Missouri Ethics Commission

Office Use DEC 13 2019

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

Statement of Committee Organization

1. **Statement Information**

Date: 12/02/2019

Type: ☐ New ☑ Amended (if amending, enter MEC ID C151219 & section changed _____)

2. **Committee Information**

Friends of Phil Christofanelli
Name of Committee

1011 Saravalle Drive, St Peters, MO, 63376
Committee Mailing Address, City, State, & Zip

(636) 486--6307
Telephone Number

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

(314)792-0721
Treasurer's Home Telephone Number

(____)
Treasurer's Work Telephone Number

Deputy Treasurer's Name (if one appointed)

AMENDMENT

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)

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 Saraville Drive, St. Peters, MO 63376
Name & Mailing Address, City, State & Zip of Candidate

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

(____)

~~8/7/2018~~ 8/4/2020
Election Date

State Representative, District 105
Office Sought & Political Subdivision

Republican
Political Party

Support
Support or Oppose

per phone call

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)

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