



Missouri Ethics Commission  
**COMMITTEE DISCLOSURE REPORT COVER PAGE**

M.E.C. ID NO. C000586

1. DATE OF REPORT  7/10/2015	OFFICE USE ONLY
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INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE  
 EMERSONS MISSOURI RESPONSIBLE GOVERNMENT FUND

3. COMMITTEE MAILING ADDRESS  
 8000 W FLORISSANT AVE STATION 2310

4. COMMITTEE TELEPHONE NUMBER  
 (314) 553-2310

CITY / STATE / ZIP  
 ST LOUIS MO 63136

5. TREASURER'S NAME  
 VICKI STUBBS

6. TREASURER'S MAILING ADDRESS  
 8100 W FLORISSANT AVE

7. TREASURER'S TELEPHONE NUMBER  
 HOME:

CITY / STATE / ZIP  
 ST LOUIS MO 63136

WORK: (314) 553-3554

8. DEPUTY TREASURER'S NAME  CHECK IF NO DEPUTY TREASURER  
 PHIL CONRAD

9. DEPUTY TREASURER'S MAILING ADDRESS  
 8000 W FLORISSANT AVE STATION 2580 ST LOUIS MO 63136

10. DEPUTY TREASURER'S TELEPHONE NUMBER  
 HOME:

CITY / STATE / ZIP

WORK: (314) 553-3380

11. DATE OF ELECTION

12. TYPE OF ELECTION ( CHECK ONE )  
 PRIMARY  GENERAL  SPECIAL

13. TIME PERIOD COVERED BY THIS STATEMENT  
 FROM 4/1/2015 THROUGH 6/30/2015

14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY

CHECK IF INCUMBENT

REPUBLICAN  DEMOCRAT

15. TYPE OF REPORT

15 DAYS AFTER CAUCUS NOMINATION

COMMITTEE QUARTERLY REPORT  
 Jan 15  Apr 15  Jul 15  Oct 15

8 DAYS BEFORE

30 DAYS AFTER ELECTION

TERMINATION (ATTACH FORM CO-3)

SEMIANNUAL DEBT REPORT  
 Jan 15  Jul 15

ANNUAL SUPPLEMENTAL, JAN 15

15 DAYS AFTER PETITION DEADLINE

OTHER

AMENDING PREVIOUS REPORT DATED \_\_\_\_\_, 20\_\_

16. COMMITTEE TREASURER'S SIGNATURE

I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE.

ELECTRONICALLY FILED Jul 10 2015 3:35PM

\_\_\_\_\_  
 TREASURER'S SIGNATURE

17. CANDIDATE'S SIGNATURE ( CANDIDATE COMMITTEES ONLY )

I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE.

ELECTRONICALLY FILED Jul 10 2015 3:35PM

\_\_\_\_\_  
 CANDIDATE'S SIGNATURE



Missouri Ethics Commission

**REPORT SUMMARY**

Instructions on Reverse Side

Name of Committee	Date of Report	Office Use Only
EMERSONS MISSOURI RESPONSIBLE GOVERNMENT FUND	7/10/2015	

Receipts		A. This Period	B. This Calendar Yr or Election Cycle	Statement of Beginning and Ending Financial Condition			
1. Total Receipts For This Election Previously Reported			\$ 9,500.00	<b>Money On Hand</b>			
2. All Monetary Contributions Received This Period		\$ 0.00					
3. All Loans Received This Period		+ 0.00					
4. Miscellaneous Receipts This Period		+ 0.00				24. Money On Hand at the beginning of this reporting period (Including funds in depository, cash, savings accounts and all other investments)	\$ 46.09
5. <b>Subtotal</b> Monetary Receipts This Period (Sum 2A + 3A + 4A)		\$ 0.00				25. Monetary Receipts this Period (From Item 5 - this page)	+ 0.00
6. In-kind Contributions Received This Period		+ 0.00		26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23) a) Disbursements By Check \$ 33.95 b) Disbursements By Cash \$ 0.00			
7. <b>Total</b> All Receipts This Period (Sum 5A + 6A)		\$ 0.00				27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26)	
8. <b>Total All Receipts This Election</b> (Sum 1B + 7A)			\$ 9,500.00	<b>Indebtedness</b>			
9. Total Expenditures for this election previously reported			\$ 0.00			28. Outstanding Indebtedness at the beginning of this period	
10. Expenditures made by cash or check this period		\$ 33.95		29. Loans Received This Period			
11. In-Kind Expenditures made this period		+ 0.00				30. A. New Expenditures Incurred This Period (include payments by Credit Card (Line 17 CD3)	
12. Expenditures incurred this period (not including loans) including payments made by credit card (line 17 CD3)		+ 0.00		B. New Contributions Made by Credit Card (Line 25B CD3)			
13. <b>Total</b> All expenditures made this period (Sum 10A + 11A + 12A) Including payments made by Credit Card (line 17 CD3)		\$ 33.95				31. Payments Made on Loans This Period	
14. <b>Total Expenditures This Election</b> (Sum 9B + 13A)			\$ 33.95	32. Debt Forgiven on Loans This Period			
15. Total Contributions Made For This Election Previously Reported			\$ 9,500.00			33. Payments Made This Period on Expenditures Incurred in Previous Period (Paid by Cash/Check Only) (Line 21 this page)	
16. All Contributions Made This Period (25A or 25B of CD3)		A 0.00 ← Cash/Check		34. Total Indebtedness at the Close of This Reporting Period (Sum 28 + 29 + 30A + 30B - 31 - 32 - 33)			
		B 0.00 ← Credit Card					
17. All In-Kind Contributions Made This Period		+ 0.00					
18. <b>Total</b> Contributions Made This Period (Sum 16A + 17A)		\$ 0.00					
19. <b>Total All Contributions Made This Election</b> (Sum 15B + 18A)			\$ 9,500.00				
<b>Other Disbursements</b>		A. This Period	B. This Calendar Yr or Election Cycle				
20. Funds Used For Paying Loans This Period Including Credit Card Payments		+ 0.00					
21. Payments This Period on Prev Reported Expend Incurred (Paid by Cash/Check Only)		+ 0.00					
22. Any Miscellaneous Disbursement Not Reported Elsewhere		+ 0.00					
23. <b>Total Other Disbursements This Period</b> (Sum 20A + 21A + 22A)		\$ 0.00					



