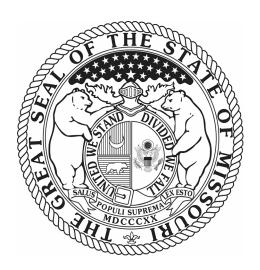
# Guide for Local Filing Officers

# CANDIDATE FILING

Personal Financial Disclosure Forms



Missouri Ethics Commission
10/2019

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.

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## -Welcome-

## **Introduction**

This booklet provides quick access to the forms used and required by political subdivisions in connection with candidate filing. All of these documents and forms are available on our website at <a href="https://www.mec.mo.gov">www.mec.mo.gov</a>. We strongly recommend electronically filing in lieu of paper filing for reports and information for which e-filing is allowed. For the most updated versions of any of our forms or for additional resources, always consult our website.

## **Meet our Department**

Many of you may already be acquainted with our department staff either over the phone, by email, or in person. Anytime you have questions, always feel free to contact us.

Betsy Byers Director of Business Services

Kaylee Sharp Trainer

Shawna Hillen Personal Financial Disclosure

Kay Dinolfo Campaign Finance

(Candidate and Campaign Committees)

Sherry Hoback Campaign Finance and Lobbyists

(PACs and Political Party Committees)

Contact Us: 800-392-8660

273-751-2020

helpdesk@mec.mo.gov

# **Election Packets**

Receive Election Packets

Prior to Opening Date

During Candidate Filing After Closing Date Identify Campaign Finance Requirements Schedule Candidate Training

## **In this Section:**

- Election packet contents
- AOB \$1 million or under
- AOB over \$1 million



See the **Ethics Guide** and **FAQs** for more information on campaign finance requirements.

## -Election Packets-

## **Election Packets**

In the fall of each year, the Missouri Ethics Commission (MEC) sends election packets containing information related to Personal Financial Disclosure (PFD) requirements to subdivisions in preparation for the next year's elections. The packets are different for subdivisions that indicated they have an annual operating budget (AOB) of \$1 million or under versus those that indicated their AOB as over \$1 million. The mailings include a cover letter to the election authority with instructions and materials:

Required Forms to be given to candidate	AOB \$1 million or under	AOB over \$1 million
Guide to Ethics Laws (updated annually)	X	X
Notice to Candidate	X	X
Personal Financial Disclosure form with instructions for e-filing		X
Additional Resources included for informational purposes for candidate		
"Paid for By" brochure	X	X
When to Form & Register a Committee brochure	X	X
Training flyer	X	Х
MoDOT flyer	X	X

Upon receipt and prior to the opening date for candidate filing, the election authority should read and review the letter and contents to ensure understanding and appropriate quantity of all forms and materials.



## Missouri Ethics Commission (MEC)

P.O. Box 1370, Jefferson City MO 65102

www.mec.mo.gov

Ph (573) 751-2020 / (800) 392-8660

Fax (573) 526-4506

Elizabeth L . Ziegler Executive Director

## Annual Operating Budget \$1 million or under

October, 2019

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.

#### 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.

#### **Election Official Checklist**

Subdivisions with AOB \$1 million or under

	When	Action Required	Done
$\subset$	Upon receipt	<b>Review</b> Election Official letter for instructions and the Candidate Election Packets for the following:	
		Required forms to be given to candidate:  Guide to Ethics Laws 2020 Notice to Candidate	
		Additional resources included for informational purposes:  Campaign Material Identification Requirements Brochure (Paid-for-by)  When to Form and Register a Committee Brochure  Training Flyer  MoDot Flyer	
$\supset$	During candidate filing	For each candidate declaring their candidacy with your office, <b>provide</b> them with a Candidate Election Packet.  In addition, you must complete the <i>Notice to Candidate</i> form with the candidate. Under Option A, select Box #1.  (See instructions on reverse side)	
)			
		Need help? Contact Missouri Ethics Commission at 1-800-392-8660 or via email at pfdon <u>li</u> ne@mec.mo.gov Page <b>2</b> of <b>2</b>	



#### Missouri Ethics Commission (MEC) P.O. Box 1370, Jefferson City MO 65102

www.mec.mo.gov

Ph (573) 751-2020 / (800) 392-8660 Fax (573) 526-4506

Elizabeth L. Ziegler **Executive Director** 

## **Annual Operating Budget over \$1 million**

October, 2019

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 over \$1 million; 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.

#### 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.)

#### **Candidate List form**

Within 48 hours of the closing date of filing, indicate electronically whether you have or don't have candidates required to file a PFD. For candidates required to file, submit their name, position, mailing address (email address optional).

- E-file Instructions: 1. Go to our website at 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 unable to submit electronically, may 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

NOTE: Municipal judge candidates (if

required by subdivision) file with MEC.

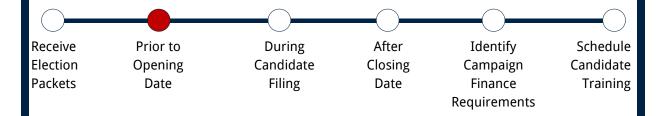


#### Subdivisions with AOB over \$1 million

	When	Action Required	Done
	Upon	Review Election Official letter for instructions and the Candidate	
	receipt	Election Packets for the following:	
		Required forms to be given to candidate:	
		Guide to Ethics Laws 2020	
		Notice to Candidate	
		Personal Financial Disclosure form w/instructions for e-filing	
		Additional resources included for informational purposes:	
		Paid-for-by Brochure	
		When to Form and Register a Committee Brochure	
		<ul><li>Training Flyer</li></ul>	
		MoDOT Flyer	
	Prior to	IF your subdivision has an ordinance on file with MEC, you must	
	opening	<b>review</b> the ordinance and be familiar with its provisions, including:	
	date for	Are candidates required to file PFD?	
	candidate	Are candidates only required to file a PFD if they have had a business	
	filing	transaction?	
		Are penalties outlined in the ordinance for non-filers?	
	During	For each candidate declaring their candidacy with your office, <b>provide</b>	
	candidate	them with a Candidate Election Packet. Check the box which identifies	
	filing	which form the candidate must file.	
		In addition, you must complete the Notice to Candidate form with the	
		candidate. Retain the original in your election file and give a copy	
		to the candidate	
		. (See instructions on reverse side.)	
		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 2019</i> or on our website for the correct due dates.	
	After	Within 48 hours, <b>notify</b> MEC whether or not you have any candidates	
	closing	required to file a PFD; if yes, then additional information for each	
O	date for	candidate must be provided. (See instructions on reverse side.)	
	candidate	Track years files to make a set to the set to the set of the set o	
	filing	Track your filers to make sure they have properly and timely filed their	
		PFD by logging in to the Political Subdivision E-filing System and selecting "Candidate List" and viewing filer's information.	
		Candidate List and viewing filer's information.  Need bein?	

Need help?

