

C161381



Missouri Ethics Commission (MEC)

PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov

Statement of Committee Organization

JAN 03 2023
Office Use:
HAND DELIVERED

1. Statement Information

Date: 1-2-2023
Type: [ ] New [X] Amended (if amending, enter MEC ID C161381 & section changed)

2. Committee Information

Name of Committee: SCHWELTING FOR MISSOURI
Committee Mailing Address, City, State, & Zip: P.O. Box 1112, ST PETERS MO 63376
Telephone Number: (636) 497-2273
Official Committee Email Address: SAINT CHARLES COUNTY ELECTION AUTHORITY
Committee Type: [ ] Campaign [X] Candidate [ ] Continuing (PAC) [ ] Debt Service [ ] Exploratory [ ] Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): STEPHEN SCHUSCH
Treasurer's Email Address (optional): NA
Treasurer's Mailing Address, City, State, & Zip: 610 WOODMERE CROSSING, ST CHARLES MO 63303
Treasurer's Home Telephone Number: (636) 233-2799
Treasurer's Work Telephone Number:
Deputy Treasurer's Name (if one appointed): NA
Deputy Treasurer's Email Address (optional): 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

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

CANDIDATES: Do you have more than one candidate committee? [ ] Yes (refer to instructions on back) [X] No

5. Official Bank Account Information (required by all committees)

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Name & Mailing Address, City, State & Zip of Candidate: ADAM SCHWELTING, P.O. Box 1112, ST PETERS MO 63376
Telephone Number (Candidate Committees Only): (636) 497-2273
Election Date: 08/06/2024
Office Sought & Political Subdivision: STATE SENATE - 23
Political Party: REPUBLICAN
Support or Oppose: SUPPORT

7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

Name of Ballot Measure: NA
Election Date & Political Subdivision:
Support or Oppose:

8. Signature(s) - Check certification(s) & sign (required by all committees)

[X] 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: [Signature]
Candidate (Candidate Committees Only): [Signature]