



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

Office SEP 10 2018

Statement of Committee Organization

1. Statement Information

Date: 9/7/18
Type: [] New [x] 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
Committee Mailing Address, City, State, & Zip
(314) 553-2310
Telephone Number
St. Louis
County Clerk or Board of Election Commissioners
Committee Type: [] Campaign [] Candidate [x] Continuing (PAC) [] Debt Service [] Exploratory [] Political Party

3. Treasurer/Deputy Treasurer Information

Dave Goeke
Treasurer's Name (First & Last)
8000 W Florissant Ave, St. Louis MO 63136
Treasurer's Mailing Address, City, State, & Zip
Treasurer's Email Address (optional)
(314) 553-3025
Treasurer's Home Telephone Number
Treasurer's Work Telephone Number
Deputy Treasurer's Name (if one appointed)
REMOVING DEPUTY TREASURER
Deputy Treasurer's Mailing Address, City, State, & Zip
Deputy Treasurer's Email Address (optional)
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) [x] No

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

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.

[Signature]
Committee Treasurer
Candidate (Candidate Committees Only)