



Fall 2020 Election – Student Assembly Candidate Expense Report

Position Sought:	
Candidate Name:	NetID:
Please summarize your campaign expenditures below and attach receipts of expense estimate. This form is due to the Office of the Assemblies (via electroper 1, 2020. All candidates must submit and expense report, even if the By not submitting an expense report, a candidate is risking disqualification.	tronic submission) by 4:00pm on Thursday,
If you selected the reimbursement option during registration, we will process information provided on this form.	s your reimbursement based on the
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 proviknowledge under penalty of disciplinary referral to the Judicial Administrator	
Signature of candidate:	
Date:	
Address for mailing reimbursement (if applicable):	