



Candidate for President Statement of Campaign Expenses Form

Candidate's Name: _____

*The candidate **must comply** with HSA's policy "Allowable Spending for Candidates Running for Office of President", as provided, along with this form, in the package of documents delivered to the candidate following their nomination.*

*The policy describes the candidate's responsibility to use this form throughout their campaign to **record every expense at such time as it is incurred** (or as practically as possible) and to ensure that all expenses are reported. Please use additional pages as necessary.*

*The policy describes the \$3000 (three thousand dollars) spending limit for campaign materials, meetings, communications, campaign travel expenses within British Columbia, and family and dependant care (childcare); and the processes related to mandatory reporting of all campaign expenses (including **in kind**¹ expenses), reimbursement of expenses, and recovery of any non-receipted advanced campaign funding.*

¹ "in kind" refers to fair market value of those goods or services that are not purchased, but are nevertheless used for the purpose of the candidate's campaign. (see policy for examples of in kind expenses)

The policy describes how and when a candidate must submit this form, completed and with supporting receipts/documentation attached, to the staff support person for - the Elections Committee within 30 days of the publication of the election results.

Please note that, in accordance with the policy, any member may request a copy of a candidate's completed form.

I attest that the attached statement of campaign expenses is a true and complete statement of all expenses that I incurred while running for the office of President, in accordance with HSA policy, Allowable spending for Candidates Running for Office of President.

Candidate Signature: _____

Completed form submitted to HSA on: _____
(date)

1. **Campaign expenditures cannot exceed \$3,000.**
2. **Cash expenditures must be supported by detailed receipt from the vendor. Please number the receipt.**
3. **In kind contributions must be supported with a document confirming fair market value. Please number the document.**
4. **This statement must be completed, signed, and submitted to the HSA Elections Committee within 30 days of the election results being published, by mail or by email to info@hsabc.org.**
5. **Please refer to the policy ‘Allowable spending for Candidates Running for Office of President’ for further information.**

Campaign Expenses

A candidate campaigning for the office of President is prohibited from spending, in cash or “in kind”¹, in excess of \$3000 (three thousand dollars) in total for:

- Campaign materials, meetings, communications. This includes the cost of purchasing/producing and distributing campaign materials; and/or conducting meetings, including food and refreshments; and/or communicating with one or more constituents; and/or any other cost that can reasonably be described as a campaign materials, meetings, or communications expense;
- Campaign travel expenses within British Columbia. This includes vehicle mileage (at HSA’s applicable per-kilometre rate), air/ferry/train/transit/taxi, restaurant meals, accommodation, and/or any other cost that can reasonably be described as a campaign travel expense; and
- Family and Dependant Care (Childcare). This is the receipted cost of reasonable family, dependant and personal attendant care expenses (including childcare) incurred by a candidate for campaigning, where the cost is over and above family, dependant and personal attendant care expenses regularly incurred as a result of the candidate’s normal occupation.

Receipt Date / Document Number	Expense Item Description	Reimbursable Cost (\$)	In Kind ¹ (non-reimbursable) (\$)	Supporting receipt/ document attached (yes or no)	This column is for committee use only
TOTALS		(A) \$	(B) \$		
TOTAL CAMPAIGN COST Reimbursable + In-Kind Not to exceed \$3000		(A plus B) \$			

In summary, **I am seeking reimbursement of:**

Campaign expenses: TOTAL RECEIPTED REIMBURSABLE COST \$ _____
(This is "(A)" from Previous Page)

Minus any advance issued by HSA for the purpose of campaigning \$ - _____

TOTAL CLAIM * \$ _____

Signature of candidate

Date signed

* If the total claim amount is a negative value, the candidate must attach a cheque in that amount payable to HSA with this completed form.

This space is for committee use only
<p>On behalf of the HSA Elections Committee, I hereby confirm that this candidate's declared expenses do not exceed the \$3000 spending limit for the specified expenses.</p> <p>Name of Elections Committee Chair (or alternate member): _____</p> <p>Signature of Elections Committee Chair (or alternate member): _____</p> <p>Date signed: _____</p>