



Office Use:
C253719

Statement of Committee Organization

1. Statement Information

Date: 10/28/2025
Type: New Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

Pam May for Missouri
Name of Committee

P.O. Box 8931 St. Joseph, MO 64508 (816) 294-6907
Committee Mailing Address, City, State, & Zip Telephone Number

[REDACTED] Buchanan County Clerk
Official Committee Email Address County Clerk, Board of Election Commissioners, Federal PAC/Out of State Committee

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

3. Treasurer/Deputy Treasurer Information

William Hedge [REDACTED]
Treasurer's Name (First & Last) Treasurer's Email Address (optional)

P.O. Box 8931 St. Joseph, MO 64508 (816) 248-3893
Treasurer's Mailing Address, City, State, & Zip Phone 1 Phone 2

Deputy Treasurer's Name (if one appointed) [REDACTED]
Deputy Treasurer's Email Address (optional)

Deputy Treasurer's Mailing Address, City, State, & Zip Phone 1 Phone 2

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)

[REDACTED] [REDACTED] [REDACTED]
Name & Mailing Address, City, State, & Zip of Financial Institution Account Name Account Number

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

Pam May P.O. Box 8931 St. Joseph, MO 64508 (816) 294-6907
Name & Mailing address, City, State, & Zip of Candidate Phone 1 Phone 2

08/04/2026 State Senator/Missouri Democrat
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)

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.

ELECTRONICALLY FILED Oct 28 2025 08:40 PM ELECTRONICALLY FILED Oct 28 2025 08:40 PM
Committee Treasurer Candidate (Candidate Committees Only)