# **Prior to Opening Date**



## **In this Section:**

- Conflict of Interest Ordinance
- PFD Filing Calendar

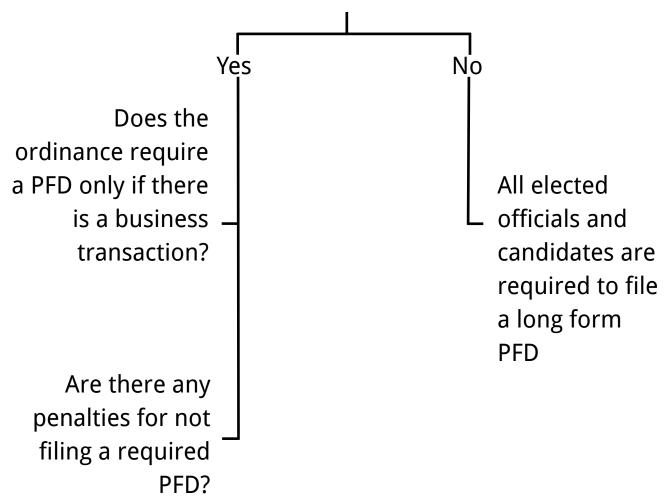


See the **Ethics Guide** and **FAQs** for more information on campaign finance requirements.

## -Prior to Opening Date-

# Knowing your Conflict of Interest Ordinance AOB Over \$1 Million

Does your subdivision have a conflict of interest ordinance on file with the MEC?



## -Prior to Opening Date-

## **Conflict of Interest Ordinance/Resolution**

If your political subdivision does not adopt (or re-adopt) a conflict of interest ordinance or resolution, **ALL** elected, appointed, and decision-making personnel, as well as candidates, are required to file a PFD with the MEC.

If your political subdivision does adopt a new ordinance (or re-adopt your current ordinance), the deadline to file it with the MEC is **September 15**. The ordinance must be adopted (or re-adopted), every two years, at an open meeting. A certified copy must be sent to the MEC within 10 days of the adoption (or re-adoption).

See § 105.485, RSMo for minimum ordinance requirements. In addition to the minimum requirements, consider including the following:

- Penalties for late filing, failure to file, or follow ordinance, etc.
- Filing requirements for candidates



# 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.

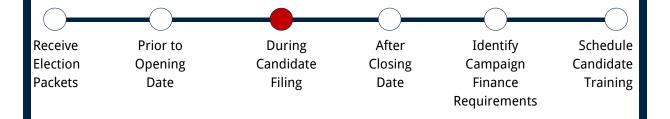
2020 Election Dates	Closing Date of Filing for Candidacy	Personal Financial Disclosure Statement Filing Deadline* (14 Days from the closing date of filing for candidacy)	Personal Financial Disclosure Statement Filing Deadline** (21 Days from the closing date of filing for candidacy)
February 4, 2020	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. 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.

## **During Candidate Filing**



## **In this Section:**

- Declaration of candidacy
- Forms
- Publications
- Filing instructions



See the **Ethics Guide** and **FAQs** for more information on campaign finance requirements.

## -During Candidate Filing-

For each candidate declaring their candidacy with your office, you must do the following:

1. Accept their Candidate Declaration form

**Note:** A person cannot file for office until they or the treasurer of their existing candidate committee has filed all required campaign finance disclosure reports for previous committee activity.

For questions about form 5120, related to taxes, contact the Missouri Department of Revenue.

- 2. Complete the Notice to Candidate form
  - a. Follow instructions found on the cover letter and/or on the form.
    - The election authority is responsible for inserting the PFD due dates on the form. Check the PFD calendar for the correct dates specific to each election.
  - b. Keep the original notice 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 their required PFD, the court may require the election authority to produce the original signed form.

- 3. **Give** each candidate a *Candidate Election Packet* including:
  - a. *Guide to Ethics Law– A Plain English Summary* for the current election year
  - b. Copy of their complete *Notice to Candidate* form
  - c. The correct PFD form and e-filing instructions (if required)
  - d. Remaining informational brochures and flyers (including the *Paid For By* and *When to Form* brochures and the MoDOT Flyer)

## -During Candidate Filing-

## **Election Packet Forms**

#### **Notice to Candidates**

• Election authorities are required to provide each candidate who declares their candidacy with their office with a notice of their requirement to file a PFD and its due date.

## **Short Form (Front)**

 Used by those with adopted ordinance and required to disclose business transactions only.

## **Short Form (front and back)**

 Used by those with adopted ordinance for positions of Chief Administrative Officer and Chief Purchasing Officer.

## **Long Form**

Used by those with NO adopted ordinance or with adopted ordinance requiring the long form.

## **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 Op	ption A or B. If select Option B, complete Sections 1 & 2)
Option A. Candidate does not have to file a PFD/Fin	
file with MEC that does not require a car	million and the subdivision has a conflict of interest ordinance on ndidate running for this position (office sought) to file. (NOTE: if e subdivision, refer to Option B, Section 1, Item 1)
Option B. Candidate must file a PFD/Financial Intere	est Statement with MEC because:
that specifically 1) requires a candidate (including spouse, children, parents, or a bustransaction with the political subdivision §105.485.4(1) RSMo.  2.   The political subdivision has an AOB over	r \$1 million and has a conflict of interest ordinance on file with the MEC running for this position (office sought) to file, <i>OR</i> 2) requires a candidate siness in which they owned a substantial interest) that has had a business in excess of \$500 in the preceding twelve months to file pursuant to
RSMo.	candidate is required to file pursuant to §105.483-§105.492 ge Candidate (all other judicial candidates file with the Supreme Court).
	formed of the following deadlines/penalties: led by(14 days after filing closing date); minimum of \$10 per day late fee for each day the report is late.
·	led by(21 days after filing closing date); ed as a candidate and his/her name will be removed from the ballot.
NOTE: If the political subdivision has a conflict of interest of a line of the conflict of interest of the conflict of interest of the conflict of the conflic	s (if any) are assessed by the political subdivision according to its ordinance.
Part Three: Acknowledgement (completed by cand	didate & witnessed by election official):
(Print name)	hereby acknowledge that I have received:
Notice to Candidate, (written notice of candidate)  consequences for failure to file on time); and  Guide to Ethics Law – A Plain English Summe	ate's obligation to file a PFD/Financial Interest Statement, including the ary, (regarding laws governing candidates for election to office in nority of the Missouri Ethics Commission, or the political subdivision for
Signature of Candidate	Candidate's Email Address (Optional)
Signature of Election Official (Witness)	Date

08/2017



2.

3.

