



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

Missouri Ethics Commission

Office **MAR 26 2018**

Statement of Committee Organization

1. Statement Information

Date: _____

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

2. Committee Information

Citizens for Karla May
Name of Committee

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

(314) 749-9985
Telephone Number

Official Committee _____ Election Commissioners _____

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

3. Treasurer/Deputy Treasurer Information

Karla May
Treasurer's Name (First & Last)

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

(314) 749-9985
Treasurer's Home Telephone Number

()
Treasurer's Work Telephone Number

Deputy Treasurer's Name (if one appointed) _____

Deputy Treasurer's Email Address (optional) _____

Deputy Treasurer's Mailing Address, City, State, & Zip _____

()
Dep. Treasurer's Home Telephone Number

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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)

b. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Karla May P.O. Box 21339 St. Louis MO 63115
Name & Mailing Address, City, State & Zip of Candidate

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

August 2, 2018
Election Date

State Senate
Office Sought & Political Subdivision

Democrat
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.

Karla May
Committee Treasurer

Karla May
Candidate (Candidate Committees Only)