C171336

Missouri Ethics Commission (MEC)

PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov

Statement of Committee Organization

Missouri Ethics Commission
Office Use:
APR 29 2021

1. **Statement Information**

Date: 4/7/2021

Type: ☐ New ■ Amended (if amending, enter MEC ID C171336 & section changed 6)

2. **Committee Information**

Sharpe for Rep
Name of Committee

22364 Highway 156, Ewing, MO 63440 (660) 341-5708
Committee Mailing Address, City, State, & Zip — Telephone Number

Official Committee Email Address — County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee

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

3. **Treasurer/Deputy Treasurer Information**

Doug Thomas
Treasurer's Name (First & Last)

Treasurer's Email Address (optional)

22243 State Highway J Brookfield MO 63533
Treasurer's Mailing Address, City, State, & Zip

(660) 341-1094
Treasurer's Home Telephone Number

(660) 341-1094
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

(____)_____
Dep. Treasurer's Work Telephone Number

4. **Additional Committee Information**

Additional Committee Officer's Name & Title (if any)

Additional Committee Officer's Mailing Address, City, State, & Zip

AMENDMENT

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)**

Gregory Sharpe 22364 State Hwy 156 Ewing
Name & Mailing Address, City, State & Zip of Candidate

(___)660-341-5708
Telephone Number (Candidate Committees Only)

(___)_____

Aug 2, 2022
Election Date

State Representative
Office Sought & Political Subdivision

Republican
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.

Doug Thomas
Committee Treasurer

Candidate (Candidate Committees Only)