## Missouri Ethics Commission (MEC) PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Office Use:	

## Financial Disclosure Statement for Political Subdivisions - 105.485(4), RSMo

Sta	tement Information (	select one)	
Туре	e: 🗆 New 🗀 Amei	nded	
Filir	ng Status & Time Peri	od Covered (select one & insert tin	me period)
   	<ul> <li>Newly Appointed</li> <li>Incumbent Candi</li> <li>14 days of closing d</li> <li>New Candidate: f</li> </ul>	I/Employed: file for calendar year bef date: file from Jan 1 of prior year to clo ate for candidacy	osing date for candidacy (may be longer than 12-month period), due within closing date for candidacy, due within 14 days of closing date for candidacy
	r Information		
Filer's	s name (First, Middle, Last)		Spouse's name (First, Middle, Last)
Maili	ng address		City, State, Zip
Depe	ndent child's name* (First, Middle	e, Last)	Dependent child's name* (First, Middle, Last)
Politi	cal Subdivision or State Agency		Title (Position/Office Seeking)
	Check if spouse is filing sep	arate from yourself (if your spouse is not rec	equired to file a PFD, this statement MUST disclose his/her information).
A.			our spouse, or any relative within the first degree of blood or marriage had compensation received as an employee, payment of taxes, fees or penalties or transfers for
	Date (mm/dd/yyyy)	Parties involved in transaction	
В.	List the transactions	for any husiness entity in which w	
	conducted business due to the political subdi	with the political subdivision listed vision or transactions involving payment for des ownership of 10% of the business entity	you, your spouse, or dependent child(ren) held a substantial interest, that d above valued at more than \$500. Do not include payments of taxes, fees or penalties providing utility service to the political subdivision or transfers for no consideration. (NOTE: y or interest valued at \$10,000 or more, or from which a salary, gratuity or other compensation
	conducted business due to the political subdi Substantial interest inclu	with the political subdivision listed vision or transactions involving payment for des ownership of 10% of the business entity	d above valued at more than \$500. Do not include payments of taxes, fees or penalties providing utility service to the political subdivision or transfers for no consideration. (NOTE:
	conducted business due to the political subdi Substantial interest inclu- of \$5,000 or more is paid	with the political subdivision listed vision or transactions involving payment for des ownership of 10% of the business entity per calendar year).	d above valued at more than \$500. Do not include payments of taxes, fees or penalties providing utility service to the political subdivision or transfers for no consideration. (NOTE: y or interest valued at \$10,000 or more, or from which a salary, gratuity or other compensation
Sigr	conducted business due to the political subdir Substantial interest inclu- of \$5,000 or more is paid	with the political subdivision listed vision or transactions involving payment for des ownership of 10% of the business entity per calendar year).  Name of Business  Name of Business	d above valued at more than \$500. Do not include payments of taxes, fees or penalties providing utility service to the political subdivision or transfers for no consideration. (NOTE: y or interest valued at \$10,000 or more, or from which a salary, gratuity or other compensation  Parties involved in transaction

5.

