Candidate Name: ______________________

Position of Candidacy: ______________________ pg. ____ of ____

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I, ______________________________________________, verify to the best of my ability that the above expenditures are correct and total the amount of donations given and money spent on the entirety of my campaign. DUE TO THE SGA OFFICE ON 4/4/18 BY 8:00PM OR THE CANDIDATE WILL BE DISQUALIFIED.