

	First Name	Middle	liddle Name			Last Name			
Candidate Information									
	Social Security Number	County	of Resid	ence	Те	elephone Nu	phone Number*		
						·			
	Street Address*		City		St	State		Zip Code	
Cand	Elected Office Candidate is Seeking		E-mail Address						
•	* Please update the Department should any information change								
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	[=								
	Declaration under 115.306, RSMo: I hereby declare under penalties of perjury that I am not currently aware of any delinquency in the filing or payment of any state income taxes, personal property taxes, municipal								
Ð			sidence, as stated on my declaration of candidacy, or that I am not						
atur	a past or present corporate officer of any fee office that owes any taxes to the state, other than those taxes								
Signature	which may be in dispute. I declare under penalties of perjury that I am not aware of any information that would prohibit me from fulfilling any bonding requirements for the office for which I am filing.								
S	Signature Date (MM/DD/YYYY)								
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on	Embosser or black ink rubber stamp seal	Subscrib	Subscribed and sworn before me, this						
ati		State		County (or City o	day of	My Cor	nmission Evni	res (MM/DD/YYYY)	
Information		State		County (or only o	i St. Louis)	Wiy Col	/ / /	ies (MIM/DD/1111)	
, Inf		Notary F	Notary Public Signature						
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Please review 115.306, RSMo. A failure to comply may disqualify you from the ballot. Upon request by the Department of Revenue, the candidate shall provide a copy of tax receipts for the candidate's personal property, municipal, and real property taxes, and any other information necessary to demonstrate compliance with 115.306, RSMo.

Notary Public Name (Typed or Printed)

Form 5120 (Revised 08-2015)

**Mail to:** Missouri Department of Revenue General Counsel's Office

P.O. Box 475

Jefferson City, MO 65105

Phone: (573) 751-4450 TTY: (800) 735-2966 Fax: (573) 751-7151

Visit <a href="http://dor.mo.gov/personal/candidates/">http://dor.mo.gov/personal/candidates/</a> for additional information.

