

# Missouri Ethics Commission Election Packets

# 2020

For additional copies of forms and flyers in the 2020 Election Packets, please print from the packet below or follow the links to print from our website.

- Instructions for political subdivisions with an annual operating budget (AOB) over \$1 million
- Instructions for political subdivisions with an annual operating budget (AOB) of \$1 million or under
- Financial Disclosure Statement for Political Subdivisions (short form)
- Personal Financial Disclosure Statement (long form)
- Personal Financial Disclosure Filing Calendar
- Notice to Candidates
- Register for Candidate Training Flyer
- Plain English Guide to Ethics Law
- Paid For By brochure
- When to Form and Register a Committee brochure



Missouri Ethics Commission

3411 A Knipp Dr.

Jefferson City, MO 65109

Phone: (800) 392-8660 or (573) 751-2020

This booklet is intended only as a guide to aid understanding of the Missouri Ethics Laws. For the law's complete requirements, consult the law itself (particularly Chapter 105 and Chapter 130 of the Revised Statutes of Missouri).

Information about the Missouri Ethics Commission (MEC), including forms, publications & other resources, can be found on the Commission's website at [www.mec.mo.gov](http://www.mec.mo.gov).



Missouri Ethics Commission (MEC)  
P.O. Box 1370, Jefferson City MO 65102  
[www.mec.mo.gov](http://www.mec.mo.gov)  
Ph (573) 751-2020 / (800) 392-8660  
Fax (573) 526-4506

Elizabeth L. Ziegler  
Executive Director

## Annual Operating Budget (AOB) over \$1 million

Dear Election Official:

Enclosed please find **Candidate Election Packet** handouts along with an **Election Official Checklist** (on back) for the upcoming 2020 elections. Please review both upon receipt and discard any remaining documents you may have from previous year's election packets. Contact our office if you have any questions, concerns, or need additional copies.

**Our records indicate that your Annual Operating Budget (AOB) was reported as being \$1 million or over;** therefore, you are required to complete a *Notice to Candidate* form for each candidate. We strongly recommend that you give the candidate a copy of their completed form. You must retain the original completed form in your election files. Once the filing period has ended you must notify us **within 48 hours** whether or not you have any candidates that are required to file a Personal Financial Disclosure (PFD) Statement and if so, you must provide additional information for each. You may file this information electronically by logging in to the Political Subdivision Filing System or by sending a completed *Candidate List* form (found on our website) to our office.

Read below for further instructions and required actions. If you are not the election official, please forward this information, including enclosures, to the appropriate person. Thank you.

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### INSTRUCTIONS FOR NOTICE TO CANDIDATE FORM

Part One: Candidate Information

Part Two: Filing Status

- Complete Option A **or** Option B.
  - If select option B, complete both Sections 1 & 2.
  - For section 2, insert the 14-day and 21-day after close of filing deadlines specific to the election.
- If candidate is required to file PFD, give candidate the appropriate blank PFD form (including instructions to e-file).

Part Three: Acknowledgement

- Give each candidate a *Guide to Ethics Law 2020 Plain English Summary*.
- Have candidate print their name, initial, sign, and date the form in the presence of election official who must also sign as witness. (Email address is optional but preferred to send communications.)
- Give candidate a copy of the completed *Notice to Candidate* form and retain original in your election files. Do not return a copy to the MEC. (In the event it becomes necessary to disqualify a candidate for failure to file a PFD as required by law, the court may require the election authority to produce the original signed Notice to Candidate form.)

NOTE: Municipal judge candidates (if required by subdivision) file with MEC.

### Candidate List form

Within 48 hours of the closing date of filing, indicate electronically whether **you do** or **do not have**, candidates required to file a PFD. For candidates required to file, submit their name, position, and mailing address. (Email address is optional but helpful if we need to contact candidate).

- E-file Instructions:**
1. Go to our website at [www.mec.mo.gov](http://www.mec.mo.gov) and under Login (located at the top right) enter your Subdivision ID (beginning with the letter "S" followed by numbers) and click Sign In.
  2. On the next page enter your Password and then click Log-In.
  3. Update subdivision contact information (if necessary).
  4. Select "Candidate List" button and follow instructions on the screen.

