



**MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION**

MEC ID # C000586

OFFICE USE ONLY
[Handwritten initials]

STATEMENT DATE 10/15/2008		TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) 4, 6, 7, 8	
3. FULL NAME OF COMMITTEE Emerson's Missouri Responsible Government Fund					
4. COMMITTEE MAILING ADDRESS ADDRESS: 8000 W Florissant Ave Station 2310 CITY / STATE / ZIP: St. Louis, MO 63136				5. TELEPHONE NUMBER (314) 563-2310	
6. TREASURER'S NAME David Stuber					
7. TREASURER'S MAILING ADDRESS ADDRESS: 8000 W Florissant Ave, Station 2909 CITY / STATE / ZIP: St. Louis, MO 63136				8. TELEPHONE NUMBER HOME: WORK: (314) 553-2909	
9. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER Phil Conrad					
10. DEPUTY TREASURER'S ADDRESS ADDRESS: 8000 W Florissant Ave, Station 2580 CITY / STATE / ZIP: St. Louis, MO 63136				11. TELEPHONE NUMBER HOME: WORK: (314) 553-3380	
12. OTHER COMMITTEE OFFICERS (IF ANY) A. NAME B. ADDRESS C. TITLE AMENDMENT				13. IF CANDIDATE HAS OTHER COMMITTEES, IS THIS COMMITTEE DESIGNATED AS THE AGGREGATING COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S)					
A. NAME & ADDRESS OF BANK, SAVING & LOAN, OR CREDIT UNION US Bank 8031 W Florissant Ave St. Louis, MO 63136		B. ACCOUNT NAME Checking		C. ACCOUNT NO.	
15. TYPE OF COMMITTEE <input type="checkbox"/> CANDIDATE <input type="checkbox"/> POLITICAL PARTY <input checked="" type="checkbox"/> CONTINUING <input type="checkbox"/> CAMPAIGN <input type="checkbox"/> EXPLORATORY <input type="checkbox"/> DEBT SERVICE					
16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY)					
A. NAME		B. ADDRESS		C. TELEPHONE NO. D. POLITICAL PARTY	
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY)					
A. NAME Emerson Electric Co.			B. ADDRESS 8000 W Florissant Ave St. Louis, MO 63136		
18. CANDIDATES SUPPORTED OR OPPOSED					
A. NAME(S) OF CANDIDATE(S)		B. ELECTION DATE		C. OFFICE SOUGHT D. POLITICAL SUBDIVISION	
				CHECK ONE E. SUPPORT <input type="checkbox"/> F. OPPOSE <input type="checkbox"/>	
19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED					
A. NAME(S) OF MEASURE(S)		B. ELECTION DATE		C. SUBJECT AND POLITICAL SUBDIVISION	
				CHECK ONE E. SUPPORT <input type="checkbox"/> F. OPPOSE <input type="checkbox"/>	
20. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. <i>David Stuber</i> TREASURER'S SIGNATURE				21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. OCT 20 2008 CANDIDATE'S SIGNATURE	