

DEC 21 2020

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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: 12/15/2020  
Type:  New  Amended (if amending, enter MEC ID C161381 & section changed 6)

2. **Committee Information**

**Schnelting For Missouri**

Name of Committee  
P.O. Box 1112, St Peters, MO 63376 (636) 497-2273  
Telephone Number

Saint Charles County Election Authority  
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**

**Stephen Johnson** NA  
Treasurer's Name (First & Last) Treasurer's Email Address (optional)

510 Woodmere Crossing, St Charles, MO 63303 (636) 233-2799  
Treasurer's Mailing Address, City, State, & Zip Treasurer's Home Telephone Number Treasurer's Work Telephone Number

NA NA  
Deputy Treasurer's Name (if one appointed) Deputy Treasurer's Email Address (optional)

NA NA  
Deputy Treasurer's Mailing Address, City, State, & Zip Dep. Treasurer's Home Telephone Number Dep. Treasurer's Work Telephone Number

4. **Additional Committee Information**

NA  
Additional Committee Officer's Name & Title (if any) Additional Committee Officer's Mailing Address, City, State, & Zip

NA  
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)**

Adam Schnelting, P.O. Box 1112, St Peters, MO 63376 (636) 497-2273  
Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)

August 2022 State Representative D104 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)**

NA  
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. 87S RSMo.

Stephen Johnson  
Committee Treasurer

Adam Schnelting  
Candidate (Candidate Committees Only)