



Office Use: BB

# Statement of Committee Organization

**1. Statement Information**

Date: 7-14-2016  
 Type:  New  Amended (if amending, enter MEC ID A161497 & section changed \_\_\_\_\_)

**2. Committee Information**

**Constituents for Karla May for Committee Woman**

Name of Committee  
PO 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**

**Rosalyn Winston**  
 Treasurer's Name (First & Last) \_\_\_\_\_ Treasurer's Email Address (optional) \_\_\_\_\_  
2700 Valley Brook Dr Treasurer's Home Telephone Number (314) 801-7035 Treasurer's Work Telephone Number \_\_\_\_\_  
 Treasurer's Mailing Address, City, State, & Zip \_\_\_\_\_ Deputy Treasurer's Email Address (optional) \_\_\_\_\_  
Karla May Deputy Treasurer's Name (if one appointed) \_\_\_\_\_  
PO Box 21339 St Louis, MO 63115 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) \_\_\_\_\_ **Amendment** \_\_\_\_\_  
 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 Telephone Number (Candidate Committees Only) (314) 749-9985  
 Name & Mailing Address, City, State & Zip of Candidate \_\_\_\_\_  
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 \_\_\_\_\_ 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.  
Rosalyn Winston Karla May  
 Committee Treasurer Candidate (Candidate Committees Only)