This is the Financial Disclosure Form/Budget Form for SGA General and Special Elections. The form should be uploaded to the candidacy application or emailed to sgaelections@ua.edu per the election timeline. All associated invoices and receipts should likewise be uploaded or emailed as a PDF or JPEG file with any personally identifiable information, other than the candidate’s name, redacted. Even if candidates did not spend campaign funds this form MUST be submitted with a zero-dollar amount.

Name: Ben Staley  Date Submitted: 2/16/2023

List all sources of campaign funds and/or contributions, including money and services. The sources may be individuals, organizations, businesses, etc. If a service is donated, please ask the donor to estimate the fair market value of the service to you.

### Campaign Funds/Contribution

<table>
<thead>
<tr>
<th>Source (Individual or Organization)</th>
<th>Amount ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tommy Ward</td>
<td>$133.44</td>
</tr>
</tbody>
</table>

### Campaign Expenditures

<table>
<thead>
<tr>
<th>Company</th>
<th>Description</th>
<th>Unit Cost Per Item</th>
<th>Total Cost</th>
<th>Estimated or Actual Cost?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pure Buttons</td>
<td>Buttons for campaign</td>
<td>$0.40</td>
<td>$133.44</td>
<td>$133.44</td>
</tr>
</tbody>
</table>

Candidate Signature: Ben Staley

You may attach additional documents if necessary; all invoices and receipts must be included in the submission of this form.
Thank you for your purchase! Your order invoice is attached. Thank you for choosing PureButtons.

---- ORDER INFORMATION ----
Product: 2.25" Round Custom Buttons
Customizations: Original Gloss
Qty: 250
Unit Price: $0.40
Total: $100.00
Subtotal: $100.00
Tax for Alabama (0%): $0.00
Shipping (UPS 3 Day Select): $33.44
Order Total: $133.44

---- ACCOUNT INFORMATION ----
Name: Thomas Ward
Email: 
Phone: 
Fax: 

Billing Address 

Country: United States

Shipping Address
Attn: Thomas Ward

Country: United States

---- PAYMENT INFORMATION ----
Method: 
Credit Card #: 
Name on Card: 