



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

Office Use: BB

Statement of Committee Organization

BS

1. Statement Information

Date: _____

Type: ☐ New ☒ Amended (if amending, enter MEC ID C101331 & section changed _____)

2. Committee Information

Name of Committee Citizens for Karla May

Committee Mailing Address, City, State, & Zip P.O. Box 21339 St. Louis, MO 63115

Telephone Number (314) 749-9985

Official Committee Email Address _____

County Clerk or Board of Election Commissioners _____

Committee Type: ☐ Campaign ☒ Candidate ☐ Continuing (PAC) ☐ Debt Service ☐ Exploratory ☐ Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last) Rosalyn Winston

Treasurer's Email Address (optional) _____

Treasurer's Mailing Address, City, State, & Zip 2700 Valley Brook St. Louis 63031

Treasurer's Home Telephone Number ()

Treasurer's Work Telephone Number (314) 374-6609

Deputy Treasurer's Name (if one appointed) Karla May

Deputy Treasurer's Mailing Address, City, State, & Zip P.O. Box 21339 St. Louis 63115

Dep. Treasurer's Home Telephone Number ()

Dep. Treasurer's Work Telephone Number (314) 749-9985

4. Additional Committee Information

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, if candidate)

Name & Mailing Address, City, State & Zip of Candidate Karla May

Telephone Number (Candidate Committees Only) (314) 749-9985

Election Date 8-2-16

Office Sought & Political Subdivision State Rep.

Political Party Democrat

Support or Oppose support

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)

☒ 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 Karla May

Candidate (Candidate Committees Only) Karla May