



MISSOURI ETHICS COMMISSION
PERSONAL FINANCIAL DISCLOSURE STATEMENT

(800) 392-8660

www.mec.mo.gov

FOR OFFICE USE ONLY

COMPLETE THIS FORM AND SEND TO:
 MISSOURI ETHICS COMMISSION, PO BOX 1370, JEFFERSON CITY MO 65102

1. TIME PERIOD COVERED BY THIS STATEMENT: (SELECT ONE) <input type="checkbox"/> APPOINTED / EMPLOYED (Enter entire year for 2008. If no longer serving, enter period served in 2008.) ___ / ___ / ___ to ___ / ___ / ___ <input type="checkbox"/> CANDIDATE FOR OFFICE (EXAMPLE: If closing date of candidacy is Jan 20th, the time period covered is 1/20/08 - 1/20/09) ___ / ___ / ___ to ___ / ___ / ___		2. STATEMENT TYPE (SELECT ONE) <input type="checkbox"/> NEW <input type="checkbox"/> AMENDED
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DEADLINE FOR FILING A PERSONAL FINANCIAL DISCLOSURE STATEMENT
Newly Appointed/Employed: Within 30 days of your appointment/employment.
Candidate: By the 14th day from the closing date of candidacy filing.
All Others: May 1, 2009

3. FILER'S NAME (FIRST, MIDDLE, LAST)	4. DEPENDENT CHILDREN NAME(S)
5. MAILING ADDRESS, CITY, STATE, ZIP+4	6. SPOUSE'S NAME (FIRST, MIDDLE, LAST)
	<input type="checkbox"/> CHECK IF SPOUSE IS FILING SEPARATE FROM YOURSELF (If your spouse is not required to file a financial interest statement, this statement MUST disclose his/her information)
7. POLITICAL SUBDIVISION OR STATE AGENCY	8. TITLE (POSITION/OFFICE SEEKING)

9. Please fill-in the appropriate box indicating what position(s) this statement is filed for: (Select all that apply)

A. Supreme court judge, court of appeals judge, circuit judge, associate circuit court judge.
 If candidate for above position(s), enter election date ___ / ___ / ___.

B. Statewide office, state senate, state representative.
 If candidate for above position(s), enter election date ___ / ___ / ___.

C. State government employee:
 principal or deputy assistant serving a statewide officeholder **or**
 director, assist. deputy director, general counsel or chief purchasing officer of a department, division or agency **or**
 official or employee authorized to promulgate or vote on adoption of rules and regulations.

D. Chancellor, president, board of regent or curator of a college.

E. Interstate board/commission member or chief executive officer created by constitution or interstate compact.

F. Chief executive officer or chief purchasing officer or a board/commission member which spends state funds.

G. Metropolitan sewer district board member.

H. County enforcement board, planning and zoning commission, sports complex authority/convention sports facility board, meeting and tourism program board member.

I. Elected official, chief administrative officer, chief purchasing officer, full-time general counsel of a political subdivision with an annual operating budget over \$1 million.
 If candidate for above position(s), enter election date ___ / ___ / ___.

J. Designated decision-making public servant who negotiates contracts, has the legal authority to adopt or vote on adoption of rules and regulations with force of law, or who exercises primary supervisory responsibility over purchasing decisions.

10. Complete and sign this section: (select only one)

Under penalties of perjury, I certify that I have disclosed all interests concerning the required financial information.

Under penalties of perjury, I certify that I have disclosed all my interests 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 knowledge of such interests.

SIGNATURE (Required)	DATE SIGNED
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11. **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

12. **SOLE PROPRIETORSHIPS:** List each sole proprietorship owned by you, your spouse, or dependent children.

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

13. **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

14. **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.

LIMITED PARTNERSHIP OR CLOSELY-HELD CORPORATION NAME	LIMITED PARTNERSHIP / CORP ADDRESS / CITY / STATE / ZIP	GENERAL NATURE OF BUSINESS

15. **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.

CORP/LP NAME(S)	1)	2)	3)

16. **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. Provide only the stock name for income received from publicly traded corporations or limited partnerships listed on a regulated stock exchange or automated quotation system.

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

17. **REAL PROPERTY:** List any real property located in Missouri, **other than a personal residence**, which has a fair market value of \$10,000 or more. Tax subclassification examples are residential, commercial, agricultural or forest products. If the property was transferred during the time period covered by this statement, include the seller/buyer name and address.

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

18. **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 with a value of more than \$10,000. **If** the stock owned is a corporation listed on a regulated stock exchange, list the entity name only. State or political subdivision board/commission members who are uncompensated (other than actual expenses or per diem) **do not report** equity in publicly traded corporations/limited partnerships listed on a regulated exchange or automated quotation system. **Do not include** equity in a qualified plan/annuity per the Employees' Retirement Income Security Act.

ENTITY NAME	ENTITY ADDRESS / CITY / STATE / ZIP

19. **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.

CORPORATION NAME	CORPORATION ADDRESS / CITY / STATE / ZIP	PERSON'S NAME WHO SERVED IN THIS CAPACITY

20. **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.

ORGANIZATION NAME	ORGANIZATION ADDRESS / CITY / STATE / ZIP	GENERAL NATURE / PURPOSE	PERSON'S NAME WHO SERVED

21. **GIFTS, HONORARIA:** List the name and address of any source of gifts or honoraria valued at \$200 or more received during the period 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

22. **LODGING AND TRAVEL:** List lodging and travel expenses paid by a third person for expenses outside Missouri, by gift or related to the duties of office. **Do not include** 1) expenses paid in the ordinary course of business reported in items 11, 12, 13, 18 and 19, 2) expenses paid by persons related by the 4th degree by blood or marriage, 3) expenses for solely personal purposes not related to official duties and not paid for by a lobbyist/lobbyist principal/officer/director of an association/entity employing a lobbyist, or 4) expenses reported under Chapter 130, RSMo.

LODGING / TRAVEL EXPENSES PAID BY (Name and Address)	DATE EXPENSES INCURRED	EXPENSE AMOUNT	TRAVEL LOCATION	TRAVEL REASON

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

24. **RELATIVES:** List spouse, parents and children who were: 1) employed by the state of Missouri/political subdivision/special district, 2) are lobbyists, or 3) fee agents of the Department of Revenue.

RELATIVE'S NAME	RELATIONSHIP TO FILER	RELATIVE'S POSITION TITLE / POLITICAL SUBDIVISION NAME

25. **COMMITTEES:** List the name and address of each campaign committee, political committee, candidate committee, or continuing committee for which any person or corporation listed on the statement received payment during this reported time period.

COMMITTEE NAME	COMMITTEE ADDRESS CITY / STATE / ZIP	RELATIVE / PERSON'S NAME WHO RECEIVED PAYMENT FROM COMMITTEE

26. **STATE TAX CREDITS:** If the person(s) reporting are a general assembly member, state-wide elected public official, spouse, or dependent child list any state tax credits claimed on the most recent state income tax return.

STATE TAX CREDIT CLAIMED	PERSON'S NAME WHO RECEIVED CREDIT	TAX RETURN DATE

Information and additional disclosure statements are available from the Missouri Ethics Commission's office or at www.mec.mo.gov. If additional space is needed, attach additional pages. If you have questions concerning this form or filing requirement, you may call the Missouri Ethics Commission at 1-800-392-8660.