



MISSOURI ETHICS COMMISSION  
**PERSONAL FINANCIAL DISCLOSURE STATEMENT**

**FOR OFFICE USE ONLY**

<b>1. TIME PERIOD COVERED BY THIS STATEMENT (COMPLETE A OR B)</b>		<b>2. STATEMENT TYPE</b>
<b>A. APPOINTED/EMPLOYED OR ELECTED</b> <i>(Enter previous calendar year. If no longer serving, enter dates served.)</i> ____ / ____ / ____ TO ____ / ____ / ____	<b>B. CANDIDATE FOR OFFICE</b> ____ / ____ / ____ TO ____ / ____ / ____	ELECTION DATE ____ / ____ / ____ <i>(EXAMPLE: If closing date of candidacy is Jan. 20th, the time period covered is 1/20/09 - 1/20/10.)</i>
		<input type="checkbox"/> NEW <input type="checkbox"/> AMENDED

**Deadline for Filing a Personal Financial Disclosure Statement**  
**Newly Appointed/Employed:** Within 30 days of your appointment/employment. **All Others:** May 1st of current year  
**Candidate:** By the 14th day from the closing date of candidacy filing.

<b>3. FILER'S NAME (FIRST, MIDDLE, LAST)</b>	<b>4. DEPENDENT CHILDREN NAME(S)</b>
<b>5. MAILING ADDRESS, CITY, STATE, ZIP+4</b>	<b>6. SPOUSE'S NAME (FIRST, MIDDLE, LAST)</b>
<b>7. POLITICAL SUBDIVISION OR STATE AGENCY</b>	<b>8. TITLE (POSITION/OFFICE SEEKING)</b>

**9. EMPLOYMENT:** List the name and address of every employer from whom you, your spouse, or dependent children 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

**10. SOLE PROPRIETORSHIPS:** List each sole proprietorship owned by you, your spouse, or dependent children during the time period covered by this statement.

SOLE PROPRIETORSHIP NAME	SOLE PROPRIETORSHIP ADDRESS/CITY/STATE/ZIP

**11. GENERAL PARTNERSHIPS, JOINT VENTURES:** List each general partnership and joint venture in which you, your spouse, or dependent children are a partner or participant, and the names of partners or coparticipants unless such names and addresses are filed with the Secretary of State.

GENERAL PARTNERSHIP OR JOINT VENTURE NAME	PARTNERSHIP OR JT VENTURE ADDRESS/CITY/STATE/ZIP	GENERAL NATURE OF BUSINESS	PARTNERS OR COPARTICIPANTS NAME AND ADDRESS	PARTY INVOLVED IN TRANSACTION

**12. LIMITED PARTNERSHIPS, CLOSELY-HELD CORPORATIONS:** List the names of any closely-held corporation/limited partnership in which you, your spouse, or dependent children own ten percent (10%) or more of any class of the outstanding stock or units.

NAME OF LIMITED PARTNERSHIP OR CLOSELY-HELD CORPORATION	LIMITED PARTNERSHIP/CORP ADDRESS/CITY/STATE/ZIP CODE	GENERAL NATURE OF BUSINESS	PARTY INVOLVED IN TRANSACTION

**13A. 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 children own two percent (2%) or more of any class of outstanding stock, units or other equity interests.

**13B. STOCKS, BONDS OR OTHER HOLDINGS:** List the name and address of each entity in which you, your spouse, or dependent children 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 name only. Members of state or political subdivision boards or commissions, uncompensated except for actual expenses or 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 the Employee's Retirement Income Security Act is not required to be listed.

ENTITY NAME & ADDRESS (IF APPLICABLE)	PARTY INVOLVED IN TRANSACTION
13A <input type="checkbox"/> 13B <input type="checkbox"/>	
13A <input type="checkbox"/> 13B <input type="checkbox"/>	
13A <input type="checkbox"/> 13B <input type="checkbox"/>	

**14. MISCELLANEOUS INCOME:** List the name and address of any source from which you, your spouse, or dependent children received \$1,000 or more during the period covered by this statement that has not been reported elsewhere. If income is from publicly traded corporations or limited partnerships listed on a regulated stock exchange or automated quotation system, list the name only.

SOURCE OF INCOME	INCOME ADDRESS/CITY/STATE/ZIP	PERSON'S NAME WHO RECEIVED INCOME

**15. REAL PROPERTY:** List any real property 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. Tax subclassification includes residential, commercial, agricultural or forest products.

LOCATION - COUNTY	TAX SUB - CLASS.	APPROX. SIZE (Acreage, Sq. Ft., etc.)	MAJOR IMPROVEMENTS (Buildings, etc.)	USE OF PROPERTY	SELLER/BUYER NAME AND ADDRESS

**16. CORPORATIONS:** List the name and address of each corporation for which you, your spouse, or dependent children served in the capacity of a director, officer or receiver.

NAME OF CORPORATION	CORPORATION ADDRESS/CITY/STATE/ZIP	PERSON SERVED IN THIS CAPACITY

**17. NOT FOR PROFIT CORPORATIONS:** List the name, address and general description or nature and purpose of each not for profit corporation, association, organization or union where you, your spouse, or dependent children served as an officer, director, employee or trustee. **Do not** include church, fraternal, or service organizations where no pay was received.

CORPORATION NAME	CORPORATION ADDRESS CITY/STATE/ZIP	GENERAL NATURE OR PURPOSE OF BUSINESS	PERSON SERVED IN THIS CAPACITY

**18. 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 children covered by this statement. **Do not include** a gift from your spouse, child, parent, grandparent, great grandparent, brother, sister, aunt, uncle, grandchild or great grandchild.

DONOR'S NAME	DONOR'S ADDRESS/CITY/STATE/ZIP	PERSON WHO RECEIVED GIFT/HONORARIA

**19. LODGING AND TRAVEL:** List lodging and travel expenses paid by a third person for expenses incurred outside Missouri whether by gift or in relation to the duties of office. **Do not include** expenses paid in the ordinary course of businesses described in items 9, 10, 11, 13B, and 16; 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 purposes 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.

LODGING/TRAVEL EXPENSES PAID BY (NAME AND ADDRESS)	PARTY INVOLVED	DATE EXPENSES INCURRED	EXPENSE AMOUNT	TRAVEL LOCATION	TRAVEL REASON

**20. TRUST ASSETS:** List assets in any revocable trust which would have been reported elsewhere if they had not been in the trust.

TRUST ASSETS	PARTY INVOLVED

**21. RELATIVES:** List spouse, parents and children 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

**22. COMMITTEES:** List the name and address of each campaign committee, political committee, candidate committee, or political action committee (PAC) for which you, your spouse, parents, spouse's parents or dependent children or any person or corporation listed on this statement received payment.

COMMITTEE NAME	COMMITTEE ADDRESS	PERSON WHO RECVD PAYMENT FROM COMMITTEE

**23. 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, and their dependent children.)*

STATE TAX CREDIT CLAIMED	PERSON WHO RECEIVED CREDIT

**24. COMPLETE AND SIGN THIS SECTION:** (Select Only One)

- 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** I have no knowledge of such interests.

SIGNATURE (REQUIRED)	DATE SIGNED