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

Person's name whom received iscome   Person's name whom received is the satement   Person's name whom received by this statement   Person's name whom received by this statement   Person's name whom received is the sate   Person's name whom received is the capacity of a discretify received in this capacity   Person's name who served in this capacity   Person's name who served in this capacity of a discretify received in this capacity   Person's name who served in this capacity of a discretify received in this capacity   Person's name who served in this capacity of a discretify received in this capacity of a discretified received in this capacity of a d	Employer Name	Emp	oloyer Address/City/State/Zip		Person	's name whom received income
ist each sole proprietorship Name    Sole Progrietorship Address/City/State/Zip	Employer Name	Emp	oloyer Address/City/State/Zip		Person	's name whom received income
Sole Proprietorship Name  Sole Proprietorship Address/City/State/Zip  Seneral Partnerships, Joint Ventures  Ist each general partnership and joint venture in which you, your spouse or dependent child(ren) were a partner or participant, an ames of partners or co-participants, unless such names and addresses are filed with the Secretary of State, during the time period overed by this statement.  Sole Proprietorship Address/City/State/Zip  Nature of Business  Partner/Coparticipant's Name & Address  Party Involved  Socks, Bond & Other holdings  KCEPTION: Interest in any qualified plan or annuity pursuant to the Employees Retirement Income Security Act (ERISA) is not required to be listed.  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 tiperiod 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  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  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  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  Limited Partnership/Closely-held Corporation Name  Address/City/State/Zip  Nature of business  Party Involved  Limited Partnership/Closely-held Corporation Name  Address/Cit		owned by you, your spc	ouse or dependent ch	ild(ren) during the	time period cov	rered by this statement.
Seneral Partnerships, Joint Ventures  ist each general partnership and joint venture in which you, your spouse or dependent child(ren) were a partner or participant, an ames of partners or co-participants, unless such names and addresses are filed with the Secretary of State, during the time period overed by this statement.    Partnership or Joint Venture Name	ole Proprietorship Name		Sole Prop	orietorship Address/City/Stat	e/Zip	
Seneral Partnerships, Joint Ventures  ist each general partnership and joint venture in which you, your spouse or dependent child(ren) were a partner or participant, an ames of partners or co-participants, unless such names and addresses are filed with the Secretary of State, during the time period overed by this statement.    Partnership or Joint Venture Name						
ist each general partnership and joint venture in which you, your spouse or dependent child(ren) were a partner or participant, an ames of partners or co-participants, unless such names and addresses are filed with the Secretary of State, during the time period overed by this statement.    Nature of Business	ole Proprietorship Name		Sole Prop	orietorship Address/City/Stat	e/Zip	
ames of partners or co-participants, unless such names and addresses are filed with the Secretary of State, during the time period overed by this statement.    Partner/Coparticipant's Name & Address   Partner/Coparticipant's Name & Address   Party Involved						
tocks, Bond & Other holdings  KCEPTION: Interest in any qualified plan or annuity pursuant to the Employees Retirement Income Security Act (ERISA) is not required to be listed.  Limited Partnerships, Closely-held Corporations: List the name of any closely-held corporation/limited partnership in which yo your spouse, or dependent child(ren) own ten percent (10%) or more of any class of the outstanding stock or units during the 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 or Limited Partnership: List the name of any publicly traded corporation or limited partnership whis 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 the statement.  Corporation/Limited Partnership Name   Party Involved    Corporation/Limited Partnership Name   Party Involved    Corporation/Limited Partnership Name   Party Involved    Corporation or receiver during the time period covered by this statement.		icipants, unless such na	mes and addresses ar	e filed with the Sec	cretary of State,	during the time period
CCEPTION: Interest in any qualified plan or annuity pursuant to the Employees Retirement Income Security Act (ERISA) is not required to be listed.  Limited Partnerships, Closely-held Corporations: List the name of any closely-held corporation/limited partnership in which yo your spouse, or dependent child(ren) own ten percent (10%) or more of any class of the outstanding stock or units during the 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  Publicly Traded Corporation or Limited Partnership: List the name of any publicly traded corporation or limited partnership whis 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 the statement.  Corporation/Limited Partnership Name Party Involved  Corporation/Limited Partnership Name Party Involved  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.	eneral Partnership or Joint Venture Name	Address/City/State/Zip	Nature of Business	Partner/Coparticipant's	Name & Address	Party Involved
CEPTION: Interest in any qualified plan or annuity pursuant to the Employees Retirement Income Security Act (ERISA) is not required to be listed.  Limited Partnerships, Closely-held Corporations: List the name of any closely-held corporation/limited partnership in which yo your spouse, or dependent child(ren) own ten percent (10%) or more of any class of the outstanding stock or units during the period covered by this statement.  Limited Partnership/Closely-held Corporation Name Address/City/State/Zip Nature of business Party Involved  Publicly Traded Corporation or Limited Partnership: List the name of any publicly traded corporation or limited partnership whis 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 the statement.  Corporation/Limited Partnership Name Party Involved  Corporation/Limited Partnership Name Party Involved  Corporations  ist the name and address of each corporation for which you, your spouse, or dependent child(ren) served in the capacity of a lirector, officer or receiver during the time period covered by this statement.	eneral Partnership or Joint Venture Name	Address/City/State/Zip	Nature of Business	Partner/Coparticipant's	Name & Address	Party Involved
CCEPTION: Interest in any qualified plan or annuity pursuant to the Employees Retirement Income Security Act (ERISA) is not required to be listed.  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 speriod 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  Publicly Traded Corporation or Limited Partnership: List the name of any publicly traded corporation or limited partnership whis 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 the statement.  Corporation/Limited Partnership Name Party Involved  Corporation/Limited Partnership Name Party Involved  Corporation Corporation 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.	tocks, Bond & Other holdin	ngs				
your spouse, or dependent child(ren) own ten percent (10%) or more of any class of the outstanding stock or units during the period covered by this statement.  Limited Partnership/Closely-held Corporation Name Address/City/State/Zip Nature of business Party Involved  Publicly Traded Corporation or Limited Partnership: List the name of any publicly traded corporation or limited partnership whis 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 the statement.  Corporation/Limited Partnership Name Party Involved  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.			he Employees Retirement I	ncome Security Act (ER	ISA) is not required	to be listed.
Limited Partnership/Closely-held Corporation Name Address/City/State/Zip Nature of business Party Involved  3. Publicly Traded Corporation or Limited Partnership: List the name of any publicly traded corporation or limited partnership while 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 the statement.  Corporation/Limited Partnership Name  Party Involved  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.	your spouse, or depende	ent child(ren) own ten p	-			
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 t statement.  Corporation/Limited Partnership Name  Party Involved  Corporations  List the name and address of each corporation for which you, your spouse, or dependent child(ren) served in the capacity of a lirector, officer or receiver during the time period covered by this statement.		poration Name Address/City/Stat	e/Zip	Nature of business	Party Involved	
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 t statement.  Corporation/Limited Partnership Name  Party Involved  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.	Limited Partnership/Closely-held Corp					
Corporation/Limited Partnership Name  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.		poration Name Address/City/Stat	e/Zip	Nature of business	Party Involved	
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.	Limited Partnership/Closely-held Corporation  B. Publicly Traded Corporation  is listed on a regulated s  two percent (2%) or mo	tion or Limited Partnersh tock exchange or autom	nip: List the name of a nated quotation syste	any publicly tradec m in which you, yo	corporation or ur spouse or de	pendent child(ren) own
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.	Limited Partnership/Closely-held Corporation  3. Publicly Traded Corporation is listed on a regulated s two percent (2%) or most statement.	tion or Limited Partnersh stock exchange or autom re of any class of outstar	nip: List the name of nated quotation systending stock, units or c	any publicly tradeo m in which you, yo other equity interes	corporation or ur spouse or de	pendent child(ren) own
ist 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.	is listed on a regulated s two percent (2%) or mostatement.  Corporation/Limited Partnership Nan	tion or Limited Partnersh stock exchange or autom re of any class of outstar	nip: List the name of pated quotation syste anding stock, units or co	any publicly tradeom in which you, you ther equity interest	corporation or ur spouse or de	pendent child(ren) own
Corporation Name Corporation Address/City/State/Zip Person's name who served in this capacity	Limited Partnership/Closely-held Corporation/Limited Partnership Nan	tion or Limited Partnersh stock exchange or autom re of any class of outstar	nip: List the name of pated quotation syste anding stock, units or co	any publicly tradeom in which you, you ther equity interest	corporation or ur spouse or de	pendent child(ren) own
Corporation Name Corporation Address/City/State/Zip Person's name who served in this capacity	is listed on a regulated stwo percent (2%) or mostatement.  Corporation/Limited Partnership Nan  Corporations  List the name and address or	tion or Limited Partnersh stock exchange or autom re of any class of outstar	party Involved	any publicly tradeom in which you, you other equity interest	corporation or ur spouse or de sts during the ti	pendent child(ren) own me period covered by tl
	is listed on a regulated s two percent (2%) or most statement.  Corporation/Limited Partnership Nan  Corporations  List the name and address of director, officer or receiver of the statement of	tion or Limited Partnersh stock exchange or autom re of any class of outstar me	Party Invovered by this statem	any publicly tradeom in which you, you other equity interest	l corporation or ur spouse or de sts during the ti	pendent child(ren) own me period covered by the

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.



#### Missouri Ethics Commission (MEC) PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Office Use:	
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## **Personal Financial Disclosure Statement**

1.	Statement Information (select one)					
	Type: ☐ New ☐ Amended					
2.	Filing Status & Time Period Covered  A. Filing Status					
	<ul> <li>☐ Annual Filer: file from Jan 1 to</li> <li>☐ Newly Appointed/Employed</li> <li>☐ Incumbent Candidate: file fro</li> <li>14 days of closing date for candi</li> <li>☐ New Candidate: file for the 12</li> </ul>	: file for calendar m Jan 1 of prior y dacy	r year before start date year to closing date for	, due within 30 days candidacy (may be l	onger than 12-mo	nth period), due within
	B. Time Period Covered: From/_			m/dd/yyyy)	,	,
3.	Filer's Information					
	Filer's name (First, Middle, Last)		Spouse's	name (First, Middle, Last)		
	Mailing address		City/Stat	e/Zip		
	Dependent child(ren)'s name* (First, Middle, Last)		Depende	ent child(ren)'s name* (First,	Middle, Last)	
	Political Subdivision or State Agency		Title (Po	sition/Office Seeking)		
	Check if spouse is filing separate from your *Includes all children, stepchildren, foster children and w		=			•
4.	Employment					
	List the name and address of every er during the time period covered by thi		hom you, your spou	se or dependent c	hild(ren) receive	d income of \$1,000 or mor
	Employer Name	Emp	loyer Address/City/State/Zip		Person's name who r	eceived income
	Employer Name	Emp	loyer Address/City/State/Zip		Person's name who r	eceived income
	Employer Name	Emp	loyer Address/City/State/Zip		Person's name who r	eceived income
	Employer Name	Emp	loyer Address/City/State/Zip		Person's name who r	eceived income
5.	Sole Proprietorships					
	List each sole proprietorship owned by statement.	y you, your spo	use or dependent ch	ild(ren) during the	time period cov	ered by this
	Sole Proprietorship Name		Sole Pro	orietorship Address/City/Sta	te/Zip	
	Sole Proprietorship Name		Sole Pro	orietorship Address/City/Sta	te/Zip	
6.	<b>General Partnerships, Joint Ventures</b>					
	List each general partnership and joint the time period covered by this staten the Secretary of State.			-		• • • • •
	General Partnership or Joint Venture Name Address/	City/State/Zip	Nature of Business	Partner/Coparticipant's	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

