



Missouri Ethics Commission
 OCT 11 2016

Statement of Committee Organization

1. Statement Information

Date: 10/1/16
 Type: New Amended (if amending, enter MEC ID AK1527 & section changed _____)

2. Committee Information

Committee to Re-Elect Mike Twyman Western Commissioner
 Name of Committee
35565 W 108th St Orrick, MO 64077
 Committee Mailing Address, City, State, & Zip
(816) 516-5885
 Telephone Number
Glenda Powell
 Official Committee Chair
 County Clerk or Board of Election Commissioners
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Tim Twyman
 Treasurer's Name (First & Last)
9995 Bruns Road, Richmond, MO 64085
 Treasurer's Mailing Address, City, State, & Zip
 Treasurer's Email Address (optional) _____
(816) 726-3902
 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)

Mike Twyman 35565 W 108th St Orrick MO 64077
 Name & Mailing Address, City, State & Zip of Candidate
11/8/2016 Western Commissioner Ray County
 Election Date Office Sought & Political Subdivision
(816) 516-5885 _____
 Telephone Number (Candidate Committees Only)
Democratic Support
 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.

[Signature] Committee Treasurer
[Signature] Candidate (Candidate Committees Only)