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FEC FORM 2

STATEMENT OF CANDIDACY

	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\									
1. (a	n) Name of Candidate (in full)									
		May, Karla, , ,								
(t	b) Address (number and street)					Candidate's FEC Identification Number S4MO00276				
(0	c) City, State, and ZIP Code					3. Is This		ew	Amended	
	St. Louis MO 63				5	Statement (N) OR (A)				
4. P	arty Affiliation	5. Office Sou	ght		6. State & Dist	trict of Candid	date			
	DEMOCRATIC PARTY	Senate)		МО	00				
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE										
7. I	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election)									
	NOTE: This designation should be filed with the appropriate office listed in the instructions.									
(a) Name of Committee (in full)										
Karla May for U.S. Senate										
(k	P. O. Box 771103									
((c) City, State, and ZIP Code									
	St. Louis				MO	63177	7			
DESIGNATION OF OTHER AUTHORIZED COMMITTEES										
(Including Joint Fundraising Representatives)										
8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.										
NOTE: This designation should be filed with the principal campaign committee.										
(a) Name of Committee (in full)										
(b) Address (country and store)										
(b) Address (number and street)										
(c) City, State, and ZIP Code										
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.										
Signature of Candidate Date										
May, Karla, , ,					d1 07/27/2023					
				[Elec	tronically Filed]	01721720	20			
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.										
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