A.	Limited Partnerships, Closely-held your spouse, or dependent child(reperiod covered by this statement.							
	Limited Partnership/Closely-held Corporation Name	Address/City/State	e/Zip	Nature of Bus	isiness	Party Involved		
	Limited Partnership/Closely-held Corporation Name	Address/City/State	e/Zip	Nature of Bus	isiness	Party Involved		
В.	Publicly Traded Corporation or Limits listed on a regulated stock exchange two percent (2%) or more of any constatement.	ange or automa	ated quotation s	ystem in which	you, you	r spouse or	dependent c	hild(ren) own
	Corporation/Limited Partnership Name		Pa	rty Involved				
	Corporation/Limited Partnership Name		Pa	rty Involved				
	Entity Name			tity Address/City/State/2	/Zip			
	Entity Name Entity Name			tity Address/City/State/2				
M								
List tim sto	Entity Name	If income is fi	you, your spouse rom publicly trac not reported else	tity Address/City/State/i e, or dependent ded corporation:	child(ren	ed partners the name o	hips listed or	n a regulated
List tim sto	iscellaneous Income the name and address of any source period covered by this statement. ck exchange or automated quotatio	If income is fin system and r	you, your spouse rom publicly trac not reported else ty/State/Zip	tity Address/City/State/i e, or dependent ded corporation:	child(ren	ed partners the name o	hips listed or nly.	n a regulated
List tim sto	iscellaneous Income  The name and address of any source te period covered by this statement. ck exchange or automated quotatio	If income is find a system and resolved Address/Cit	you, your spouse rom publicly trac not reported else ty/State/Zip	tity Address/City/State/i e, or dependent ded corporation:	child(ren	ed partners the name o	hips listed or nly.	n a regulated
Sour Re List fair pro	Entity Name  Scellaneous Income  The name and address of any source period covered by this statement. ck exchange or automated quotation ce of Income	If income is find a system and response Address/Cite Source Address/Cite Source Source Address, or uring the time ar covered by	you, your spouserom publicly tracent reported else ty/State/Zip ty/State/Zip dependent child period covered this statement.	e, or dependent ded corporations where on this formula (ren), located in Missouri law de	child(ren is or limit form, list in Missour nt. Include	Person's name w  Person's name w  i, other thade name an	hips listed or nly.  The received income	esidence, havi
Sour Re List fair pro	Entity Name  Iscellaneous Income  I the name and address of any source period covered by this statement. I ck exchange or automated quotation are of Income  The property of the property owned by you, you market value of \$10,000 or more deperty was transferred during the year.	If income is fin system and response Address/Cit Source Address/Cit our spouse, or uring the time ar covered by ubclass 3 — Cou	you, your spouserom publicly tracent reported else ty/State/Zip ty/State/Zip dependent child period covered this statement.	e, or dependent ded corporations where on this formula the development of the development	child(ren is or limit form, list in Missour nt. Include	Person's name w  Person's name w  i, other thade name an	hips listed or nly.  The received income	esidence, havir
Sour Res Loca	iscellaneous Income  Ithe name and address of any source period covered by this statement. It is the period covered by the period covered by you, you market value of \$10,000 or more disperty was transferred during the yestidential, Subclass 2 — Agricultural, Statement. It is the period covered by this statement. It is the period covered by the period	If income is fin system and rown system and rown source Address/Cite our spouse, or uring the time ar covered by ubclass 3 — Coue, sq footage, etc)	you, your spouse rom publicly trace not reported else ty/State/Zip dependent child period covered this statement.	e, or dependent ded corporations where on this formula to the thing of	child(ren as or limit form, list n Missour nt. Include efines three.	Person's name w  Person's name w  i, other thade name anee subclassi	hips listed or nly.  The received income	esidence, havi
Sour Re List fair pro Res Loca Co	iscellaneous Income  the name and address of any source period covered by this statement. ck exchange or automated quotation ce of Income  al Property any real property owned by you, you market value of \$10,000 or more deperty was transferred during the yestidential, Subclass 2 — Agricultural, Subclass 3 — Approx. size (acreage	If income is fin system and rosystem and rosystem and rosystem and rosystem and rosystem and rosystem arcovered by subclass 3 — Cole, sq footage, etc)	you, your spouserom publicly tracenot reported else ty/State/Zip  ty/State/Zip  dependent child period covered this statement. mmercial & any  Major Improvements (Bi	tity Address/City/State/2 e, or dependent ded corporations ewhere on this f  (ren), located in by this statemer Missouri law de other real estate uildings, etc.)  Use of	child(ren is or limit form, list  n Missour nt. Include fines thr e.	Person's name w  Person's name w  i, other thade name an ee subclassi  Seller/Buyer Nam	hips listed or nly.  The received income the received income and personal reductions:  Summe and Address  The and Address  The and Address	esidence, having parties involvibclass 1 —

