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MO Ethics Commission
MAR 04 2022

Rec'd by email

Missouri Ethics Commission (MEC)

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

Statement of Committee Organization

1. **Statement Information**

Date: 03/02/2022

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

2. **Committee Information**

Titus For Missouri
Name of Committee

PO Box 2039, Nixa MO 65714
Committee Mailing Address, City, State & Zip

(417) 838-8671
Telephone Number

_____
Official Committee Email Address

Christian
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**

Jack Karnes
Treasurer's Name (First & Last)

Treasurer's Email Address (optional)

622 N Maplewood Hills, Nixa MO 65714
Treasurer's Mailing Address, City, State, & Zip

(508) 776-0320
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

_____
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)**

Bob Titus, 2175 Terrill Rd, Billings MO 65610
Name & Mailing Address, City, State & Zip of Candidate

(417) 838-8671
Telephone Number (Candidate Committees Only)

(___) _____

08/02/2022	MO District 139	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.

Committee Treasurer

Candidate (Candidate Committees Only)