

	First Name	Middle Name	dle Name		Last Name		
on							
Candidate Information	Social Security Number	County of Resid	dence	Telephone Number*			
				()		·	
	Street Address*	City		State	,	Zip Code	
	Elected Office Candidate is Seeking		-mail Address				
Ca							
	Please update the Department should any information change						
	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						
ure	taxes, real property taxes on the place of residence, as stated on my declaration of candidacy, or that I am not 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						
Sig	prohibit me from fulfilling any bonding requirements for the office for which I am filing.						
	Signature			Date (MM/DD/YYYY)			
					/	/	
_	Embosser or black ink rubber stamp seal	Subscribed and	Subscribed and sworn before me, this				
atio			day of year				
rme		State	County (or City of St. Louis)	My Co	My Commission Expires (MM/DD/YYYY)		
nfo		Notary Public Signature	nnatura	//			
ary Information		Trotary Tublic Si	gnataro				

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



