



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

Office Use:

# Statement of Committee Organization

**1. Statement Information**

Date: 12/17/14  
 Type:  New  Amended (if amending, enter MEC ID C000586 & section changed 3)

**2. Committee Information**

**Emerson's Missouri Responsible Government Fund**  
 Name of Committee  
8000 W Florissant Ave. Station 2310 (314) 553-2310  
 Committee Mailing Address, City, State, & Zip Telephone Number  
St. Louis  
 County Clerk or Board of Election Commissioners  
 Official Committee Email Address  
 Committee Type:  Campaign  Candidate  Continuing (PAC)  Debt Service  Exploratory  Political Party

**3. Treasurer/Deputy Treasurer Information**

**Vicki Stubbs**  
 Treasurer's Name (First & Last)  
8100 W Florissant Ave, St. Louis MO 63136 (314) 553-3554  
 Treasurer's Mailing Address, City, State, & Zip Treasurer's Home Telephone Number Treasurer's Work Telephone Number  
**Phil Conrad**  
 Deputy Treasurer's Name (if one appointed)  
8000 W Florissant Ave Station 2580, St. Louis MO 63136 (314) 553-3380  
 Deputy Treasurer's Mailing Address, City, State, & Zip Dep. Treasurer's Home Telephone Number Dep. Treasurer's Work Telephone Number

**4. Additional Committee Information**

Additional Committee Officer's Name & Title (if any) Additional Committee Officer's Mailing Address, City, State, & Zip  
 Connected Organization's Name (if any) Connected Organization's Mailing Address, City, State, & Zip

CANDIDATES: Do you have more than one candidate committee?  Yes (refer to instructions on back)  No

**5. Official Bank Account Information (required by all committees)**

Account Number

**6. Candidate Supported or Opposed (candidate committees must include self, if candidate)**

Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)  
**Amendment**  
 Election Date Office Sought & Political Subdivision Political Party Support or Oppose

**7. Ballot Measure Supported or Opposed (campaign committees must complete this section)**

Name of Ballot Measure Election Date & Political Subdivision Support or Oppose

**8. Signature(s) Check certification(s) & sign (required by all committees)**

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.

Vicki L. Stubbs Committee Treasurer  
 Candidate (Candidate Committees Only)