



GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE OF CAMPAIGN FINANCE
WASHINGTON, D.C. 20003

STATEMENT OF ACCEPTANCE OF POSITION OF TREASURER

I, _____ residing at
NAME

ADDRESS

solemnly swear or affirm that effective _____, I agree to serve as the Treasurer of
DATE

the _____.
NAME OF COMMITTEE

I accept this position with the full knowledge of the duties and responsibilities thereof. I agree to serve in this capacity until a statement of my withdrawal is received by the Office of Campaign Finance, and a copy of my withdrawal is sent to the address of record of the chairperson and candidate, if an authorized committee, within forty-eight (48) hours of vacating the office, in accordance with 3 DCMR § 3000.25(c).

HOME PHONE

E-MAIL ADDRESS

SIGNATURE OF TREASURER

Subscribed and sworn to or affirmed by me this _____ day of _____
MONTH/YEAR

My Commission Expires: _____
DATE

NOTARY PUBLIC

This Statement of Acceptance of Position of Treasurer must be filed with the Director, Office of Campaign Finance, 1015 Half Street S.E., Suite 775, Washington, D.C. 20003, within forty-eight (48) hours of assuming the office pursuant to 3 DCMR § 3000.25(a).