



424 N. Sappington Road Glendale, Missouri 63122 (314) 965-3600 fax (314) 965-4772

CANDIDATE FILING POLICY ON FILING DATE

City Hall Offices will open at 8:00 a.m. on the first day of filing, December 13, 2016.

Candidates shall form a single file line for filing at the City Hall Counter.

Candidate filing forms will be accepted by the City Clerk by the order of the line of candidates.

The time in which the candidate files in relation to other candidates will determine the order they will appear on the ballot.

Candidate filing ends on Tuesday, January 17, 2017, at 5:00 p.m.

DECLARATION OF CANDIDACY

115.349 RSMo

I, _____, a resident and registered voter of the county of St. Louis and the state of Missouri, residing at _____, do announce myself a candidate for the office of _____, to be voted on at the election to be held on the ____ day of _____ 20____. I certify that I am not in arrears for any unpaid city taxes or municipal user fees or that any such arrearage will be fully paid by the last day to file a declaration of candidacy for this office. I understand that under Missouri Law failing to pay such taxes and/or fees precludes me from being certified as a candidate and prevents my name from being placed on the ballot. By signing this declaration of candidacy I attest that I possess all the qualifications required for the office I seek and if elected to such office I will qualify and serve.

Signature of Candidate

Residence Address

* E-Mail (Optional)

NAME AS TO APPEAR ON BALLOT
(PLEASE PRINT)

Signature of election official or officer
authorized to administer oaths

Original – Retained by Entity

Copy – Submitted to B.O.E.C.

DECLARATION OF CANDIDACY

115.349 RSMo

I _____, a resident and registered voter of the county of St. Louis and the state of Missouri, residing at _____, do announce myself a candidate for the office of _____, to be voted on at the election to be held on the ____ day of _____ 20____, and I further declare that if nominated and elected to such office I will qualify.

Signature of Candidate

Residence Address

* E-Mail (Optional)

NAME AS TO APPEAR ON BALLOT
(PLEASE PRINT)

Signature of election official or officer authorized to administer oaths

Original – Retained by Entity

Copy – Submitted to B.O.E.C.

PETITION OF CANDIDATE

We the undersigned, being citizens and qualified voters of the City of Glendale, St. Louis County, Missouri, do hereby petition that the name of _____ residing at _____, Glendale, Missouri be placed on the ballot of the City of Glendale for the office of _____, Ward _____ at the annual City Election to be held on the 4th day of April, 2017.

NAME	ADDRESS
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____
16. _____	_____
17. _____	_____
18. _____	_____

19. _____
20. _____
21. _____
22. _____
23. _____
24. _____
25. _____
26. _____
27. _____
28. _____
29. _____
30. _____

Filed this _____ day of _____, _____.

*The applicant shall file a petition containing the signatures and addresses of twenty (20) or more qualified voters of the City of Glendale.

DECLARATION OF CANDIDACY

I, _____, a resident and registered voter of the county of St. Louis and the state of Missouri, residing at _____, do announce myself a candidate for the office of _____, to be voted on at the election to be held on the ___ day of _____ 20 ___, and I further declare that if nominated and/or elected to such office I will qualify and serve.

Signature of Candidate

Residence Address

E-Mail (Optional)

Phone Number (Optional)

NAME AS TO APPEAR ON BALLOT (Please Print)

Subscribed and sworn to before me this _____ day of _____, 20____

Signature of election official or other officer
authorized to administer oaths

I, _____ hereby acknowledge that:
(Print Name)

(Initial) I have obscured my social security number and attached a copy of the completed, notarized MO DOR Form 5120.

(Initial) It is my responsibility to send the original MO DOR Form 5120 to the Missouri Department of Revenue.

**CANDIDATE'S ACKNOWLEDGEMENT OF RECEIPT
OF CANDIDATE'S AFFIDAVIT OF TAX PAYMENTS (DOR FORM 5120)**

I, the undersigned candidate for the elected position of _____ in the City of Glendale, Missouri, for the April 4, 2017, municipal election, acknowledge that the City Clerk of the City of Glendale, Missouri, has provided to me a copy of the Missouri Department of Revenue Form 5120 – Candidate's Affidavit of Tax Payments and Bonding Requirements, and has advised me that pursuant to Section 115.342 RSMo, I am required to submit a completed and originally signed copy of Form 5120 to the Missouri Department of Revenue and provide a copy of the completed and signed Form 5120 to the City Clerk of the City of Glendale, Missouri, in accordance with the requirements of Section 115.342 RSMo.

Printed Name

Signature

Date



Missouri Department of Revenue
**Candidate's Affidavit of Tax Payments
 and Bonding Requirements**

Candidate Information	First Name		Middle Name		Last Name	
	Social Security Number			County of Residence		Telephone Number*
	Street Address*			City		State
						Zip Code
Elected Office Candidate is Seeking			E-mail Address			

* Please update the Department should any information change

Signature	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 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 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.	
	Signature	Date (MM/DD/YYYY)
		____/____/____

Notary Information	Embosser or black ink rubber stamp seal	Subscribed and sworn before me, this		
		day of		year
		State	County (or City of St. Louis)	My Commission Expires (MM/DD/YYYY)
				____/____/____
Notary Public Signature				
Notary Public Name (Typed or Printed)				

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.

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 <http://dor.mo.gov/personal/candidates/>
 for additional information.

