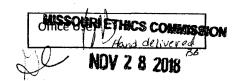


Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Statement of Committee Organization



		<u>.,,, <, </u>
1.	Statement Information	
	Date:	
2.	Committee Information	& Section changed
	Schnelling For Missouri Name of Committee	
	P.D. Box 1112 St Peters Mo 6337	(636) 497 - 2273 Telephone Number
	Official Committee Email Address	Rich Chrismer County Clerk or Board of Election Commissioners
	Committee Type: Campaign Candidate Continuing (PA	
3.	Treasurer/Deputy Treasurer Information	
	Stephen Johnson Treasurer's Name (First & Last)	Treasurer's Email Address (optional)
	310 Woodmere Crossing, 5t, Charles, mo 63303 Treasurer's Mailing Address, City, State, & Zip	(636) 233-2799 () NA Treasurer's Home Telephone Number Treasurer's Work Telephone Number
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional)
	Departy, readules or name (it one appointed)	1)
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number Dep. Treasurer's Work Telephone Number
4.	Additional Committee Information	
	Not Applicable Additional Committee Officer's Name & Title (if any)	44
		Additional Committee Officer's Mailing Address, City, State, & Zip
	Connected Organization's Name (framy)	Connected Organization's Mailing Address, City, State, & Zip
5.	CANDIDATES: Do you have more than one candidate committee? Official Bank Account Information (required by all committees)	Yes (refer to instructions on back) No
J.	Official Bank Account information (required by an committees)	
	and the second second	
6.	Candidate Supported or Opposed (candidate committees must in	nclude self, if candidate)
	Adam Schnelting St. Peters mo 63376 Name & Mailing Address, City, State & Zip of Candidate	(636) 497-2273 Telephone Number (Candidate Committees Only)
	Aug 2020 State RePresentatived.104 Office Sought & Political Subdivision	Republicary Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees mu	ist complete this section)
	NA	
	Name of Ballot Measure	Election Date & Political Subdivision Support or Oppose
	Signature(s) Check certification(s) & sign (required by all commi	
	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.	
	A D D D D D D D D D D D D D D D D D D D	Contactor made in is pullishable undar Cit. 373 KSIVIO.
	Committee Treasurer	Candidate (Candidate Committees Only)

MO 300-1308 Packet (Rev. 11/2014) Form must be completed in full & contain original signature(s), fax filings are not accepted Page 1 of 3