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Candidate Expenditure Form

Name of	Candidate:		Office Use Only
		Dagaire	
		Receive	d by:
		Date red	ceived:
Certificati	on:		
	of this challenge, attest by my signature below that the informa	ition I have provi	ded is true and accurate to the
best of my	knowledge under penalty of disciplinary referral to the Judicia	l Administrator.	
Signature	of candidate:		
D 1			
Please summarize your campaign expenditures below and attach receipts for all expenses.			
	Description		Amount
	Description		Amount
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