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Office of the Assemblies

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Candidate Expenditure Form

Name of Candidate: _____

Office Use Only

Received by: _____

Date received: _____

Certification:
I, the filer of this challenge, 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: _____

Please summarize your campaign expenditures below and attach receipts for all expenses.

Description	Amount