



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

Office Use: *pb* *JA*

Statement of Committee Organization

1. Statement Information

Date: 1/7/2015
 Type: New Amended (if amending, enter MEC ID C000586 & section changed 5)

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

4. Additional Committee Information

AMENDMENT
 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)

Name & Mailing Address, City, State, & Zip of Financial Institution Account Name

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)
 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 Stubbs
 Committee Treasurer Candidate (Candidate Committees Only)