



Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov

Statement of Committee Organization

MO Ethics Commission

OCT 27 2021

Rec'd by email

1. Statement Information

Date: 10/27/21

Type: ☐ New ☒ Amended (if amending, enter MEC ID C151219 & section changed election date)

2. Committee Information

Friends of Phil Christofanelli

Name of Committee

1011 Saravalle Dr, St Peters, MO 63376

Committee Mailing Address, City, State, & Zip

(636) 486-6307

Telephone Number

Official Committee Description

County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee

Committee Type: ☐ Campaign ☒ Candidate ☐ Continuing (PAC) ☐ Debt Service ☐ Exploratory ☐ Political Party

3. Treasurer/Deputy Treasurer Information

Dan Rakers

Treasurer's Name (First & Last)

416 Lantana Ln, St Peters, MO 63376

Treasurer's Mailing Address, City, State, & Zip

Treasurer's Email Address (optional)

(314) 792-0721

Treasurer's Home Telephone Number

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Treasurer's Work Telephone Number

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

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Dep. Treasurer's Home Telephone Number

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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)

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

Phil Christofanelli, 1011 Saravalle Dr, St. Peters, MO 63376

Name & Mailing Address, City, State & Zip of Candidate

(636) 486-6407

Telephone Number (Candidate Committees Only)

11/8/2022

Election Date

State Representative

Office Sought & Political Subdivision

Republican

Political Party

Support

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.

Dan Rakers

Committee Treasurer

Phil Christofanelli

Candidate (Candidate Committees Only)