

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

## HAND DELIVERED

## **Statement of Committee Organization**

1.	Statement Information		
	Date: 2-22-22		
	Type: ☐ New ■ Amended (if amending, enter MEC ID <u>C16</u> )	381 & section cha	nged)·
2.	Committee Information		
	SCHNELTING FOR MISSOURI		
	Name of Committee		
	P. D. BOX 1112, ST PETERS MO 63376 Committee Mailing Address, City, State, & Zip		(636) 497 - 2273
	Committee training rates and made and society as the	SAINT CHARLET COLOR	Y ELECTION AUTHORITY
	· · · · · · · · ·	County Clerk, Board of Election Commissioner	
	Committee Type: ☐ Campaign ■ Candidate ☐ Continuing (PA	AC) 🗆 Debt Service 🗀 Explo	ratory 🔲 Political Party
3. Treasurer/Deputy Treasurer Information			
	STEPHEN JOHNSON	NA	
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)	
	510 WOODMERE CROSSING STCHARLES NO 63303 Treasurer's Mailing Address, City, State, & Zip	(636) 233-2799 Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
	NA	NA	Heaziller 2 Mark (erebiining Lithting)
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional)	
		()	()
	Ocputy 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, & /ip  Amendment	
	Constant Constant Name His and		
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, Cit	
5	CANDIDATES: Do you have more than one candidate committee?  Official Bank Account Information (required by all committees)		
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		•	
_		Charles in the second transfer	
6.	Candidate Supported or Opposed (candidate committees must in		
	ADAM SCHNEUTING, P.O. Box 11)2, ST PETENS, Mo (13376) Name & Mailing Address, City, State & Zip of Candidate	(636) 497-2273 Felephone Number (Candidate Committees O	niy)
	AUGUST 2 2022 STATE REPRESENTATIVE D-69	REPUBLICAN	SUPPORT
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees mu	ist complete this section)	
	NA		-
	Name of Ballot Moasure	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	•	
	further acknowledge that I am aware that any false statement or d	eclaration made herein is puni	shable under Ch. 575 RSMo.
	VI to an others	Melow 11.	Levy
	Committee Type surer	Candidate (Candidate Committees Only)	

MO 300-1308 Packet (Rev. 1/2021)