FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		See instruction	_								
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)		e: If typying	, type	12FI	E4M5	Offic	e use only		
		ζ,									
Roger Snarpe	for Congress			Ш			Щ	ш	ш	للل	
				ш				ш		للل	шШ
ADDRESS (number and	street) 6054	Heatherwood Dr	ive	ш				ш		للل	шШ
(Check if add	ress			ш	ш			Ш	ш	للل	
is changed)	Alex	andria		للللا		LVA	.]	Ш	22310]-[1	772
0000000	ADDDEO0		CITY			STATE	_		ZIP C	ODE 4	•
committee's e-MA											ı
<u> </u>	151 151 1 1 1										
	DAGE ADDRESS (I									Ш	
COMMITTEE'S WEB	PAGE ADDRESS (C	JHL)									1
				ш						للل	
				Ш	ш			Ш	Ш	للل	
COMMITTEE'S FAX 2024786028	NUMBER										
2. DATE M	M / D D / Y	2007									
3. FEC IDENTIFICA	ATION NUMBER	(C0042	1867							
4. IS THIS STATE!	MENT X NEV	V (N) OR		AMENDE	ED (A)						
I certify that I have exam	nined this Statement and	d to the best of my know	vledge and be	lief it is true	e, correct ar	nd comple	ete				
Type or Print Name of	Treasurer	Mr. Eddie Glenn (Gouge								
Signature of Treasure	r Electronically File	ed by Mr. Eddie (Glenn Go	ıge		Date	0 1	M /	D 23	Y	2 0 0 7 °
NOTE: Submission of fa		nplete information may							2 U.S.C.	S437g.	
Office Use Only			Fed Tol	r further inf deral Electio I Free 800-4	on Commis 424-9530			F	FEC F		

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5.	TYPE OF COMMITTEE (Check One)														
	(a) X	This committee is	s a princip	oal campaigr	n committ	ee. (Comp	olete the c	andidat	e infor	matior	n below.)				
	(b)	This committee is information below		orized comm	ittee, and	l is NOT a	ı principal	campai	gn con	nmitte	e. (Compl	ete the o	candida	te	
	Name of Candidate	ROGER I	DEAN SI	HARPE					<u> </u>			1 1			
	Candidate Party Affiliatio	n DEM		Office Sought:	X	House		Senat	e		Preside	nt	State		NC 5
	(c)	This committee su	upports/op	oposes only	one cand	idate, and	is NOT a	an autho	rized c	commi	ttee.				
	Name of Candidate														
	(d)	This committee is	a			tional, Sta		ittee of t	he				emocra epublica) Party.
	(e)	This committee is	a separat	te segregate	ed fund										
	(f)	This committee su	unnorte/on												
	()	committee.	1)	oposes more	e than one	e Federal o	candidate	, and is	NOT a	a sepa	rate segre	gated fu	and or p	arty	
6.							candidate	, and is	NOT a	a sepa	rate segre	gated fo	ind or p	эапу	
6. 		committee.					candidate	, and is	NOT a	a sepa	rate segre	gated fu	ind or p	party	
6. 		committee.					candidate	, and is	NOT a	a sepa	rate segre	gated fu	und or p	апу	
6. L	Name of Any	Connected Organ					candidate	, and is		a sepa	rate segre	gated fu	und or p	l l	
6. 		Connected Organ					candidate	, and is	NOT a	a sepa	rate segre	gated fu	und or p	l l	
6. L	Name of Any	Connected Organ					candidate	, and is	NOT a	L L	rate segre	gated for	und or p	l l	
6. L	Name of Any	Connected Organ			l Commit	itee	candidate	, and is				gated for			
6. L	Name of Any	Connected Organ				itee	candidate	, and is		a sepa		gated for	ZIP CO		
6. L	Name of Any	Connected Organ			I Commit	itee				STAT		gated for			
6. L	Name of Any Mailing Addre	Connected Organ	nization o		I Commit	itee				STAT		gated for			
6. L	Name of Any Mailing Addre	committee. Connected Organises L L L ected Organization:	nization o		CITY	itee				STAT			ZIP CC		
6.	Name of Any Mailing Addre Relationship Type of Connex X Corpe	committee.	nization o		CITY	itee				STAT		rganizat	ZIP CC		

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Write or Type Committee Name			
Roger Sharpe for Congres	ss		
 Custodian of Records: Ident possession of Committee bo 	ify by name, address, (phone number ooks and records.	optional), and position of t	he person in
Full Name Mr. Eddie	e Glenn Gouge		
Mailing Address	6054 Heatherwood Drive		
-	Alexandria	NC NC	22310
Title or Position ♥	CITY A	STATE▲	ZIP CODE ▲
		Telephone number	
name and address of any de	d address (phone number optional) of esignated agent (e.g., assistant treasurer	·).	
of Treasurer Mailing Address	6054 Heatherwood Drive		
_	Alexandria	NC	22310
Title or Position ♥	CITY A	STATE▲	ZIP CODE ▲
		Telephone number	
Full Name of Designated Agent			
Mailing Address			
	CITY		
Title or Position ♥	CITY A	STATE A	ZIP CODE A
		Telephone number	

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9.	Banks or Other De safety deposit boxes	or maintains funds.
	Name of Bank, Depo	sitory, etc.
		Wachovia Bank
	Mailing Address	Post Office Box 563966
		Charlotte

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$

CITY 🗷