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
Office Use:
DEC 20 2022
Rec'd by email

1. **Statement Information**

Date: 12/19/22

Type: ☐ New ☒ Amended (if amending, enter MEC ID C151219 & section changed 3 and 6)

2. **Committee Information**

Friends of Phil Christofanelli
Name of Committee

1011 Saravalle Dr., Saint Peters, MO 63376 (636) 4866407
Committee Mailing Address, City, State, & Zip — Telephone Number

Official Committee Email Address — MEC
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)

Treasurer's Email Address (optional)

83 Fountainview Dr., St. Charles, MO 63303
Treasurer's Mailing Address, City, State, & Zip

( ) Treasurer's Home Telephone Number ( ) Treasurer's Work Telephone Number

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

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

( ) Dep. Treasurer's Home Telephone Number ( ) Dep. Treasurer's Work Telephone Number

4. **Additional Committee Information**

No Change
Additional Committee Officer's Name & Title (if any)

Additional Committee Officer's Mailing Address, City, State, & Zip

Amendment
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)**

No Change
Name & Mailing Address, City, State, & Zip of Financial Institution — Account Name — Account Number

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

Phil Christofanelli (see address above) (636) 4866407 ( )
Name & Mailing Address, City, State & Zip of Candidate — Telephone Number (Candidate Committees Only)

08/06/2024	State Senate - 23	Republican	Support
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.

Committee Treasurer — Candidate (Candidate Committees Only)