

109 Day Hall Ithaca, NY 14853

p. 607.255.3715

f. 607.255.2182 e. assembly@cornell.edu w.http://assembly.cornell.edu/Elections

Candidate Expenditure Form

N	
Name of Candidate:	- Office Use Only
	Received by:
	Received by.
	Date received:
Certification:	
I, the filer of this challenge, attest by my signature below that the inform	nation I have provided is true and accurate to the
best of my knowledge under penalty of disciplinary referral to the Judic	cial Administrator.
Signature of candidate:	
Please summarize your campaign expenditures below and a	ttach receipts for all expenses.
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Description	Amount
	
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