Missouri Ethics Commission (MEC)

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

Statement of Committee Organization

JUL 01 2025
Office Use:
HAND DELIVERED

1. **Statement Information**

Date: 6/10/25

Type: ☐ New ■ Amended (if amending, enter MEC ID C171336 & section changed 2, 3, 5, 6)

2. **Committee Information**

Sharpe for Missouri
Name of Committee

PO Box 213, Ewing, MO 63440 — 573-303-0909
Committee Mailing Address, City, State, & Zip — Telephone Number

Official Committee Email Address — Lewis ~~County~~ County
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**

Barb Wilson
Treasurer's Name (First & Last)

718 S. Jefferson St. Mexico, MO 65265 — (573) 473-2022 — ( )
Treasurer's Mailing Address, City, State, & Zip — 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 — ( ) 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)**

Greg Sharpe — [redacted] (573) 303-0909
Name & Mailing Address, City, State & Zip of Candidate — Telephone Number (Candidate Committees Only)

8/4/26 — Election Date
State Senate-18 Dist. — Office Sought & Political Subdivision
Republican — Political Party
Support — Support or Oppose

7. **Ballot Measure Supported or Opposed (campaign committees must complete this section)**

Name of Ballot Measure — Election Date & Polltical 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.

Barbara K Wilson — Committee Treasurer
Gregory F. Sharpe — Candidate (Candidate Committees Only)