you, your spouse, or dependent child(ren) received \$1,000 or more during the time period covered by this statement. If income is from publicly traded corporations or limited partnerships listed on a regulated stock exchange or automated quotation system and not reported elsewhere on this form, list the name only.

Source of Income	Source Address/City/State/Zip	Person's name who received income
Source of Income	Source Address/City/State/Zip	Person's name who received income

9. Real Property

List any real property owned by you, your spouse, or dependent child(ren), located in Missouri, other than personal residence, having a fair market value of \$10,000 or more during the time period covered by this statement. Include name and address of parties involved if property was transferred during the year covered by this statement. Missouri law defines three subclassifications: Subclass 1 – Residential, Subclass 2 – Agricultural, Subclass 3 – Commercial & any other real estate.

Location - County	Tax sub-class	Approx. size (acreage, sq footage, etc)	Major Improvements (Buildings, etc.)	Use of Property	Seller/Buyer Name and Address
Location - County	Tax sub-class	Approx. size (acreage, sq footage, etc)	Major Improvements (Buildings, etc.)	Use of Property	Seller/Buyer Name and Address

10. Corporations

List the name and address of each corporation for which you, your spouse, or dependent child(ren) served in the capacity of a director, officer or receiver during the time period covered by this statement.

Corporation Name	Corporation Address/City/State/Zip	Person's name who served in this capacity
Corporation Name	Corporation Address/City/State/Zip	Person's name who served in this capacity

11. Associations, Organizations, Unions & Not for Profit Corporations

List the name and address of each association, organization, and union, whether incorporated or not, and each not-for-profit corporation in which you, your spouse, or dependent child(ren) was an officer, director, employee or trustee at any time during the time period covered by this statement. **Do not include** church, fraternal or service organizations where no pay was received.

_____	_____	_____	_____
Name	Entity Address/City/State/Zip	General Purpose	Party Involved
_____	_____	_____	_____
Name	Entity Address/City/State/Zip	General Purpose	Party Involved

12. Gifts, Honoraria

List the name and address of any source of gifts or honoraria valued at \$200 or more received by you, your spouse or dependent child(ren) during the time period covered by this statement. **Do not include** a gift from your spouse, child(ren), parent, grandparent, grandchild(ren), great grandparent, great grandchild(ren), brother, sister, aunt, uncle, niece or nephew.

_____	_____	_____
Donor's Name	Donor's Address/City/State/Zip	Person's name who received gift/honoraria
_____	_____	_____
Donor's Name	Donor's Address/City/State/Zip	Person's name who received gift/honoraria

13. Lodging and Travel

List lodging and travel expenses incurred by you, your spouse, or dependent child(ren) paid by a third person for expenses incurred outside Missouri whether by gift or in relation to the duties of the office during the time period covered by this statement. **Do not include** expenses paid in the ordinary course of business described in items 4, 5, 6, 7, or 10; expenses reimbursed by law, expenses paid by persons related by third degree of consanguinity or affinity, expenses reported under Chapter 130 RSMo, or expenses for purely personal travel not related to official duties and not paid for by a lobbyist, lobbyist principal, or officer, director of any association or entity which employs a lobbyist.

_____	_____	_____	_____	_____	_____
Expenses paid by (name & address)	Party Involved	Date	Amount	Travel location	Travel Reason
_____	_____	_____	_____	_____	_____
Expenses paid by (name & address)	Party Involved	Date	Amount	Travel location	Travel Reason

14. Trust Assets

If you, your spouse, or dependent child(ren), is the settlor (creator) of a revocable trust, list any assets in the trust that would have been reported elsewhere on this form, during the time period covered by this statement, if they had not been in the trust.

_____	_____
Trust Assets	Party Involved
_____	_____
Trust Assets	Party Involved

15. Relatives

List spouse, parent(s), child(ren) and child(ren)'s spouse who were employed, during the time period covered by this statement, by the State of Missouri, a political subdivision or special district, or who were lobbyists, or who were fee agents of the Department of Revenue.

_____	_____	_____
Relative's Name	Relationship to filer	Position/Title
_____	_____	_____
Relative's Name	Relationship to filer	Position/Title

16. Committees

List the name and address of each campaign committee, candidate committee, continuing committee/PAC, or political party committee from which any person or corporation listed on this statement received payment during the time period covered by this statement.

_____	_____	_____
Committee Name	Committee Address/City/State/Zip	Person's name who received payment
_____	_____	_____
Committee Name	Committee Address/City/State/Zip	Person's name who received payment

If additional space is needed, attach separate sheet.

Form must contain original signature.

17. State Tax Credits

List any state tax credits claimed on the most recent state income tax return. *(Only required to be listed by members of the general assembly or any state-wide elected public official, their spouse or dependent child(ren)).*

State Tax Credit Claimed

Person who received credit

State Tax Credit Claimed

Person who received credit

18. Signature (select one, sign & date)

- I affirm and attest under penalty of perjury that information and facts in this report, are complete, true, and accurate. I further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.
- I affirm and attest under penalty of perjury that information and facts in this report, are complete, true, and accurate and that my spouse has refused or failed to provide information concerning his or her financial interest and that I have no working knowledge of such interests. I further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.

Filer's Signature (Required)

Date (mm/dd/yyyy)