





Change of Officer Resignation/Appointment - Treasurer

Political Committee Name: \_\_\_\_\_ Entity # \_\_\_\_\_

Resignation of Committee Treasurer

In accordance with §13-207(d)(1) of the Election Law Article, Annotated Code of Maryland, I hereby resign as Treasurer. And, I hereby certify that I have returned all records relating to the campaign finance entity to the remaining officer or the candidate and I have completed all of my campaign finance reporting responsibilities.\*

Signature of Resigning Officer \_\_\_\_\_ Date \_\_\_\_\_ Printed Name of Resigning Officer \_\_\_\_\_

\*Depending on when you file your resignation, you may remain liable for the next Campaign Finance Report. Call the State Board of Elections to clarify your reporting responsibilities. In addition, it is recommended that you file a statement with your resignation reporting your committee or entity's cash balance, the amount of money in the checking account, and any outstanding obligations.

Appointment of New Treasurer

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
Residence Address: \_\_\_\_\_ Mailing Address: (will be made available to the public) \_\_\_\_\_
Contact Phone (for Board use): \_\_\_\_\_ Public Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_ Fax: \_\_\_\_\_

I am a registered voter of: County: \_\_\_\_\_

I accept the appointment of Treasurer until the final Campaign Finance Report required by §13-311 of the Election Law Article is filed or until a successor is duly chosen and qualifies. I understand that I am required to follow the provisions of Title 13 of the Election Law Article, Annotated Code of Maryland with regard to the manner in which this committee receives, spends, and reports money or valuable things to support/oppose state and local candidates or ballot issues. I understand that if I wish to resign, I must do so in writing, on the proper form, and file the resignation with the State Board of Elections.

Signature of new Treasurer \_\_\_\_\_ Date \_\_\_\_\_

Acknowledgment of new appointment by Chairman.

Signature of current Chairman \_\_\_\_\_ Date \_\_\_\_\_

For Board Use Only

The above information is correct: yes / no If no, our records show: Acct#: \_\_\_\_\_ Candidate ID# (if applicable): \_\_\_\_\_

Name: \_\_\_\_\_ County: \_\_\_\_\_

Address: \_\_\_\_\_

The signed statement authorizes local boards to make changes in records in all categories except party affiliation. Notice of changes must be mailed to the voter. Date notice sent \_\_\_\_\_ Staff Initials: \_\_\_\_\_