



# Maryland Student Legislature

## Council of State Election Certification Sheet

**Name**

**Delegation**

**COMPTROLLER:**

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\_\_\_\_\_

**SPEAKER OF THE ASSEMBLY:**

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\_\_\_\_\_

**SECRETARY OF STATE:**

\_\_\_\_\_

\_\_\_\_\_

**ATTORNEY GENERAL:**

\_\_\_\_\_

\_\_\_\_\_

**LIEUTENANT GOVERNOR:**

\_\_\_\_\_

\_\_\_\_\_

**GOVERNOR:**

\_\_\_\_\_

\_\_\_\_\_

I certify that these results are accurate.

\_\_\_\_\_  
Secretary of State

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness