



Statement of Committee Organization

1. Statement Information

Date: 11-16-18
 Type: New Amended (if amending, enter MEC ID C161381 & section changed 3,6)

2. Committee Information

Name of Committee: Schnelting 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: _____ County Clerk or Board of Election Commissioners: Rich Chrismer
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): Stephen Johnson Treasurer's Email Address (optional): _____
 Treasurer's Mailing Address, City, State, & Zip: 310 Woodmere Crossing, St. Charles, MO 63303 Treasurer's Home Telephone Number: (636) 233-2799 Treasurer's Work Telephone Number: () NA
 Deputy Treasurer's Name (if one appointed): NA 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): Not Applicable Additional Committee Officer's Mailing Address, City, State, & Zip: _____
 Connected Organization's Name (if any): AMENDMENT 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)

Name & Mailing Address, City, State, & Zip of Candidate: Adam Schnelting, P.O. Box 1112, St. Peters, MO 63376 Telephone Number (Candidate Committees Only): (636) 497-2273
 Election Date: Aug-2020 Office Sought & Political Subdivision: State Representative, 104 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)

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: Stephen Z. Johnson Candidate (Candidate Committees Only): _____