



# Statement of Committee Organization

**1. Statement Information**

Date: 06/24/2015  
 Type:  New  Amended (if amending, enter MEC ID C091239 & section changed #6)

**2. Committee Information**

**Citizens for Marsha Haefner**  
 Name of Committee  
6703 Telegraph Rd St Louis MO 63129 (314) 952-3845  
Telephone Number  
St Louis County  
 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**

**Mike Pourey**  
 Treasurer's Name (First & Last) 5268 Autmn Winds Dr St Louis MO 63129  
 Treasurer's Mailing Address, City, State, & Zip (314) 574-1588  
Treasurer's Email Address (optional) Treasurer's Work Telephone Number  
**Mark Haefner**  
 Deputy Treasurer's Name (if one appointed) 2412 Cripple Creek St Louis MO 63129  
 Deputy Treasurer's Mailing Address, City, State, & Zip (314) 566-6609  
Deputy Treasurer's Email Address (optional) Dep. Treasurer's Home Telephone Number Dep. Treasurer's Work Telephone Number

**4. Additional Committee Information**

n/a  
 Additional Committee Officers Name & Title (if any) **AMENDMENT**  
 Additional Committee Officer's Mailing Address, City, State, & Zip  
 Connected Organization's Name (if any) AMENDMENT  
 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)**

**Marsha Haefner 3015 Carverview Ct St Loui** (312) 952-3845  
 Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)  
Aug 2 2016 State Senate Dist 1 Republican 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.

*[Signature]*  
 Committee Treasurer

*[Signature]*  
 Candidate (Candidate Committees Only)