



Office Use: JE

Statement of Committee Organization

1. Statement Information

Date: 7-14-2016
 Type: New Amended (if amending, enter MEC ID A 161497 & section changed _____)

2. Committee Information

Constituents for Karla May for Committee Woman

Name of Committee: _____
 PO Box 21339 St Louis, MO 63115 (314) 749-9985
 Committee Mailing Address Telephone Number

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

3. Treasurer/Deputy Treasurer Information

Rosalyn Winston
 Treasurer's Name (First & Last)
 2700 Valley Brook Dr
 Treasurer's Mailing Address, City, State, & Zip
 Karla May
 Deputy Treasurer's Name (if one appointed)
 PO Box 21339 St Louis, MO 63115
 Deputy Treasurer's Mailing Address, City, State, & Zip

Treasurer's Email Address (optional) _____
 (314) 801-7035
 Treasurer's Home Telephone Number Treasurer's Work Telephone Number
 314 749-9985
 Deputy Treasurer's Email Address (optional) _____
 () _____
 Dep. Treasurer's Home Telephone Number Dep. Treasurer's Work Telephone Number

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)

Karla May PO Box 21339 St Louis, MO 631115 (314) 749-9985
 Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)
 08-02-2016 Committee Woman Democrat 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 _____
 JUL 22 2016
 Received by Fax

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.
 Rosalyn Winston Rosalyn Winston Karla May Karla May
 Committee Treasurer Candidate (Candidate Committees Only)