Corporation Address/City/State/Zip

Corporation Name

7. Stocks, Bonds & Other holdings

Person's name who served in this capacity

period covered by this stat	your spouse, or dep	endent child(ren)	was an officer, di	rector, em	ployee or tru	nd each not-for-profit ustee at any time during th ay was received.
Name	Entity A	ddress/City/State/Zip	Genera	l Purpose	Party Involved	1
Name	Entity A	ddress/City/State/Zip	Genera	l Purpose	Party Involved	1
Gifts, Honoraria						
List the name and addres	s of any source of	gifts or honoraria	valued at \$200	or more	received by	you, your spouse or depo
child(ren) during the time pgrandparent, grandchild(re	•		_	•	•	
Donor's Name		Donor's Address/City/	State/Zip		Person's name	e who received gift/honoraria
Donor's Name		Donor's Address/City/	State/Zip		Person's name	e who received gift/honoraria
<b>Lodging and Travel</b>						
paid by persons related by purely personal travel not association or entity which	related to official du	uties and not paid			-	
	Party Involved	Date	Amount	Travel locatio	1	Travel Reason
Expenses paid by (name & address)	Party Involved Party Involved	Date Date	Amount Amount	Travel locatio		Travel Reason  Travel Reason
Expenses paid by (name & address)	<u> </u>					
Expenses paid by (name & address)  Expenses paid by (name & address)  Trust Assets  If you, your spouse, or dep	Party Involved endent child(ren), i	<sub>Date</sub> s the settlor (creat	Amount  or) of a revocable	Travel locatio	any assets ii	Travel Reason  n the trust that would have
Expenses paid by (name & address)  Expenses paid by (name & address)  Trust Assets  If you, your spouse, or dep been reported elsewhere of	Party Involved endent child(ren), i	<sub>Date</sub> s the settlor (creat	Amount  or) of a revocable	Travel locatio	any assets ii	Travel Reason  n the trust that would have
Expenses paid by (name & address)  Expenses paid by (name & address)  Trust Assets  If you, your spouse, or dep been reported elsewhere of the contract of the	Party Involved endent child(ren), i	<sub>Date</sub> s the settlor (creat	Amount  or) of a revocable overed by this sta	Travel locatio	any assets ii	Travel Reason  n the trust that would have
Expenses paid by (name & address)  Expenses paid by (name & address)  Trust Assets  If you, your spouse, or dep been reported elsewhere of the contract of the	Party Involved endent child(ren), i	<sub>Date</sub> s the settlor (creat	or) of a revocable  overed by this sta	Travel locatio	any assets ii	Travel Reason  n the trust that would have
Expenses paid by (name & address)  Expenses paid by (name & address)  Trust Assets  If you, your spouse, or dep been reported elsewhere of the contract assets  Trust Assets  Relatives  List spouse, parent(s), child	endent child(ren), i on this form, during	s the settlor (creat the time period co	Amount  or) of a revocable overed by this sta  Party Involved  Party Involved  re employed, dur	Travel location travel location trust, list tement, if	any assets in they had no	n the trust that would have been in the trust.
Expenses paid by (name & address)  Trust Assets  If you, your spouse, or dep been reported elsewhere of the contract assets  Trust Assets  Frust Assets  Relatives  List spouse, parent(s), child of the contract associated as political contract and contract as political contract as polit	endent child(ren), i on this form, during	s the settlor (creat the time period co	Amount  or) of a revocable overed by this sta  Party Involved  Party Involved  re employed, dur	Travel location travel location trust, list tement, if	any assets in they had no	n the trust that would have been in the trust.
Expenses paid by (name & address)  Frust Assets  If you, your spouse, or dep been reported elsewhere of the state of Missouri, a politica Relative's Name	endent child(ren), i on this form, during	s the settlor (creat the time period co	Amount  or) of a revocable overed by this sta  Party Involved  Party Involved  re employed, dur	Travel location travel location trust, list tement, if	any assets in they had no ne period corere fee agen	n the trust that would have been in the trust.  vered by this statement, by ts of the Department of Re
Expenses paid by (name & address)  Trust Assets  If you, your spouse, or dep been reported elsewhere of the contract and the contract assets  Trust Assets  Relatives List spouse, parent(s), child state of Missouri, a political state of Missouri stat	endent child(ren), i on this form, during	obate  s the settlor (creat the time period co	Amount  or) of a revocable overed by this sta  Party Involved  Party Involved  re employed, dur	Travel location travel location trust, list tement, if	any assets in they had no ne period corere fee agen	n the trust that would have been in the trust.  vered by this statement, by ts of the Department of Re
Expenses paid by (name & address)  Trust Assets  If you, your spouse, or dep been reported elsewhere of the contract of the co	endent child(ren), i on this form, during d(ren) and child(ren al subdivision or spe	of the settlor (creat the time period control of	Party Involved  Perty Involved  re employed, dure to were lobbyists,	trust, list tement, if	any assets in they had no ne period core fee agen.  Position/Title  Position/Title	n the trust that would have been in the trust.  vered by this statement, by ts of the Department of Re

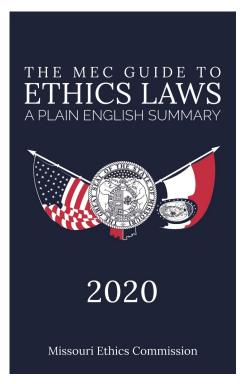
Committee Address/City/State/Zip

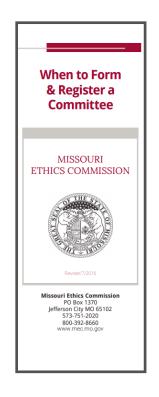
Committee Name

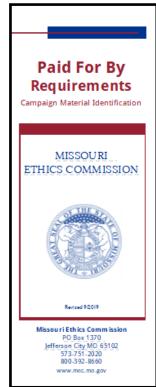
Person's name who received payment

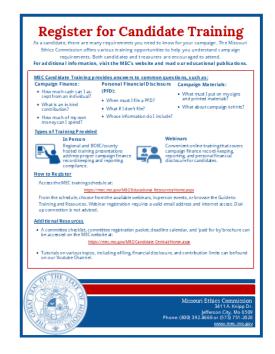
State Tax Credit Claimed	Person who received credit
State Tax Credit Claimed	Person who received credit
18. Signature (select one, sign & date)	
further acknowledge that I am aware to I affirm and attest under penalty of permy spouse has refused or failed to pro-	rjury that information and facts in this report, are complete, true, and accurate. I hat any false statement or declaration made herein is punishable under Ch. 575 RSMo. rjury that information and facts in this report, are complete, true, and accurate and that vide information concerning his or her financial interest and that I have no working acknowledge that I am aware that any false statement or declaration made herein is

## -During Candidate Filing-









& MoDOT

## -During Candidate Filing-

## **E-Filing Instructions**

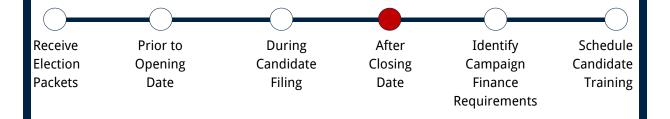
Attached to the front of each PFD form are instructions for e-filing with the MEC. All candidate PFD filers must file with the MEC. We strongly encourage all filers to e-file their PFD.

- 1. Go to our website at www.mec.mo.gov
- 2. Click 'Login' in the top right corner of the screen
- 3. Select *PFD E-Filer Account Request* in the drop-down menu
- 4. Complete and submit the form by clicking *Submit Account Information*
- 5. A MEC Online ID and Password will be sent to the email address provided and filer can proceed with filing their PFD online.

#### **Annual Filers**

Missouri law only requires a person to file one PFD per year. Incumbent candidates who are required to file a PFD by virtue of their current position, must file a candidate PFD, rather than an annual PFD. Candidate PFDs should be filed by the earlier candidate filing deadline. Failure to submit a PFD by the final candidate deadline will result in removal from the ballot.

# **After Closing Date**



## **In this Section:**

- Notifying the MEC
- Candidate list
- Tracking filers



See the **Ethics Guide** and **FAQs** for more information on campaign finance requirements.

## -After Closing Date-

## **Notifying the MEC**

#### **Candidate List**

- Within 48 hours of the closing date for candidate filing, election authorities must notify the MEC of any candidates required to file a PFD.
- Candidates identified by their election authority as required to file will be notified by the MEC, that they are required to file their PFD no later than 14 days after the close of candidate filing or be subject to penalties.

## **Special Elections**

 Notify the MEC if your political subdivision is holding a special election as soon as possible to ensure the proper election materials are sent to you.

