



Missouri Ethics Commission (MEC)
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Missouri Ethics Comm...
 Office Use:

OCT 15 2025

Received by Email

Statement of Committee Organization

1. STATEMENT INFORMATION

Date: 10/11/2025

Type: New Amended (if amending, enter MEID 3 only & section(s) changed _____)

2. COMMITTEE INFORMATION

Titus For Missouri

Name of committee

PO Box 2039, Nixa MO 65714

Amendment

4178388671

Committee mailing address, city, state, & ZIP code

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

Angela Romine

3304 E Covy Lane, Ozark MO 65721

Treasurer's name (first & last)

Treasurer's mailing address, city, state, & ZIP code

417-719-5049

Treasurer's email address (optional)

Treasurer's home telephone number

Treasurer's work telephone number

Deputy treasurer's name (if one is appointed)

Deputy treasurer's mailing address, city, state, & ZIP code

Deputy treasurer's email address (optional)

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 code

Connected organization's name (if any)

Connected organization's mailing address, city, state, & ZIP code

CANDIDATES: If the candidate for which this committee is formed has more than one candidate committee (may only have one per office sought) disclose on the committee name & address along with the name, address, & phone number of the treasurer & designate the aggregating committee on an attached sheet.

5. OFFICIAL BANK ACCOUNT INFORMATION (required for all committees)

Name & mailing address, city, state, and ZIP code of financial institution

Account name

Account number

6. COMMITTEE CREDIT CARD(S)

Account number of committee credit card (if any)

Issuer of committee credit card (if any)

7. CANDIDATE SUPPORTED OR OPPOSED (candidate committee must include self, if candidate)

Name & mailing address, city, state, & ZIP code of candidate

Telephone number (candidate committees only)

Election date

Office sought & political subdivision

Political party

Support or oppose

Rev. 08/2025

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Office Use:

Statement of Committee Organization, cont.

8. BALLOT MEASURE SUPPORTED OR OPPOSED (campaign committees must complete this section)

Name of ballot measure _____ Election date & political subdivision _____ Support or oppose _____

Ballot measure summary _____

9. SIGNATURE(S) AND CERTIFICATION(S) (required for all committees)

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 Chapter 575, RSMo

CONTINUING (PACS), CAMPAIGN, & POLITICAL PARTY COMMITTEES ONLY: I certify that no preliminary activity was funded by prohibited sources, whether directly or indirectly (see § 130.170, RSMo, for complete definitions of "preliminary activity," "prohibited sources," & "directly or indirectly.")

Committee treasurer (required for all committees)

Candidate (required for candidate committees only)



Office Use:

Electronic Filing Agreement

This agreement is to be completed by local campaign committees to support or oppose local ballot measures.

1. AGREEMENT INFORMATION

Date: _____ MECID (if known): _____

Type: New Amended

2. COMMITTEE INFORMATION

Name of committee _____

Official committee email address (this address is used for communication from MEC and is part of your login to the campaign finance electronic filing system) _____

3. ELECTRONIC FILING AGREEMENT

This committee agrees to file all future campaign finance reports using the Missouri Ethics Commission's (MEC) electronic filing system and understands that after the Commission receives this agreement the committee will no longer be required to file a perp format copy of its campaign finance reports with

Name of local election authority (county clerk or board of election commissioners) - The MEC will give notice of this agreement to this entity. _____

 Signature & title (treasurer or deputy treasurer)

VETERANS INFORMATION

If you are a Veteran in the state of Missouri and are interested in learning more about benefits and resources available to you and your dependents, visit <https://mvc.dps.mo.gov/MoVeteransInformation/Survey/MEC>