



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

**STATEMENT OF ACCEPTANCE OF POSITION OF TREASURER FOR A
CONSTITUENT-SERVICE PROGRAM**

I, _____ residing at
NAME

ADDRESS

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

for the _____
NAME OF CONSTITUENT-SERVICE PROGRAM

I accept this position with the full knowledge of the duties and responsibilities thereof. I agree to serve in this capacity until written notification of my resignation is received by the Office of Campaign Finance, and a copy of such notification is sent to the address of record of the Chairperson within forty-eight (48) hours of vacating the office, in accordance with 3 DCMR § 3014.27(c) and/or termination of the abovementioned Constituent- Service Program.

HOME PHONE

EMAIL ADDRESS

SIGNATURE OF TREASURER

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

My Commission Expires: _____
DATE

NOTARY OF PUBLIC

This Statement of Acceptance of Position of Treasurer for a Constituent-Service Program must be filed with the Office of Campaign Finance, 1015 Half Street S.E., Suite 775, Washington, D.C. 20003, and a copy of this notification must be sent to the address of record of the Chairperson, within forty-eight (48) hours of assuming the office; in accordance with 3 DCMR § 3014.27(a).