



TISHAURA O. JONES
MAYOR

OFFICE OF THE MAYOR CITY
OF ST. LOUIS MISSOURI

CITY HALL-ROOM
200
1200 MARKET STREET
(314) 622-3201
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NOMINATION & DISCLOSURE FORM

Office Use Only:

Board/Commission _____

Thank you for agreeing to serve your fellow citizens and your local government. In the interest of good government, and in compliance with state and local laws, all mayoral appointees are required to complete this public disclosure form. It is kept on file in the Register's Office. All appointees must be up to date in the payment of all taxes. Qualifying information on this form is public, however, your social security number and birth date are removed from any request for information. I appreciate the time and talent you are donating to the City of St. Louis. Completed forms can be sent by mail or email to:

Michael McLemore
Attn: Boards and Commissions Office of the
Mayor
1200 Market Street, Room 200
St. Louis, Mo 63103
(314) 622-3201
Email: knoxm@stlouis-mo.gov

PERSONAL INFORMATION

Name of Board or Commission of Interest: _____

Name: _____

Home Address: _____

Phone _____ Cell Phone _____ Email _____

Date of Birth: __/__/__ SSN: xxx-xx-_____ Gender: ___ M ___ F Race: _____

Information is used for tax and background check.

Length of residency in the City of St. Louis _____

Are you a registered to vote at the home address listed above? ___ Yes ___ No City Property
Owner? ___ Yes ___ No

Political Affiliation: _____ (Republican, Democrat, Independent, Other)

Information is used to ensure composition of Board or Commission satisfies political affiliation requirements

BUSINESS & PROFESSIONAL EXPERIENCE

Current Employer: _____

Position: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____ Cell Phone: _____

Length of employment: _____

Prior Employer or Attach Resume: _____

List any other sole proprietorships, limited or general partnerships, joint ventures, closely held corporations, etc. in which you hold an active interest.

Are you related to a current elected/appointed official or City employee? ___ Yes ___ No

If yes, please name: _____

Do you or your family have any financial or other interests that may present a conflict of interest or the appearance of such a conflict if appointed to the Board of Commission for which you are being nominated? ___ Yes ___ No

If yes, please explain: _____

ORGANIZATIONS, CIVIC ACTIVITIES, QUALIFICATIONS, EXPERIENCE

List any current board or commission memberships you hold for local, state or federal government.

Please list each profit or not-for-profit organization or media outlet for which you currently serve as an officer, director, or trustee.

Should any of this information change during your term of appointment, please notify the Mayor's Office.

I hereby affirm that the above information is correct and that I have no conflicts of interest which will obstruct the ethical discharge of my duties on this board or commission:

Date: _____ Signature:
