

C161381



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

MO Ethics Commission
Office Use:
JUL 31 2023
Rec'd by email

1. Statement Information

Date: 07/30/2023
Type: [] New [x] Amended (if amending, enter MEC ID C161381 & section changed 3, 5 & 6)

2. Committee Information

SCHNELTING FOR MISSOURI
Name of Committee
P.O. BOX 1112, SAINT PETERS, MO 63376-0019 (636) 497-2273
Committee Mailing Address, City, State, & Zip Telephone Number
Official Committee Email Address SAINT CHARLES COUNTY ELECTION AUTHORITY
County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee
Committee Type: [] Campaign [x] Candidate [] Continuing (PAC) [] Debt Service [] Exploratory [] Political Party

3. Treasurer/Deputy Treasurer Information

MIKE SOMMER
Treasurer's Name (First & Last)
901 BOONE'S LICK ROAD, SAINT CHARLES, MO 63301-2464 (636) 946-2727
Treasurer's Mailing Address, City, State, & Zip Treasurer's Work Telephone Number
STEVE JOHNSON
Deputy Treasurer's Name (if one appointed)
510 WOODMERE CROSSING, SAINT CHARLES, MO 63304-0718 (636) 233-2799
Deputy Treasurer's Mailing Address, City, State, & Zip Dep. Treasurer's Home Telephone Number Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

Amendment
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 as candidate)

ADAM SCHNELTING, 28 MORNING WIND COURT, SAINT CHARLES, MO 63304-6771 (636) 497-2273
Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)
08/06/2024 MO STATE SENATE - 023 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)

Name of Ballot Measure 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.
[Signature] Treasurer [Signature] Candidate (Candidate Committees Only)

X