



Candidate for Regional Director Statement of Campaign Expenses Form

Candidate's Name: _____

Candidate's Region #: _____

*The candidate **must comply** with HSA's policy "Allowable Spending for Candidates Running for Office of Regional Director", 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 spending limit in each of three expense categories, 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 publication of 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 Regional Director, in accordance with HSA policy, Allowable Spending for Candidates Running for Office of Regional Director."

Candidate Signature: _____

Completed form submitted to HSA on: _____

(date)

1. Campaign expenditures cannot exceed the maximum amount stated for each of Category One, Two, and Three.
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 Regional Director' for further information.

Category One Expenses – Campaign materials, meetings, communications

No more than \$500 for campaign materials, including the cost of purchasing/producing and distributing those 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 an expense under this category.

| 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 |
|---|--------------------------|------------------------|--|---|---------------------------------------|
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| TOTALS | | \$ (A1) | \$ (B1) | | |
| TOTAL CATEGORY 1 Reimbursable Cost + In Kind Not to exceed \$500 | | \$ (A1 plus B1) | | | |

Category Two Expenses – Campaign travel expenses within the electoral region

No more than \$750 for such travel expenses, including for 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 an expense under this category.

| 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 |
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| TOTALS | | \$ (A2) | \$ (B2) | | |
| TOTAL CATEGORY 2 Reimbursable Cost + In Kind Not to exceed \$750 | | \$ (A2 plus B2) | | | |

Category Three Expenses – Family and Dependant Care (Childcare)

No more than \$500 for such care, which 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 |
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| TOTALS | | \$ (A3) | \$ (B3) | | |
| TOTAL CATEGORY 3 Reimbursable Cost + In Kind Not to exceed \$500 | | (A3 plus B3) | | | |

In summary, I am seeking reimbursement of:

| | |
|--|-----------------|
| Category 1 expenses: TOTAL RECEIPTED REIMBURSABLE COST | \$ (A1) + _____ |
| Category 2 expenses: TOTAL RECEIPTED REIMBURSABLE COST | \$ (A2) + _____ |
| Category 3 expenses: TOTAL RECEIPTED REIMBURSABLE COST | \$ (A3) + _____ |
| 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.

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|--|
| This space is for committee use only |
| On behalf of the HSA Elections Committee , I hereby confirm that this candidate's declared expenses do not exceed the stated spending limit in each of the three specified expense categories. Name of Elections Committee Chair: _____ Signature of Elections Committee Chair: _____ Date signed: _____ |