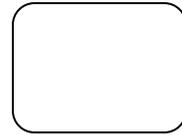


# DECLARATION OF CANDIDATE

## Primary Election



Number Drawn  
(1<sup>st</sup> Day Filing only)

STATE OF MISSOURI        }ss.  
County of Greene         }

Candidate Initials: \_\_\_\_\_

To: Shane Schoeller, County Clerk \_\_\_\_\_, 2020

I, \_\_\_\_\_ a resident and registered voter of the County of Greene

and the State of Missouri, residing at \_\_\_\_\_

do announce myself a candidate for the office

of \_\_\_\_\_, for the \_\_\_\_\_

Party, to be voted for at the Primary Election to be held on the 4<sup>th</sup> day of August, 2020.

I further declare that:

Initial

- A) I have conducted a thorough review of the qualifications for the office which I seek; \_\_\_\_\_
- B) I am a fully qualified to become a candidate for the office which I seek and that I will be fully qualified to hold said office, if elected; \_\_\_\_\_
- C) I have never pled guilty nor have been convicted of any felony; \_\_\_\_\_
- D) I have no outstanding campaign financial disclosure reports due from any prior elections; \_\_\_\_\_
- E) I have reviewed the attached "Notice to Candidate" showing which individuals are required to file a Financial Interest Statement with the Missouri Ethics Commission \_\_\_\_\_

**NOTICE:** Type or print your name **exactly** as you desire it printed on ballot.

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_, MO Zip code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Telephone No. (Optional): \_\_\_\_\_

E-Mail Address (Optional): \_\_\_\_\_

**AFFIDAVIT**

State of Missouri        } ss.  
County of Greene        }

I, the undersigned, do hereby solemnly swear (or affirm) that the facts and representations contained in the foregoing declaration of candidacy are, to the best of my knowledge, true and correct. I have been notified that I may be obligated to file a personal financial interest statement according to Missouri law (RSMo 105.483 to 105.492).

\_\_\_\_\_  
Signature of Candidate

Voter ID #: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 2020 ( \_\_\_\_\_ m.)

My Commission expires: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public or Officer  
accepting declaration Authorized to  
Administer Oath