Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Office Use: BP DS

Statement of Committee Organization

1. Statement Information

Date: 2/24/16

Type: ☐ New ☒ Amended (if amending, enter MEC ID C151219 & section changed 2 and 3)

2. Committee Information

Friends of Phil Christofanelli
Name of Committee

308 Broadridge Dr St Peters, MO 63376
Committee Mailing Address, City, State, & Zip

(636) 486 6407 *New
Telephone Number

Official Committee Email Address

St Charles County Election Authority
County Clerk or Board of Election Commissioners

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)

416 Lantana Lane St. Peters, MO 63376
Treasurer's Mailing Address, City, State, & Zip

(314) 792-0271
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

Additional Committee Officer's Name & Title (if any)

AMENDMENT

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)

Same
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)

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

(636) 486-6407
Telephone Number (Candidate Committees Only)

Same

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.

Dan Rakers
Committee Treasurer

Philip Christofanelli
Candidate (Candidate Committees Only)

Form must be completed in full & contain original signature(s), fax filings are not accepted.

Missouri Ethics Commission
FEB 29 2016