



Spring 2016 Employee Assembly **Candidate Expense Report**

Position Sought: **EMPLOYEE ELECTED TRUSTEE**

Candidate Name: _____ NetID: _____

Please summarize your campaign expenditures below and **attach receipts** for all expenses. This form is due to the Office of the Assemblies (109 Day Hall) by 12:00pm on Thursday, May 19, 2016. Candidates must submit an expense report if they spent any money on the campaign. Expenses will not be reimbursed.

Expense Description	Amount
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	
TOTAL EXPENDITURES	\$

Local Address: _____

Date Address Valid Until:
 ___/___/___

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. I understand that ineligible expenses will not be reimbursed.

Signature of candidate _____ Date _____