NOTE: If you are unable to submit the candidate list electronically, file on **paper** by completing the form on our website and either mailing, faxing, or hand delivering the completed form to MEC.

**Checklist on back** ➡

**Election Official Checklist**

Subdivisions with AOB over \$1 million

When	Action Required	Done
<input type="radio"/> <b>Upon receipt</b>	<p><b>Review</b> Election Official letter for instructions and the Candidate Election Packets for the following:</p> <p>Required to be given to candidate:</p> <ul style="list-style-type: none"> <li>▪ Guide to Ethics Laws</li> <li>▪ Notice to Candidate</li> <li>▪ Personal Financial Disclosure form w/instructions for e-filing</li> </ul> <p>Additional resources included for informational purposes:</p> <ul style="list-style-type: none"> <li>▪ Campaign Material Identification Requirements Brochure (Paid-for-by)</li> <li>▪ When to Form and Register a Committee Brochure</li> <li>▪ Training Flyer</li> <li>▪ MoDOT Flyer</li> </ul>	
<input type="radio"/> <b>Prior to opening date for candidate filing</b>	<p>IF your subdivision has an ordinance on file with MEC, you must <b>review</b> the ordinance and be familiar with its provisions, including:</p> <ul style="list-style-type: none"> <li>▪ Are candidates required to file PFD?</li> <li>▪ Are candidates only required to file a PFD if they have had a business transaction?</li> <li>▪ Are penalties outlined in the ordinance for non-filers?</li> </ul>	
<input type="radio"/> <b>During candidate filing</b>	<p>For each candidate declaring their candidacy with your office, <b>provide</b> him or her with a Candidate Election Packet.</p> <p>In addition, you must complete the <i>Notice to Candidate</i> form with the candidate. Check the appropriate box on the <i>Notice</i> that identifies which PFD form the candidate must file. <u>Retain the original <i>Notice</i> in your election file and give a copy to the candidate.</u> (See instructions on reverse side.)</p> <p>NOTE: The election authority is responsible for inserting the PFD due dates on the Notice to Candidate forms. Check the PFD calendar provided in this packet, in the <i>Guide to Ethics Law 2020</i>, or on our website for the correct due dates.</p>	
<input type="radio"/> <b>After closing date for candidate filing</b>	<p>Within 48 hours, <b>notify</b> MEC whether or not you have any candidates required to file a PFD; if yes, then additional information for each candidate must be provided. (See instructions on reverse side.)</p> <p><b>Track</b> your filers to make sure they properly and timely file their PFD by logging in to the Political Subdivision E-filing System and selecting "Candidate List" to view filer's information.</p>	

Need  
help?

Contact Missouri Ethics Commission at 1-800-392-8660 or via email at  
[pfdonline@mec.mo.gov](mailto:pfdonline@mec.mo.gov)



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Elizabeth L. Ziegler  
Executive Director

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## Annual Operating Budget (AOB) \$1 million or under

Dear Election Official:

Enclosed please find **Candidate Election Packet** handouts along with an **Election Official Checklist** (on back) for the upcoming 2020 elections. Please review both upon receipt and discard any remaining documents you may have from previous year's election packets. Contact our office if you have any questions, concerns, or need additional copies.

**Our records indicate that your Annual Operating Budget (AOB) was reported as being \$1 million or under;** therefore, none of your candidates will be required to file a Personal Financial Disclosure (PFD) statement. However, you are still required to complete a *Notice to Candidate* form for each candidate. We strongly recommend that you give the candidate a copy of their completed form. You must retain the original completed form in your election files.

Read below for further instructions and required actions. If you are not the election official, please forward this information, including enclosures, to the appropriate person. Thank you.

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### INSTRUCTIONS FOR NOTICE TO CANDIDATE FORM

Part One: Candidate Information

Part Two: Filing Status

- Under Option A, select Box #1
- Proceed to Part Three on the form

Part Three: Acknowledgement

- Give each candidate a *Guide to Ethics Law 2020 Plain English Summary*
- Have candidate print their name, initial, sign, and date the form in the presence of election official who must also sign as witness. (Email address is optional but preferred to send communications.)
- Give candidate a copy of the completed *Notice to Candidate* form. Retain original in your election files. Do not return a copy to the MEC.

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Checklist on back



**Election Official Checklist**

Subdivisions with AOB \$1 million or under

When	Action Required	Done
<input type="radio"/> Upon receipt	<p><b>Review</b> Election Official letter for instructions and the Candidate Election Packets for the following:</p> <p>Required forms to be given to candidate:</p> <ul style="list-style-type: none"><li>▪ Guide to Ethics Laws</li><li>▪ Notice to Candidate</li></ul> <p>Additional resources included for informational purposes:</p> <ul style="list-style-type: none"><li>▪ Campaign Material Identification Requirements Brochure (Paid-for-by)</li><li>▪ When to Form and Register a Committee Brochure</li><li>▪ Training Flyer</li><li>▪ MoDot Flyer</li></ul>	
<input type="radio"/> During candidate filing	<p>For each candidate declaring their candidacy with your office, <b>provide</b> him or her with a Candidate Election Packet.</p> <p>In addition, you must complete the <i>Notice to Candidate</i> form with the candidate. Under Option A, select Box #1.</p> <p><u>Retain the original in your election file and give a copy to the candidate.</u> (See instructions on reverse side)</p>	
<input type="radio"/>		

Need help?

Contact Missouri Ethics Commission at 1-800-392-8660 or via email at [pfdonline@mec.mo.gov](mailto:pfdonline@mec.mo.gov)



## 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)

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)

**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
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
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
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
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

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

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.



# Personal Financial Disclosure 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 state boards or commissions 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

If additional space is needed, attach separate sheet.

**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.

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)



# 19-20 Personal Financial Disclosure Filing Deadlines

- Non-candidate filers: Newly appointed or employed individuals are required to file a Personal Financial Disclosure (PFD) within 30 days of appointment or employment.
- All other annual filers are required to file a PFD by May 1.

2020 Election Dates	Closing Date of Filing for Candidacy	Personal Financial Disclosure Statement Filing Deadline* (14 Days from the closing date of filing for candidacy)	Personal Financial Disclosure Statement Filing Deadline** (21 Days from the closing date of filing for candidacy)
February 4, 2020	November 19, 2019	December 3, 2019	December 10, 2019
March 3, 2020 (see local charter)	December 17, 2019	December 31, 2019	January 7, 2020
April 7, 2020 (General Municipal Election)	January 21, 2020	February 4, 2020	February 11, 2020
August 4, 2020 (Primary Election)	March 31, 2020	April 14, 2020	April 21, 2020
November 3, 2020 (General Election)	August 18, 2020***	September 1, 2020	September 08, 2020

## PENALTIES:

- \*Failure to file by 14-day deadline shall result in a late filing fee of \$10 per day
- \*\*Failure to file by 21-day deadline shall result in removal from the ballot

Penalties for jurisdictions that have adopted an ordinance are set by the ordinance and enforced by the jurisdiction, (ex: school district, county, city, township, village, ambulance district, etc.).

Personal Financial Disclosure statements may be obtained from your local election authority or by visiting the Missouri Ethics Commission website at [www.mec.mo.gov](http://www.mec.mo.gov). Personal Financial Disclosure Statements filed by mail **MUST** be postmarked no later than midnight of the day prior to the report deadline to be considered timely filed. Reports hand delivered on the deadline must be received by 5:00 p.m. to be considered timely. Section 105.487(4), RSMo.

\*\*\*Close of filing for jurisdictions authorized to elect directors in November, such as 911 & Emergency Services directors.

