

FEC
FORM 1STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (in full) (Check if name
is changed) Example: If typing, type
over the lines.

12FE4M5

The Emerson Electric Co. Employees' PAC

ADDRESS (number and street)

8000 W Florissant Ave

 (Check if address
is changed)

Station 2310

St. Louis

MO

63136

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

 (Check if address
is changed)

pac@emerson.com

Optional Second E-Mail Address
pleeman@ddcpoliticalaffairs.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

 (Check if address
is changed)

2. DATE

M M / D D / Y Y Y Y
07 / 26 / 2021

3. FEC IDENTIFICATION NUMBER ►

C C00080515

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Goeke, David, , ,

Signature of Treasurer

Goeke, David, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y
07 / 29 / 2021NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100FEC FORM 1
(Revised 06/2012)

5. TYPE OF COMMITTEE

Candidate Committee:

(a) This committee is a principal campaign committee. (Complete the candidate information below.)

(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of
Candidate

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

Candidate Party Affiliation

1

**Office
Sought:**

House

Senate

President

State

1

District

(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate

11. *What is the primary purpose of the following sentence?*

Party Committee:

(d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

Corporation Corporation w/o Capital Stock Labor Organization

Membership Organization Trade Association Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.

(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	<input style="width: 150px; height: 20px; border: 1px solid black; border-radius: 5px; padding: 2px 10px; margin-right: 10px;" type="text"/>	FEC ID number	<input style="width: 100px; height: 20px; border: 1px solid black; border-radius: 5px; padding: 2px 10px; margin-right: 10px;" type="text"/>	C	<input style="width: 100px; height: 20px; border: 1px solid black; border-radius: 5px; padding: 2px 10px; margin-right: 10px;" type="text"/>
2.	<input style="width: 150px; height: 20px; border: 1px solid black; border-radius: 5px; padding: 2px 10px; margin-right: 10px;" type="text"/>	FEC ID number	<input style="width: 100px; height: 20px; border: 1px solid black; border-radius: 5px; padding: 2px 10px; margin-right: 10px;" type="text"/>	C	<input style="width: 100px; height: 20px; border: 1px solid black; border-radius: 5px; padding: 2px 10px; margin-right: 10px;" type="text"/>
3.	<input style="width: 150px; height: 20px; border: 1px solid black; border-radius: 5px; padding: 2px 10px; margin-right: 10px;" type="text"/>	FEC ID number	<input style="width: 100px; height: 20px; border: 1px solid black; border-radius: 5px; padding: 2px 10px; margin-right: 10px;" type="text"/>	C	<input style="width: 100px; height: 20px; border: 1px solid black; border-radius: 5px; padding: 2px 10px; margin-right: 10px;" type="text"/>
4.	<input style="width: 150px; height: 20px; border: 1px solid black; border-radius: 5px; padding: 2px 10px; margin-right: 10px;" type="text"/>	FEC ID number	<input style="width: 100px; height: 20px; border: 1px solid black; border-radius: 5px; padding: 2px 10px; margin-right: 10px;" type="text"/>	C	<input style="width: 100px; height: 20px; border: 1px solid black; border-radius: 5px; padding: 2px 10px; margin-right: 10px;" type="text"/>

Write or Type Committee Name

The Emerson Electric Co. Employees' PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Emerson Electric Co.

Mailing Address

8000 W Florissant Ave

St. Louis

MO

63136

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

PAC Services, DDC, , ,

Mailing Address

805 15th St, NW - Ste 300

Attn: Philip Leeman

Washington

DC

20005

Title or Position

CITY

STATE

ZIP CODE

Custodian of Records

Telephone number

202

830

2104

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer

Goeke, David, , ,

Mailing Address

8000 West Florissant Ave

St. Louis

MO

63136

CITY

STATE

ZIP CODE

Title or Position
Treasurer

Telephone number

314

553

3025

Full Name of
Designated
Agent

Sheehan, Tom, , ,

Mailing Address

1675 West Campbell Road

Sidney

CITY

OH

45365

STATE

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

937 - 498 - 3214

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

US Bank

Mailing Address

8031 W Florissant Ave

St. Louis

CITY

MO

63136

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE