

Spring 2026 Employee Assembly Election
Candidate Expense Report

| | |
|------------------------------|---------------|
| Seat/Position Sought: | |
| Candidate Name: | NetID: |

Please summarize your campaign expenditures below and include scanned copies of original receipts for all expenses. We encourage you to have [Direct Deposit or Accounts Payable ACH set up through Workday](#), and if not to please provide your home mailing address in the space below. This form is due to the Office of the Assemblies (assembly@cornell.edu) by **Monday, April 6, 2026, at 12:00PM.**

Per the [Election Guidelines](#) §1.b.c: Maintaining a Fair Environment (lines 39-48):

- Candidates and their supporters may not exceed \$50 for out-of-pocket spending and fair market value of donations of materials and professional services. Candidates must submit a Candidate Expenditure Statement Form and all receipts and proof of fair market value to the Office of the Assemblies (assembly@cornell.edu) by the deadline specified on the Elections Calendar. If no money was spent for the campaign, the Candidate Expenditure Statement Form must still be signed and dated showing a statement of zero (\$0) spending and turned in by the deadline.
- Candidates may be reimbursed for up to \$50 of allowable campaign expenses. Common allowable campaign expenses include: photocopies from on-campus vendors, domain name fees and web hosting fees. If there is any question, candidates should receive pre-clearance on expenditures to ensure that they are reimbursable. Only expenditures that are submitted on the official candidate expenditure statement form with the original receipt will be reimbursed.

| Expense Description | Amount |
|---------------------|--------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |
| 7. | |
| 8. | |
| 9. | |
| 10. | |
| TOTAL EXPENDITURES | \$ |

Campus Address: _____

Home Address (if not using Direct Deposit): _____

Phone number where you may be reached during election period: () _____

I attest by my signature below that the information I have provided is true and accurate to the best of my knowledge. I understand that ineligible expenses will not be reimbursed, and I may be disqualified.

Signature of candidate _____ **Date** _____