



**OFFICE OF THE MAYOR
CITY OF ST. LOUIS
MISSOURI**

**LYDA KREWSON
MAYOR**

**CITY HALL - ROOM 200
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SAINT LOUIS, MISSOURI 63103-2877
(314) 622-3201
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Office Use Only:

Board/Commission _____

DISCLOSURE FORM

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, I require all mayoral appointees to complete this public disclosure form, which is kept on file in the Register's Office. Please note that all mayoral appointees must be up to date in the payment of real estate, personal property and earnings taxes. If you need assistance in checking these records, please contact Anna Marie Wingron in the Mayor's Office at 622-3201. I appreciate the time and talent you are donating to the City of St. Louis.

Lyda Krewson
Mayor

Name _____ Spouse/Partner Name _____

Home Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

Length of residency in the City of St. Louis _____

Are you registered to vote at the home address listed above? Yes No

Employer _____

Title _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

Length of employment _____

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

List family members (parents, siblings, spouse/partner, children) who are currently employed by the City of St. Louis or who receive a significant amount of their income through City government contracts. You must also disclose if you are compensated through any City contract or legal settlement.

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

Please list each profit or not-for-profit corporation, union, civic 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 _____