



Office Use:

# 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, 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'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. 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).

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) are a partner or participant, and the name 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. Limited Partnerships, Closely Held Corporations, and Publicly Traded Corporations**

List the name of any entity in which you, your spouse or dependent child(ren) owned:

A. 10% or more of a Limited Partnership or Closely-Held Corporation

_____	_____	_____
Entity Name	Entity Address/City/State/Zip	General nature of business
_____	_____	_____
Entity Name	Entity Address/City/State/Zip	General nature of business

B. 2% or more of a Publicly Traded Corporation or Limited Partnership which is listed on a regulated stock exchange or automated quotation system

\_\_\_\_\_

\_\_\_\_\_

**8. Stocks, Bonds, and Other Holdings**

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. If the entity is a corporation listed on a regulated stock exchange, list the name only. 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. Interest in any qualified plan or annuity pursuant to the *Employees Retirement Income Security Act* is not required to be listed.

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

**9. 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 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

**10. 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. 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

**11. 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.

_____	_____	_____
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.

Email: [pfdonline@mec.mo.gov](mailto:pfdonline@mec.mo.gov)

**12. 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

**13. 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) covered by this statement. **Do not include** a gift from your spouse, child, parent, grandparent, grandchild, great grandparent, great grandchild, 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

**14. 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. **Do not include** expenses paid in the ordinary course of business described in items 4, 5, 6, 8, or 11; 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

**15. 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 if they had not been in the trust.

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

**16. Relatives**

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

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

**17. Committees**

List the name and address of each campaign, candidate, continuing committee (political action committee or (PAC)), or political party committee from which you, your spouse, parents, spouse's parents or dependent child(ren) or any person or corporation listed on this statement received payment.

_____	_____	_____
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

18. **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

19. **Signature (select one, sign & date)**

- Under penalties of perjury, I certify that I have disclosed all interest concerning the required financial information.
- Under penalties of perjury, I certify that I have disclosed all interest concerning the required financial information and further certify 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.

\_\_\_\_\_  
Filer's Signature (Required)

\_\_\_\_\_  
Date (mm/dd/yyyy)