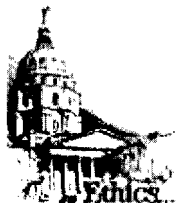


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**Campaign Finance  
Appointment of Treasurer or  
Candidate Committee Form  
For Candidate For State Office**

Governmental Ethics Commission  
901 S. Kansas Avenue  
Topeka, KS 66612  
Phone (785) 296-4219  
Fax (785) 296-2548  
ethics.kansas.gov

This is an (Check one)     Initial Appointment     Amended Statement

**Candidate** Candidate Name: **Matthew D McCann**  
Address: **5430 Skyline Dr.**  
Address2:  
City: **Roeland Park** Zip: **66205**  
Home Phone: **(913) 709-5636** Business Phone: **(877) 561-7247** Cell Phone: **(913) 709-5636**  
County: **Johnson** Email Address: **mccann4house25@gmail.com**  
Office Sought: **State Representative** District No.: **25**

**Treasurer** Date Appointed: **04/15/2016**  
Treasurer Name: **Nicole Hall**  
Address: **5430 Skyline Dr.**  
Address2:  
City: **Roeland Park** State: **KS** Zip: **66205**  
Home Telephone: **(816) 765-6574** Business Phone: Cell Phone:  
Email Address: **nicolehallishere55@gmail.com**

**Candidate** Date Appointed:  
**Committee** Chairperson's Name:  
Address:  
Address2:  
City: State: Zip:  
Home Telephone: Business Phone: Cell Phone:  
Email Address:

Date Appointed:  
Treasurer's Name:  
Address:  
Address2:  
City: State: Zip:  
Home Telephone: Business Phone: Cell Phone:

Email Address:

**I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor.**

Executed on:  
Date: **4/18/2017 8:52:21 AM** Signature of Candidate: **Matt McCann**

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**Campaign Finance  
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For Candidate For State Office**

Governmental Ethics Commission  
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Topeka, KS 66612  
Phone (785) 296-4219  
Fax (785) 296-2548  
www.kansas.gov/ethics

This is an (Check one)  Initial Appointment  Amended Statement

**Candidate**

Candidate Name: **Matthew D McCann**  
Address: **5430 Skyline Dr.**  
Address2:  
City: **Roeland Park** Zip: **66205**  
Home Phone: **(913) 709-5636** Business Phone: **(877) 561-7247** Cell Phone: **(913) 709-5636**  
County: **Johnson** Email Address: **mccann4house25@gmail.com**  
Office Sought: **State Representative** District No.: **25**

**Treasurer**

Date Appointed: **04/15/2016**  
Treasurer Name: **Nicole L Hall**  
Address: **5430 Skyline Dr.**  
Address2:  
City: **Roeland Park** State: **KS** Zip: **66205**  
Home Telephone: **(816) 332-0288** Business Phone: Cell Phone: **(816) 332-0288**  
Email Address: **nicolehallishere55@gmail.com**

**Candidate  
Committee**

Date Appointed:  
Chairperson's Name:  
Address:  
Address2:  
City: State: Zip:  
Home Telephone: Business Phone: Cell Phone:  
Email Address:

Date Appointed:  
Treasurer's Name:  
Address:  
Address2:  
City: State: Zip:  
Home Telephone: Business Phone: Cell Phone:  
Email Address:

**I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor.**

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Fax (785) 296-2548  
[www.kansas.gov/ethics](http://www.kansas.gov/ethics)

This is an (Check one)  Initial Appointment  Amended Statement

**Candidate** Candidate Name: **Matthew D McCann**  
Address: **5529 Russell St**  
Address2:  
City: **Mission** Zip: **66202**  
Home Phone: **(913) 709-5636** Business Phone: **(877) 561-7247** Cell Phone: **(913) 709-5636**  
County: **Johnson** Email Address: **mccann4house25@gmail.com**  
Office Sought: **State Representative** District No.: **25**

**Treasurer** Date Appointed: **04/15/2016**  
Treasurer Name: **Nicole L Hall**  
Address: **6565 Foxridge Dr**  
Address2: **apt 3006**  
City: **Mission** State: **KS** Zip: **66202**  
Home Telephone: **(816) 332-0288** Business Phone: **(866) 821-2439** Cell Phone: **(816) 332-0288**  
Email Address: **nicolehallishere55@gmail.com**

**Candidate Committee** Date Appointed:  
Chairperson's Name:  
Address:  
Address2:  
City: State: Zip:  
Home Telephone: Business Phone: Cell Phone:  
Email Address:

Date Appointed:  
Treasurer's Name:  
Address:  
Address2:  
City: State: Zip:  
Home Telephone: Business Phone: Cell Phone:  
Email Address:

I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor.

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Date: **5/28/2016 10:39:01 PM** Signature of Candidate: **Matthew D McCann**

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[www.kansas.gov/ethics](http://www.kansas.gov/ethics)

This is an (Check one)  **Initial Appointment**  **Amended Statement**

**Candidate** Candidate Name: **Matthew D McCann**  
Address: **6565 Foxridge Dr**  
Address2: **apt 3006**  
City: **Mission** Zip: **66202**  
Home Phone: **(913) 709-5636** Business Phone: **(877) 561-7247** Cell Phone: **(913) 709-5636**  
County: **Johnson** Email Address: **mcan2333@gmail.com**  
Office Sought: **State Representative** District No.: **25**

**Treasurer** Date Appointed: **04/15/2016**  
Treasurer Name: **Nicole Hall**  
Address: **6565 Foxridge Dr**  
Address2: **apt 3006**  
City: **Mission** State: **KS** Zip: **66202**  
Home Telephone: **(816) 332-0288** Business Phone: **(866) 821-2439** Cell Phone: **(816) 332-0288**  
Email Address: **nicolehallishere55@gmail.com**

**Candidate Committee** Date Appointed:  
Chairperson's Name:  
Address:  
Address2:  
City: State: Zip:  
Home Telephone: Business Phone: Cell Phone:  
Email Address:

Date Appointed:  
Treasurer's Name:  
Address2:  
City: State: Zip:  
Home Telephone: Business Phone: Cell Phone:  
Email Address:

**I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor.**

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Date: **4/15/2016 3:14:01 PM** Signature of Candidate: **Matthew D McCann**

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