#### Write-in Candidates

- Candidates whose name does not appear on the ballot (write-in candidates) are required by law to file a *Declaration of Intent* with their election authority by 5pm on the second Friday before the election in which they are a write-in candidate. You must notify the MEC of any write-in candidate required to file a PFD.
- PFD due dates for write-in candidates are:
  - 14 days after the close of write-in candidate filing (late filing will result in a \$10 per day late fee)
  - 21 days after the close of write-in candidate filing (failure to file by the 21 day deadline will result in removal from the ballot)



Part One: Subdivision Informat	ion		
Address			
Part Two: Election Information			
Election Date:	(	Closing date for filing:	
	ites filing for office in Missour d to file a PFD/Financial Inter o file a PFD/Financial Interest	est Statement; <b>OR</b>	sted below:
Name of Candidate required to file PFD	Title/Position	Mailing Address	Candidate's Email Address (optional)
Part Four: Signature			
Signature of Authorized Person  Part Five: Return Form to MEC		Date	

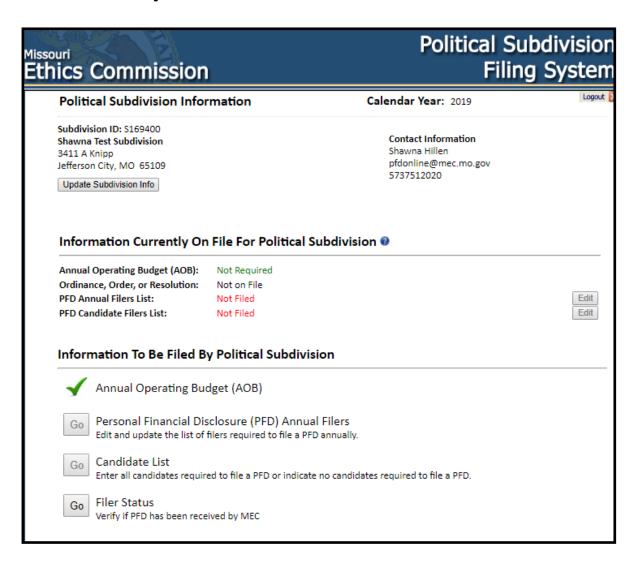
**INSTRUCTIONS:** After completing this form, return it to the **Missouri Ethics Commission** within **48 hours** of the closing date of filing. Return by mail: PO Box 1370, Jefferson City MO 65102, or by FAX: 573-526-4506.

## -After Closing Date-

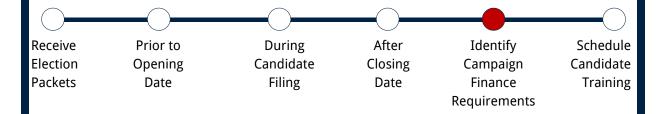
## **Track your filers**

Track your filers online to make sure they have properly and timely filed their PFD.

- Login to the Political Subdivision E-filing System
- Click the Filer Status GO button
- View by Candidate Filers and Annual Filers.



## **Campaign Finance Requirements**



## **In this Section:**

- Committee registration packet
- Statement of Committee Organization
- Committee checklist



See <u>Campaign Finance Publications</u> on our website for more information.

# Campaign Finance Committee Registration Packet

#### Where to file...

Туре	Where to Register Committee	Where to file disclosure reports
MEC filers:  Candidates for Statewide Office  Statewide ballot measure (campaign committee)  Continuing Committee (political action/PAC)  State Political Party committees  Local Political Party committee  Candidates for:  State Senator  State Representative  County Office  Partisan Circuit Court Judge  Partisan Associate Circuit Court Judge  City Office  School, fire, ambulance, or any other special purpose district	MEC (Missouri Ethics Commission)	E-file using MEC's e-filing system
Local filers: Local ballot measure (ie campaign committee)	Local Election Authority (County Clerk or Board of Election Commissioners)	Paper file With local election authority  Or E-file using MEC's e-filing system

e-filers: Committees that register with MEC file reports electronically and will receive MEC Online ID and password via email.

Missouri Ethics Commission

PO Box 1370, Jefferson City MO 65102

(800) 392-8660

www.mec.mo.gov



## Missouri Ethics Commission (MEC) PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Office Use:	
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## **Statement of Committee Organization**

Type: ☐ New ☐ Amended (if amending, enter MEC II 2. Committee Information	)& secti	on changed
2. Committee information		
ame of Committee		
ommittee Mailing Address, City, State, & Zip		() Telephone Number
fficial Committee Email Address	County Clerk or Board of Election Commis	sioners
ommittee Type: 🗆 Campaign 🗀 Candidate 🗀 Continui	ng (PAC) 🗆 Debt Service 🗀 Exp	oloratory 🗆 Political Party
reasurer/Deputy Treasurer Information		
easurer's Name (First & Last)	Treasurer's Email Address (optional)	
easurer's Mailing Address, City, State, & Zip	Treasurer's Home Telephone Number	() Treasurer's Work Telephone Number
easurer's wanning Aduress, City, State, & Zip	rreasurer's nome relephone Number	Treasurer's Work Telephone Number
Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (option	nal)
eputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number	
Additional Committee Information		
dditional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Ad	ddress. City. State. & Zip
. "		, , , ,
onnected Organization's Name (if any)	Connected Organization's Mailing Addres	
ANDIDATES: Do you have more than one candidate commit  Official Bank Account Information (required by all committe		n back) 🗌 No
ame & Mailing Address, City, State, & Zip of Financial Institution	Account Name	Account Number
Candidate Supported or Opposed (candidate committees m		, coodin Namber
· · · · · · · · · · · · · · · · · · ·	()	_ ()
ame & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committe	es Only)
ection Date Office Sought & Political Subdivision	Political Party	Support or Oppose
allot Measure Supported or Opposed (campaign committe	es must complete this section)	
nme of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
3. Signature(s) Check certification(s) & sign (required by	all committees)	
I affirm and attest under penalty of perjury that informatio	on and facts in this report are com-	nlete true and accurate 1

#### **Statement of Committee Organization Instructions:**

Used to report information for registering a new committee or to amend information for an existing committee.

#### 1. Statement Information:

- a. Enter date.
- b. Enter type of statement being filed. (If amending, complete section 1 (MEC ID # and section changed) and section 2 and then the section(s) being amended.)

#### 2. Committee Information:

- a. Enter full name of the committee (candidate committee must include candidate's last name). b. Enter committee's mailing address and telephone number.
- c. Enter committee's official email address and enter the county (or board of election commissioners) in which the committee is domiciled.
- d. Select type of committee. Continuing committees (political action committees/PACs) are committees of continuing existence. Campaign committees are formed to support or oppose issues for only one election. Candidate committees are formed for candidates for elective office.
- **3. Treasurer/Deputy Treasurer Information:** (Every committee must have a treasurer who is resides in the district or county in which the committee sits. Candidates forming candidate committees may appoint themselves as treasurer and act as a committee of one.)
  - a. Enter full name of treasurer and provide email address. (Email address is optional, but is used for communication from MEC.)
  - b. Enter treasurer's mailing address and telephone numbers (home and work, may also enter cell). c. Enter full name of deputy treasurer (if one appointed) and their email address (optional).
  - d. Enter deputy treasurer's mailing address & telephone numbers (home and work, may also enter cell).

