



LYDA KREWSON  
MAYOR

OFFICE OF THE MAYOR  
CITY OF ST. LOUIS  
MISSOURI

CITY HALL-ROOM 200  
1200 Market Street  
Saint Louis, Missouri 63103-2877  
(314) 622-3201

### 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 a public, however, your social security number and date of birth 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 to **Michele Knox** at the address above or by email at [knoxm@stlouis-mo.gov](mailto:knoxm@stlouis-mo.gov). **Please include a resume.**

#### 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

What is your political affiliation: \_\_\_\_\_ (Republican, Democrat, Independent, Other)

**Information is used to ensure composition of Board/Commission satisfies political affiliation requirements.**

**Qualifying information on this form is public, however, your social security number and birth date are removed from any request for information**

**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:**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**