


**FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA**

MONTHLY & WEEKLY

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1


 20140227000054220 1/5 \$.00
 Shelby Cnty Judge of Probate, AL
 02/27/2014 04:06:37 PM FILED/CERT

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FEB 27 2014

James W. Fuhrmeister
Judge of Probate

Please Print in Ink or Type.

Name of Candidate or Elected Official <i>Diana Steele New</i>		Political Party/Ballot Affiliation <i>Republican</i>	
Office Sought or Held (include district or circuit number, if applicable) <i>Shelby County Coroner</i>			
Address <input type="checkbox"/> Check box if reporting new address <i>19429 River Drive</i>			
City <i>Shelby</i>	State <i>AL</i>	ZIP Code <i>35143</i>	Telephone Number <i>[REDACTED]</i>

Type of Report (check one)

- ☒ Monthly ☐ Amended Monthly
☐ Weekly ☐ Amended Weekly

For Monthly Reports

Month in which the report is filed.

Feb. 2014

For Weekly Reports

Date of Friday in the week in which the report is filed.

Total Number of Pages in Report

5

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	<i>300.00</i>
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	<i>0</i>	
2b	Non-itemized cash contributions	2b	<i>0</i>	
2c	Total cash contributions (add lines 2a and 2b)	2c	<i>0</i>	
In-Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	3a	<i>0</i>	
3b	Non-itemized in-kind contributions	3b	<i>0</i>	
3c	Total in-kind contributions (add lines 3a and 3b)	3c	<i>0</i>	
Receipts from Other Sources				
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	<i>0</i>	
4b	Non-itemized Receipts from Other Sources	4b	<i>0</i>	
4c	Total receipts from other sources (add lines 4a and 4b)	4c	<i>0</i>	
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	<i>0</i>	
5b	Non-itemized expenditures	5b	<i>0</i>	
5c	Total expenditures (add lines 5a and 5b)	5c	<i>0</i>	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	<i>300.00</i>	

Candidates for State Office: File this report with the Office of the Secretary of State

Candidates for County or Municipal Office: File this report with the Judge of Probate of the county in which the office is sought.

As required by the Alabama Fair Campaign Practices Act, I hereby swear or affirm to the best of my knowledge and belief that the attached report(s) and the information contained herein are true and correct and that this information is a full and complete statement of all contributions, expenditures, and other required information during the applicable period of time.

Diana Steele New *2/27/14*
 Signature of Candidate or Elected Official Date

Sworn to and subscribed before me this *27th* day of *February* of the year *2014*. My commission expires the *8th* day of *May* of the year *2016*.

Lisa Traywick Morgan
 Signature of Notary Public

Lisa Traywick Morgan
 Print Notary's Name

FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Diana Steele News



When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized. **DO NOT LIST** in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings.

[illegible]

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NAME OF CANDIDATE OR ELECTED OFFICIAL: Diana Steele New

DO NOT LIST cash or loans on this form. Use Forms 2 and 4 for those listings.

FORM REVISED 10.27.2011

TOTAL IN-KIND CONTRIBUTIONS THIS PAGE

①



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NAME OF CANDIDATE OR ELECTED OFFICIAL: Diana Steele New

DO NOT LIST cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings.

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NAME OF CANDIDATE OR ELECTED OFFICIAL: Diana Steele Neil

**PERSON/GROUP/BUSINESS
RECEIVING EXPENDITURE
(INCLUDE FULL NAME)**

ADDRESS
(ADDRESS SHOULD INCLUDE
STREET OR P.O. BOX, CITY, STATE, AND ZIP)

PURPOSE OF EXPENDITURE (CHECK ONE)

Administrative
Advertising
Consultants/ Polling
Charitable Contribution
Food
Fundraising
Loan Repayment
Lodging
Transportation

OTHER
GIVE
BRIEF
EXPLANATION

**DATE OF
EXPENDITURE**
(mo./day/yr.)

**AMOUNT
OF
EXPENDITURE**

FORM REVISED 10.27.2011

TOTAL EXPENDITURES THIS PAGE



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