# Notice to Candidate

## Personal Financial Disclosure (PFD) (aka: Financial Interest Statement)

### Part One: Candidate Information

Candidate's Name: \_\_\_\_\_ Political Subdivision: \_\_\_\_\_

Office Sought: \_\_\_\_\_ Date of Election: \_\_\_\_\_

### Part Two: Filing Status (Election Official: Select Option A or B. If select Option B, complete Sections 1 & 2)

#### Option A. Candidate does not have to file a PFD/Financial Interest Statement because:

- ☐ The political subdivision's annual operating budget (AOB) is \$1 million or under.
- ☐ The political subdivision's AOB is over \$1 million and the subdivision has a conflict of interest ordinance on file with MEC that does not require a candidate running for this position (office sought) to file. (NOTE: if candidate has had a business transaction with the subdivision, refer to Option B, Section 1, Item 1)
- ☐ The office sought is committeeman or committeewoman.

#### Option B. Candidate must file a PFD/Financial Interest Statement with MEC because:

##### Section 1:

- ☐ The political subdivision has an AOB over \$1 million and has a conflict of interest ordinance on file with the MEC that specifically 1) requires a candidate running for this position (office sought) to file, **OR** 2) requires a candidate (including spouse, children, parents, or a business in which they owned a substantial interest) that has had a business transaction with the political subdivision in excess of \$500 in the preceding twelve months to file pursuant to §105.485.4(1) RSMo.
- ☐ The political subdivision has an AOB 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.
- ☐ Candidate is a new Associate Circuit Judge Candidate (all other judicial candidates file with the Supreme Court).

##### Section 2: Candidates required to file **must be informed** of the following deadlines/penalties:

- If PFD/Financial Interest Statement is not filed by \_\_\_\_\_ (14 days after filing closing date);  
**PENALTY:** Candidate will be assessed a minimum of **\$10 per day late fee** for each day the report is late.
- If PFD/Financial Interest Statement is not filed by \_\_\_\_\_ (21 days after filing closing date);  
**PENALTY:** Candidate will be **disqualified as a candidate** and his/her name will be removed from the ballot.

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

- And the above filing deadlines are not met; penalties (if any) are assessed by the political subdivision according to its ordinance.*
- Candidate must also file a copy of his or her PFD with the governing body/subdivision.*

### Part Three: Acknowledgement (completed by candidate & witnessed by election official):

I, \_\_\_\_\_ hereby acknowledge that I have received:  
(Print name)

\_\_\_\_\_  
(initial) **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

\_\_\_\_\_  
(initial) **Guide to Ethics Law – A Plain English Summary**, (regarding laws governing candidates for election to office in Missouri) and I hereby acknowledge the authority of the Missouri Ethics Commission, or the political subdivision for which I am filing, in enforcing said laws.

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Candidate's Email Address (Optional)

\_\_\_\_\_  
Signature of Election Official (Witness)

\_\_\_\_\_  
Date

08/2017

# Register for Candidate Training

As a candidate, there are many requirements you need to know for your campaign. The Missouri Ethics Commission offers various training opportunities to help you understand campaign requirements. Both candidates and treasurers are encouraged to attend.

**For additional information, visit the MEC's website and read our educational publications.**

## MEC Candidate Training provides answers to common questions, such as:

### **Campaign Finance:**

- How much cash can I accept from an individual?
- What is an in-kind contribution?
- How much of my own money can I spend?

### **Personal Financial Disclosure (PFD):**

- When must I file a PFD?
- What if I don't file?
- Whose information do I include?

### **Campaign Materials:**

- What must I put on my signs and printed materials?
- What about campaign t-shirts?

## Types of Training Provided

### **In Person**



Regional and BOEC/county hosted training presentations address proper campaign finance record-keeping and reporting compliance.



### **Webinars**

Convenient online training that covers campaign finance record-keeping, reporting, and personal financial disclosure for candidates.

## How to Register

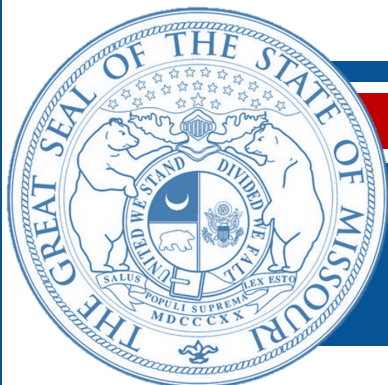
Access the MEC training schedule at:

[https://mec.mo.gov/MEC/Educational\\_Resources/Home.aspx](https://mec.mo.gov/MEC/Educational_Resources/Home.aspx)

From the schedule, choose from the available webinars, in-person events, or browse the Guide to Training and Resources. Webinar registration requires a valid email address and internet access. Dial-up connection is not advised.

