Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, pfdonline@mec.mo.gov

Office Use:

Financial Disclosure Statement for Political Subdivisions

105.485(4), RSMo

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 Information

Filer's name (First, Middle, Last)

Spouse's name (First, Middle, Last)

Mailing address

City, State, Zip

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

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

Name of 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. Transaction Information

A. List the transactions, valued at more than $500, you, your spouse, or any relative within the first degree of blood or marriage had with the political subdivision listed above. *Do not include* compensation received as an employee, payment of taxes, fees or penalties or transfers for no consideration.

Date (mm/dd/yyyy) | Parties involved in transaction

Date (mm/dd/yyyy) | Parties involved in transaction

B. List the transactions for any business entity, in which you, your spouse, or dependent child(ren) held a substantial interest, that conducted business with the political subdivision listed above valued at more than $500. *Do not include* payments of taxes, fees or penalties due to the political subdivision or transactions involving payment for providing utility service to the political subdivision or transfers for no consideration. (NOTE: Substantial interest includes ownership of 10% of the business entity or interest valued at $10,000 or more, or from which a salary, gratuity or other compensation of $5,000 or more is paid per calendar year).

Date (mm/dd/yyyy) | Name of Business | Parties involved in transaction

Date (mm/dd/yyyy) | Name of Business | Parties involved in transaction

5. 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)

This form is required to be filed with the Missouri Ethics Commission **and** with the governing body of your political subdivision. All elected and appointed officials as well as employees of a political subdivision must comply with §105.454 RSMo., on conflicts of interest and their own local code of ethics.

NOTE: The following information is required from the **Chief Administrative Officer** and **Chief Purchasing Officer** *only*. Include information for filer, spouse and dependent child(ren).

6. Employment

List the name and address of each 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 whom received income

7. 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

8. 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, and the names of partners or co-participants, unless such names and addresses are filed with the Secretary of State, during the time period covered by this statement.

General Partnership or Joint Venture Name	Address/City/State/Zip	Nature of Business	Partner/Coparticipant's Name & Address	Party Involved

9. Stocks, Bond & Other holdings

EXCEPTION: Interest in any qualified plan or annuity pursuant to the Employees Retirement Income Security Act (ERISA) is not required to be listed.

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

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

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

If you are a Veteran in the state of Missouri and are interested in learning more about benefits and resources available to you and your dependents, visit https://mvc.dps.mo.gov/MoVeteransInformation/Survey/MEC