



Elaine F. Marshall, Secretary of State
State Agency Liaison Termination Statement 2026

State Agency Information

State Agency: _____

Physical Business Address of State Agency: (NOT a P.O. Box) _____

Name and Title of State Agency's Contact Person: _____

Mailing Address of State Agency's Contact Person: _____

Telephone No. of State Agency's Contact Person: _____

E-Mail Address of State Agency's Contact Person: _____

Statement of Termination

I hereby terminate _____ [Name of Liaison] as legislative liaison on behalf of
_____ [name of agency.] State agency liaison must file an expense report for every
reporting period that the liaison represented the state agency, including any reporting period in which the liaison state
agency relationship is terminated. NCGS §120C-401(a).

Signature of State Agency's Contact Person

Date

Preparer Information if Other than Contact Person

Signature of Preparer

Date