

AN ORDINANCE RE-ADOPTING RE-ESTABLISHING AND MAKING PUBLIC A PROCEDURE TO DISCLOSE POTENTIAL CONFLICTS OF INTEREST AND SUBSTANTIAL PERSONAL INTEREST OF CERTAIN MUNICIPAL OFFICIALS

WHEREAS, Sections 105.483 to 105.492 RSMo imposed certain requirements relating to the filing of personal financial interest statements by employees and elected officials of certain political subdivisions of the State of Missouri; and

WHEREAS, on September 5, 2001, at an open meeting, the City of Twin Oaks enacted Ordinance No. 01-60 (now codified as Chapter 119 "Conflicts of Interest" attached as Exhibit 1 and incorporated herein by reference) establishing Twin Oak's method of disclosing potential conflicts of interest and substantial interests and thereby excluding Twin Oaks and its officers and employees from the requirements of §105.485.2 R.S.Mo.; and

WHEREAS, §105.485 R.S.Mo., requires that any political subdivision establishing its own method of disclosing potential conflicts of interest and substantial interests (the "Conflicts Policy") biennially adopt an ordinance, order or resolution establishing and making public the Twin Oaks' Conflicts Policy; and

WHEREAS, the Board of Aldermen wishes to re-establish and make public the Twin Oaks' method of disclosing potential conflicts of interest and substantial interests and continue the provisions of the Conflicts Policy in effect by re-adoption.

NOW, THEREFORE, BE IT ORDAINED BY THE BOARD OF ALDERMEN OF THE CITY OF TWIN OAKS, MISSOURI, AS FOLLOWS:

Section 1. In conformance with §105.485.4 R.S.Mo., the Board of Aldermen hereby adopts this Ordinance re-establishing and making public Twin Oaks' method of disclosing potential conflicts of interest and substantial interests and approves Exhibit 1 as the Twin Oaks' official method of disclosing potential conflicts of interest and substantial interests. The Board further adopts and approves the form available at https://www.mec.mo.gov/WebDocs/PDF/Fillable/PFD/PFD%20Form-Short_06_2015%20-%20fillable.pdf and attached as Exhibit 2 to be filed with the City Clerk by each official, officer, employee and candidate required to make such disclosures by Chapter 119, the Policy and/or Missouri law.

Section 2. The City Clerk is directed to send a certified copy of this Ordinance thereby notifying the Missouri Ethics Commission of this legislative act within ten (10) days following the passage of this re-adopting Ordinance.

Section 3. This Ordinance shall be in full force and effect on and after its passage and approval by the Mayor.

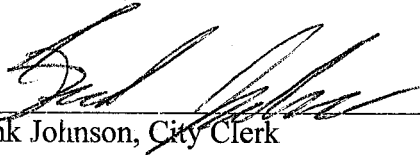
PASSED AFTER HAVING BEEN READ IN FULL OR BY TITLE TWO TIMES PRIOR TO
PASSAGE BY THE BOARD OF ALDERMEN OF THE CITY OF TWIN OAKS, MISSOURI,
THIS 16th DAY OF SEPTEMBER 2020.

	<u>Yea</u>	<u>Nay</u>
Lisa Eisenhower	X	
Tim Stoeckl	X	
April Milne	X	
Dennis Whitmore	X	



Russ Fortune, Mayor

Attest:



Frank Johnson, City Clerk

Exhibit 2



Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Office Use:

Financial Disclosure Statement for Political Subdivisions - 105.485(4), RSMo

1. Statement Information (select one)

Type: ☐ New ☐ Amended

2. Filing Status & Time Period Covered (select one & insert time period)

A. Filing Status

- ☐ **Annual Filer:** file from Jan 1 to Dec 31 of prior year (if no longer serving, enter the time period served), due by May 1
- ☐ **Newly Appointed/Employed:** file for calendar year before start date, due within 30 days
- ☐ **Incumbent Candidate:** file from Jan 1 of prior year to closing date for candidacy (may be longer than 12-month period), due within 14 days of closing date for candidacy
- ☐ **New Candidate:** file for the 12-month period before the closing date for candidacy, due within 14 days of closing date for candidacy

B. Time Period Covered: From / / to / / (mm/dd/yyyy)

3. Filer Information

<input type="text"/> Filer's name (First, Middle, Last)	<input type="text"/> Spouse's name (First, Middle, Last)
<input type="text"/> Mailing address	<input type="text"/> City, State, Zip
<input type="text"/> Dependent child's name* (First, Middle, Last)	<input type="text"/> Dependent child's name* (First, Middle, Last)
<input type="text"/> Political Subdivision or State Agency	<input type="text"/> Title (Position/Office Seeking)

☐ Check if spouse is filing separate from yourself (if your spouse is not required to file a PFD, this statement MUST disclose his/her information).

*includes all children, stepchildren, foster children and wards under the age of eighteen residing in the person's household and who receive in excess of 50% of their support from the person.

4. Transaction Information

A. List the transactions, valued at more than \$500, you, your spouse, or any relative within the first degree of blood or marriage had with the political subdivision listed above. *Do not include* compensation received as an employee, payment of taxes, fees or penalties or transfers for no consideration.

<input type="text"/> Date (mm/dd/yyyy)	<input type="text"/> Parties involved in transaction
<input type="text"/> Date (mm/dd/yyyy)	<input type="text"/> Parties involved in transaction

B. List the transactions for any business entity, in which you, your spouse, or dependent child(ren) held a substantial interest, that conducted business with the political subdivision listed above valued at more than \$500. *Do not include* payments of taxes, fees or penalties due to the political subdivision or transactions involving payment for providing utility service to the political subdivision or transfers for no consideration. (NOTE: Substantial interest includes ownership of 10% of the business entity or interest valued at \$10,000 or more, or from which a salary, gratuity or other compensation of \$5,000 or more is paid per calendar year).

<input type="text"/> Date (mm/dd/yyyy)	<input type="text"/> Name of Business	<input type="text"/> Parties involved in transaction
<input type="text"/> Date (mm/dd/yyyy)	<input type="text"/> Name of Business	<input type="text"/> Parties involved in transaction

5. Signature (select one, sign & date)

- ☐ I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.
- ☐ I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate and that my spouse has refused or failed to provide information concerning his or her financial interest and that I have no working knowledge of such interests. I further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.

<input type="text"/> Filer's Signature (Required)	<input type="text"/> Date (mm/dd/yyyy)
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NOTE: The following information is required from the **Chief Administrative Officer** and **Chief Purchasing Officer** only. Include information for filer, spouse and dependent child(ren).

6. Employment

List the name and address of each employer from whom you, your spouse, or dependent child(ren) received income of \$1,000 or more during the time period covered by this statement.

Employer Name	Employer Address/City/State/Zip	Person's name whom received income
Employer Name	Employer Address/City/State/Zip	Person's name whom received income

7. Sole Proprietorships

List each sole proprietorship owned by you, your spouse or dependent child(ren) during the time period covered by this statement.

Sole Proprietorship Name	Sole Proprietorship Address/City/State/Zip
Sole Proprietorship Name	Sole Proprietorship Address/City/State/Zip

8. General Partnerships, Joint Ventures

List each general partnership and joint venture in which you, your spouse or dependent child(ren) were a partner or participant, and the names of partners or co-participants, unless such names and addresses are filed with the Secretary of State, during the time period covered by this statement.

General Partnership or Joint Venture Name	Address/City/State/Zip	Nature of Business	Partner/Coparticipant's Name & Address	Party Involved
General Partnership or Joint Venture Name	Address/City/State/Zip	Nature of Business	Partner/Coparticipant's Name & Address	Party Involved

9. Stocks, Bonds & Other Holdings

EXCEPTION: Interest in any qualified plan or annuity pursuant to the Employees Retirement Income Security Act (ERISA) is not required to be listed.

A. Limited Partnerships, Closely-held Corporations: List the name of any closely-held corporation/limited partnership in which you, your spouse, or dependent child(ren) own ten percent (10%) or more of any class of the outstanding stock or units during the time period covered by this statement.

Limited Partnership/Closely-held Corporation Name	Address/City/State/Zip	Nature of business	Party Involved
Limited Partnership/Closely-held Corporation Name	Address/City/State/Zip	Nature of business	Party Involved

B. Publicly Traded Corporation or Limited Partnership: List the name of any publicly traded corporation or limited partnership which is listed on a regulated stock exchange or automated quotation system in which you, your spouse or dependent child(ren) own two percent (2%) or more of any class of outstanding stock, units or other equity interests during the time period covered by this statement.

Corporation/Limited Partnership Name	Party Involved
Corporation/Limited Partnership Name	Party Involved

10. Corporations

List the name and address of each corporation for which you, your spouse, or dependent child(ren) served in the capacity of a director, officer or receiver during the time period covered by this statement.

Corporation Name	Corporation Address/City/State/Zip	Person's name who served in this capacity
Corporation Name	Corporation Address/City/State/Zip	Person's name who served in this capacity

This form is required to be filed with the Missouri Ethics Commission and with the governing body of your political subdivision. All elected and appointed officials as well as employees of a political subdivision must comply with §105.454 RSMo., on conflicts of interest and their own local code of ethics.