



MISSOURI ETHICS COMMISSION  
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID #

C101331

OFFICE USE ONLY

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STATEMENT DATE <b>4-27-10</b>		TYPE OF STATEMENT (CHECK ONE) <input checked="" type="checkbox"/> NEW <input type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS)	
3. FULL NAME OF COMMITTEE <b>Citizens for Karla May</b>					
4. COMMITTEE MAILING ADDRESS ADDRESS: <b>5017 N. Kingshighway</b> CITY / STATE / ZIP: <b>St Louis, MO. 63115</b>				5. TELEPHONE NUMBER <b>(314) 749-9985</b>	
6. TREASURER'S NAME <b>Annette Smith</b>					
7. TREASURER'S MAILING ADDRESS ADDRESS: <b>11130 Starshree Apt C</b> CITY / STATE / ZIP: <b>St Louis, MO. 63138</b>				8. TELEPHONE NUMBER HOME: <b>(314) 741-6642</b> WORK: <b>N/A</b>	
9. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER <b>Karla May</b>					
10. DEPUTY TREASURER'S ADDRESS ADDRESS: <b>5017 N. Kingshighway</b> CITY / STATE / ZIP: <b>St Louis, MO. 63115</b>				11. TELEPHONE NUMBER HOME: <b>(314) 749-9985</b> WORK:	
12. OTHER COMMITTEE OFFICERS (IF ANY) A. NAME B. ADDRESS C. TITLE				13. IF CANDIDATE HAS OTHER COMMITTEES, IS THIS COMMITTEE DESIGNATED AS THE AGGREGATING COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S) A. NAME & ADDRESS OF BANK, SAVING & LOAN, OR CREDIT UNION <b>US Bank</b> <b>3515N Kings Hwy</b> <b>St Louis MO.</b>					
B. ACCOUNT NAME <b>Citizens for Karla May</b>		C. ACCOUNT NO.			
15. TYPE OF COMMITTEE <input checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> POLITICAL PARTY <input type="checkbox"/> CONTINUING <input type="checkbox"/> CAMPAIGN <input type="checkbox"/> EXPLORATORY <input type="checkbox"/> DEBT SERVICE					
16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY) A. NAME <b>Karla May</b> B. ADDRESS <b>5017 N. Kingshighway</b> C. TELEPHONE NO. <b>(314) 749-9985</b> D. POLITICAL PARTY <b>Democrat</b>					
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY) A. NAME B. ADDRESS					
18. CANDIDATES SUPPORTED OR OPPOSED A. NAME(S) OF CANDIDATE(S) <b>Karla May</b> B. ELECTION DATE <b>8/3/10</b> C. OFFICE SOUGHT <b>State Rep</b> D. POLITICAL SUBDIVISION <b>57th Dist</b> CHECK ONE E. SUPPORT <input type="checkbox"/> F. OPPOSE <input type="checkbox"/>					
19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED A. NAME(S) OF MEASURE(S) B. ELECTION DATE C. SUBJECT AND POLITICAL SUBDIVISION CHECK ONE E. SUPPORT <input type="checkbox"/> F. OPPOSE <input type="checkbox"/>					
20. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.  <b>Annette Smith</b> TREASURER'S SIGNATURE			21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.  <b>Karla R. May</b> CANDIDATE'S SIGNATURE		