## Additional Resources

- A committee checklist, committee registration packet, deadline calendar, and 'paid for by' brochure can be accessed on the MEC website at:  
[https://mec.mo.gov/MEC/Candidate\\_Central/Home.aspx](https://mec.mo.gov/MEC/Candidate_Central/Home.aspx)
- Tutorials on various topics, including e-filing, financial disclosure, and contribution limits can be found on our Youtube Channel.

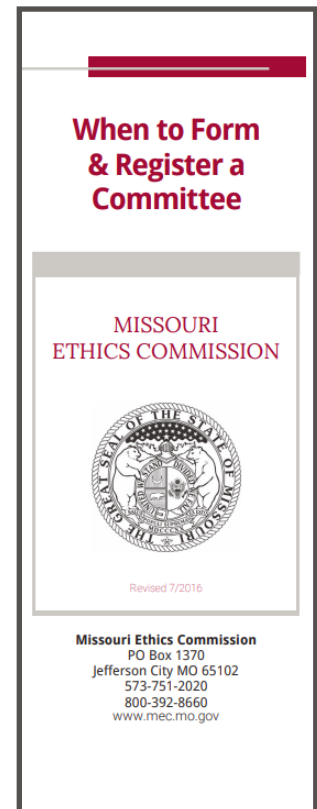
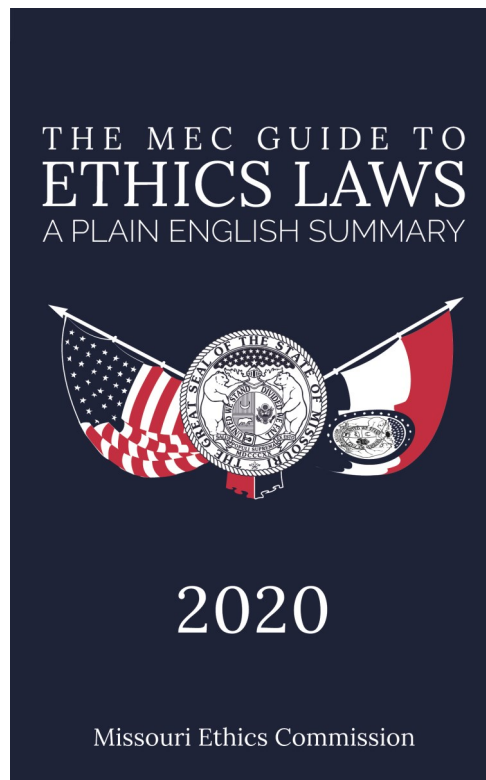
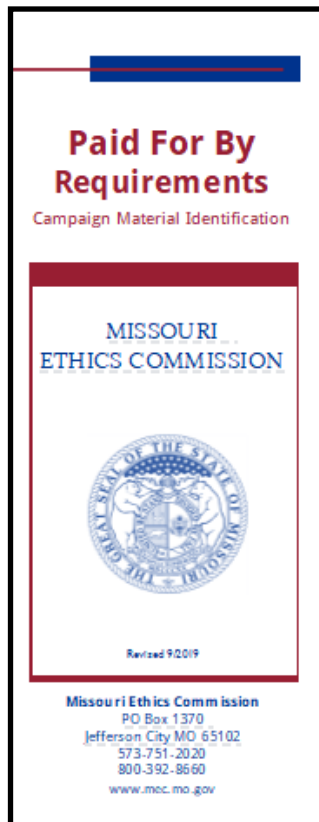


Missouri Ethics Commission  
3411 A Knipp Dr.  
Jefferson City, MO 65109  
Phone: (800) 392-8660 or (573) 751-2020  
[www.mec.mo.gov](http://www.mec.mo.gov)

# -Educational Resources-

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To view publications included in the 2020 Election Packets, click the images below.



To request printed publications, call our office at (800) 392-8660 or (573) 751-2020.