



**City of Hyattsville, Maryland  
2022 CANDIDATE CAMPAIGN FINANCE REPORT  
CERTIFICATION OF DISPOSITION OF FUNDS**

**CANDIDATE NAME:** \_\_\_\_\_

**TREASURER NAME:** \_\_\_\_\_

**OFFICE SOUGHT:** \_\_\_\_\_

**This certification is used to close the campaign account after all funds have been properly disbursed. The annual report must be submitted with this certification within 30 days of the disposition of funds or on/before the 1st Tuesday in September (whichever is earlier). The annual report must have a zero balance with no outstanding loans or debts. See Hyattsville City Code, Chapter 8, §8-34(F).**

Indicate the Method of Disbursement by Checking Below. Supporting documentation must be submitted with the Annual Report.

- Funds returned, pro rata, to contributors by the Treasurer;
- Paid to a charitable organization registered or exempt from registration pursuant to Maryland Code, Title 6 of the Business Regulation Article, which may be amended from time to time;
- Paid to a local board of education or to a recognized nonprofit organization providing services or funds for the benefit of pupils or teachers; and/or
- Paid to any public or private institution of higher education in the State for scholarship or loan purposes.

**CANDIDATE CERTIFICATION**

I certify, under the penalty of perjury, that this campaign is closed, and no further contributions or expenditures are anticipated. Upon signing this certification, I declare that all funds have been distributed and reported. In addition, no contributions will be accepted, or disbursements made after the annual report is filed (due within 30 days of the disposition of funds or on/before the 1st Tuesday in September, whichever is earlier) and this form is signed and submitted. I understand that the submission of false, erroneous, or incomplete information may be subject to penalties in accordance with the Hyattsville City Code.

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Treasurer

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

Date/Time Received:	Staff:
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