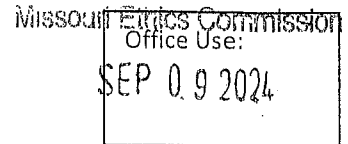




Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov

Statement of Committee Organization



1. **Statement Information**

Date: 09-02-24

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

2. **Committee Information**

Citizens for Lovasco

Name of Committee

1752 Koch Road

Mailing Address, City, State, & Zip

(314) 472-5557

Telephone Number

Saint Charles County Election Authority

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

Official Committee Email Address

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

3. **Treasurer/Deputy Treasurer Information**

Dan Rakers

Treasurer's Name (First & Last)

83 Fountainview Drive, St. Charles MO 63303

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

Treasurer's Email Address (optional)

(314) 792-0721

Treasurer's Home Telephone Number

()

Treasurer's Work Telephone Number

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

()

Dep. Treasurer's Home Telephone Number

()

Dep. Treasurer's Work Telephone Number

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

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)**

Tony Lovasco - 1752 Koch Road, O'Fallon MO 63366

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

August 4th, 2026

Election Date

State Representative - District 64

Office Sought & Political Subdivision

(314) 472-5557

Telephone Number (Candidate Committees Only)

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.

Committee Treasurer

Candidate (Candidate Committees Only)