#### 4. Additional Committee Information:

- a. Enter full name of any additional committee officer (if any) along with their title and mailing address.
- b. Enter any organization's name considered to be connected to the committee (if any) and their mailing address.
- c. CANDIDATES: If the candidate for which this committee is formed has more than one candidate committee (may only have one per office sought), disclose **on an attached sheet**, the full committee name and address together with name, address and telephone number of the treasurer and designate the aggregating committee.
- **5. Bank Account Information:** (Every committee is required to open an official bank account, in the name of the committee, in a state or federal chartered institution within the State of Missouri)
  - a. Enter name and mailing address of financial institution where bank account is held. b. Enter account name and account number for the official bank account.

#### 6. Candidate Supported or Opposed:

- a. Enter name and address of candidate this committee is being organized for along with candidate's telephone number.
- b. Enter election date, office sought and political subdivision, political party and indicate if committee is supporting or opposing candidate.

#### 7. Ballot Measure Supported or Opposed:

a. Enter name of ballot measure, the election date and political subdivision and indicate if committee is supporting or opposing the ballot measure.

#### 8. Signature(s):

- a. Check the certification box.
- b. Treasurer's signature is required for all committees.
- c. Candidate's signature also required for candidate, debt service & exploratory committees.

If additional space is needed, attach separate sheet.

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## **Electronic Filing Agreement**

This Agreement is to be completed by local campaign committees to support or oppose local ballot measures.

1.	Agreement Information
	Date:
	MEC ID:(if known) Type:
	□ New □ Amended
2.	Committee Information
	Name of Committee
	Official Committee Email Address (this address is used for communication from MEC and is part of your log-in to the campaign finance electronic filing system)
3.	Electronic Filing Agreement
	This Committee agrees to file all future campaign finance reports using the Missouri Ethics Commission's (MEC
	electronic filing system and understands that after the Commission receives this agreement the committee wi
	no longer be required to file a paper format copy of its' campaign finance reports with
	·
	Name of Local Election Authority (County Clerk or Board of Election Commissioners)
	Signature & Title (Candidate, Treasurer or Deputy Treasurer)

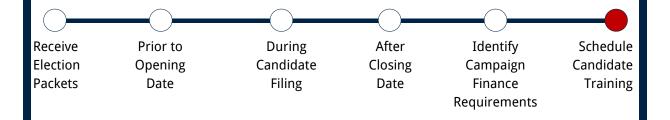
MEC will give notice of this agreement to the local election authority named above.

- ? Steps to begin electronic filing:
  - 1. File Statement of Committee Organization with all filing entities; and an
  - 2. Electronic Filing Agreement with MEC
  - 3. Log-in to Campaign Finance Electronic Filing System upon receipt by email of MEC Online ID & password.
- ? Steps to amend committee information (e.g. appointing new treasurer, changing email address):
  - 1. File an Amended Statement of Committee Organization with all filing entities; and an
  - 2. Amended Electronic Filing Agreement with MEC
  - 3. Log-in to Campaign Finance Electronic Filing System upon receipt by email of MEC Online ID & password.

# -Committee Checklist-

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	nce you have met the dollar threshold or you have decided to form a com-	1
	ttee, use the following steps to help you stay in compliance with the MEC:	
ca	elect a committee name incorporating the last name of candidate (if a andidate committee).	
CC	elect a treasurer who is a resident of the district or county in which the ommittee sits. Committee may also have a deputy treasurer. Candidate can erve as treasurer.	
re	pen an official committee bank account using the name of the committee as egistered with the MEC.	
Co N	omplete the <i>Statement of Committee Organization</i> and submit to the MEC. OTE: Local campaign committee for ballot measure, must mail <i>Statement of committee Organization</i> to local election authority.	
M fil	EC filers should read <b>all</b> emails sent from the MEC to stay up to date on all ing deadlines.	
Re	esearch and establish a plan for proper record-keeping.	
Re	eview contribution limits and restrictions on receiving and making ontributions.	
W	atch MEC tutorials, view educational brochures, and register for training.	
Re se	eview reporting calendars and add deadlines to a personal calendar that will end reminders. Print a copy of the <u>Deadlines and Reminders</u> for your specific ection from the MEC website.	
Fi	le all required reports by the deadlines to avoid late fees.	
	After the Election:	
Un	successful Candidates:	
	If the committee has more money on hand than debt, terminate within 30 days of the election and file a <i>Termination Report</i> . Close committee bank account, resolve debt, disburse remaining funds.	
	If the committee has more debt than money on hand, can amend to a Debt Service Committee.	
	Unsuccessful incumbents should contact the MEC.	
Su	ccessful Candidates:	
	File a 30 Day After Election Report <b>before</b> being sworn-in.	
	Keep the committee open and amend to next election date on the <i>Statement of Committee Organization</i> form to continue receiving contributions (you may use committee funds for necessary expenses for the duties of the office).	
	Terminate the committee (optional).	

# **Training & Resources**



## **In this Section:**

- Publications
- Tutorials and webinars



Visit the **Educational Resources** page on our website to view the training schedule and more.

## -Training and Resources-

## Flyers/Brochures

- Conflict of Interest Guide and Relationship Chart
- Guide to Personal Financial Disclosure
- Year at a Glance (Political Subdivision Calendar)
- Campaign Finance—Candidates/Committees
  - After Election Requirements and Debt Service Committees
  - Campaign Committees
  - Campaign Finance Q&A
  - Paid for by
  - Exempt Candidates
  - Fund-Raising Activity
  - Guide to Record-Keeping
  - Statement of Limited Activity Requirements
  - Terminating a Committee
  - Treasurer's Guide for Campaign Finance
  - · When to Form and Register a Committee
  - Upcoming Deadlines and Reminders (by election)

## **Web Tutorials**

- Lobbyist (series of 4)
- Ethics Overview (series of 4)
- · Campaign Finance—Candidates/Committees
  - Paid for by
  - Candidate Reporting Requirements
  - Forming a Campaign Finance Committee
  - Supplemental Forms—paper filers
  - Following Campaign Money
  - E-filing
- Political Subdivision—Duties and Responsibilities with the MEC

## Connect with the MEC



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## **Meet the Commissioners**

#### Don Summers, Chair

Republican
6th Congressional District
Term expires March 15, 2020

## Sherman W. "Bill" Birkes, Jr

Republican

7th Congressional District Term expires March 15, 2022

## Kim Benjamin, Vice Chair

Democrat
4th Congressional District
Term expires March 15, 2020

## **Wayne Henke**

Democrat

3rd Congressional District
Term expires March 15, 2022

## **George Ratermann**

Republican
2nd Congressional District
Term expires March 15, 2020

## Cheryl D.S. Walker

Democrat 1st Congressional District. Term expires March 15, 2022

## Notes

## CONTACT INFORMATION

## **Staff Contacts**

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