



Spring 2019 Special Election - Student Assembly Candidate Expense Report

Position Sought:

Candidate Name:	NetID:
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Please summarize your campaign expenditures below and attach receipts for all expenses. If you do not have a receipt, please provide a printed comparable estimate as a source to justify your claimed amount.

This form is due to the Office of the Assemblies (109 Day Hall) by **3:00pm on Wednesday, February 14, 2019**. If you do not submit a form, it will be assumed that you did not spend any money on your campaign. If you selected the reimbursement option during registration, your reimbursement will be based upon the information provided on this form.

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

Certification: I attest by my signature below that the information I have provided is true and accurate to the best of my knowledge under penalty of disciplinary referral to the Judicial Administrator.

Signature of candidate: _____

Date: _____

Address for mailing reimbursement (if applicable):
