



Claim - Candidate Electoral Support (CESP) Form 2-7F

Candidate Name Date (mm/dd/yy)
Electoral District Party Affiliation (if any)

Complete if incremental costs were incurred by a candidate in relation to a disability, or for childcare, eldercare or spousal care of a dependent. List and describe the nature of the expenses incurred and the amounts claimed. (Supporting documents must be included with claim-invoice, receipt, bank statement PLUS documentation of amount normally paid.)

Table with 5 columns: Description of expense, Date of expense (start and finish), Amount paid, Less amount normally paid, Net amount eligible for reimbursement.

Declaration (by Official Agent)

I, undersigned Official Agent, file with the Chief Electoral Officer a completed Form 2-7, Candidate's Claim for Candidate Support Program(CESP)

I declare, to the best of my knowledge and belief, that only claims for a CESP benefit permitted under the Elections Act and this policy were included, and that the information contained in this Form is complete, accurate and in compliance with the Elections Act.

Signed at _____ Date _____

Signature of Official Agent Date

I declare that I (Candidate) am eligible fo the benefits, provided under the Candidate Electoral Support Program (CESP), as claimed

Signed at _____ Date _____

Signature of Candidate Date