**MISSOURI ETHICS COMMISSION**  
**CONTRIBUTIONS AND LOANS RECEIVED**  
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE EMERSONS MISSOURI RESPONSIBLE GOVERNMENT FUND		2. REPORT DATE 7/10/2015	
<b>A. ITEMIZED CONTRIBUTIONS RECEIVED</b> FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.		4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)			
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$  <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$  <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$  <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$  <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$  <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$	0.00
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+ \$	0.00
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$	0.00
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>MONETARY</b> CONTRIBUTIONS		\$	0.00
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>IN-KIND</b> CONTRIBUTIONS		\$	0.00
<b>B. NON-ITEMIZED CONTRIBUTIONS RECEIVED</b> (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)			AMOUNT RECEIVED
11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM CD1A		\$	0.00
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		\$	0.00
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$	0.00
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS		\$	0.00
<b>C. LOANS RECEIVED</b>		16. DATE RECEIVED	17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B)
15. NAME AND ADDRESS OF LENDER			
NAME: ADDRESS: CITY / STATE:			\$
NAME: ADDRESS: CITY / STATE:			\$
18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)		\$	0.00
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES		\$	0.00
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)		\$	0.00
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)		\$	0.00
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$	0.00
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$	0.00



**MISSOURI ETHICS COMMISSION**  
**EXPENDITURES AND CONTRIBUTIONS MADE**  
 Instructions on Reverse Side

Office Use Only

1. Name of Committee EMERSONS MISSOURI RESPONSIBLE GOVERNMENT FUND		2. Report Date 7/10/2015	
<b>A. Expenditures of \$100 or Less by Category</b> (List Payments to Campaign Workers in Section B Below)			4. Amount Paid or Incurred This Period
3. Category of Expenditure			
5. Subtotal: Non-Itemized Expenditures This Page (Sum Column 4)			\$ 0.00
6. Subtotal: Non-Itemized Expenditures Any Attached Pages			+ 0.00
7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6)			\$ 0.00
<b>B. Itemized Expenditures All Over \$100</b> And All Payments To Campaign Workers			
8. Name and Address of Recipient	9. Date	10. Purpose - (If Payment was to a Campaign Worker, Show Aggregate Paid)	11. Amount This Period
Name: US Bank Address: 8031 W Florissant Ave City / State: St. Louis MO 63136	4/30/2015	Bank Fees	\$ <input checked="" type="checkbox"/> Paid 25.00 <input type="checkbox"/> Incurred
Name: US Bank Address: 8031 W Florissant Ave City / State: St. Louis MO 63136	6/30/2015	Bank Fees	\$ <input checked="" type="checkbox"/> Paid 8.95 <input type="checkbox"/> Incurred
Name: Address: City / State:			\$ <input type="checkbox"/> Paid <input type="checkbox"/> Incurred
12. Subtotal: This Page ( Sum Column 11)			\$ 33.95
13. Subtotal: Any Attached Pages			+ 0.00
14. Total: Itemized Expenditures This Period (Sum 12 + 13)			\$ 33.95
15. Total: Monetary Expenditures This Period (Sum 7 + 14)			\$ 33.95
16. Amount of Line 15 Above which was Paid Out This Period			\$ 33.95
17. Amount of Line 15 Which Were Expenditures Incurred This Period Including Payments Made by Credit Cards			\$ 0.00
18. If Committee Made Any In-Kind Expenditures This Period, List Amount			\$ 0.00
19. Funds Used For Paying Loans/Credit Cards This Period (Attach Form CD1B - amount goes to Line 5 / Part II)			\$ 0.00
<b>C. Contributions Made (Regardless of Amount)</b>		21. Date	22. Amount
20. Name and Address of Candidate or Committee			\$ <input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind
Name: Address: City / State:			\$ <input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind
Name: Address: City / State:			\$ <input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind
Name: Address: City / State:			\$ <input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind
23. Subtotal: This Page (Sum Column 22)			\$ 0.00
24. Subtotal: Any Attached Pages			\$ 0.00
25. Total: Monetary Contributions Made This Period		A. By Cash / Check	\$ 0.00
		B. By Credit Card	\$ 0.00
26. If Committee Made Any Loans This Period, List Amount			\$
27. Total: All Monetary Contributions and Loans Made This Period (Sum 25 + 26)			\$ 0.00
28. Total: In-Kind Contributions Made This Period, List Amount			\$ 0.00