



Missouri Ethics Commission (MEC)
 PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov

Office Use:
 NOV 07 2023
 by email

Statement of Committee Organization

C221891

1. **Statement Information**
 Date: 11/7/2023

Type: New Amended (if amending, enter MEC ID C221891 & section changed 6)

2. **Committee Information**
 Name of Committee: Titus For Missouri

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

Telephone Number: (417) 838-8671

Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party
 County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee: Christian

3. **Treasurer/Deputy Treasurer Information**

Treasurer's Name (First & Last)

Treasurer's Email Address (optional)

Treasurer's Mailing Address, City, State, & Zip

Treasurer's Telephone Number: Amendment
 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

5. **Official Bank Account Information (required by all committees)**
 CANDIDATES: Do you have more than one candidate committee? Yes (refer to instructions on back) No

Name & Mailing Address, City, State, & Zip of Financial Institution

Account Name
 Account Number

6. **Candidate Support or Opposed (candidate committees must include self if candidate)**

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

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

Election Date: 8/6/2024
 Office Sought & Political Subdivision: Representative 139

Political Party: Republican
 Support or Oppose: Support

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

Name of Ballot Measure

Election Date & Political Subdivision
 Support or Oppose

8. **Signature(s) (check certification) & 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: [Signature]

Candidate (Candidate Committees Only): [Signature]