

FAIR CAMPAIGN PRACTICES A STATE OF ALABAMA Candidate & Elect Campaign Finance SUMMARY FORM 1 Candidate & Elected Official Campaign Finance Report

RECEIVED

FEB 2 7 2014

James W. Fuhrmeister Judge of Probate

S	helby Cnty Judge of	Probate, AL	
Please Print in Ink or Type.	2/27/2014 04:06:37	PM FILED/CERT	
	al Party/Ballot Affiliation	Type of Report (check	
	epublican	Monthly	Amended Monthly
Office Sought or Held (include district or circuit number, if applicable)		Weekly	Amended Weekly
Shelby County Coroner		For Monthly Reports Month in which the	
Address Check box if reporting new address		report is filed.	Feb. 2014
19429 River Drive		For Weekly Reports	
	one Number	Date of Friday in the week in which the	
Shelby AL 35143		report is filed.	
		Total Number of Pages in Report	5
Summary of activity since last filed report			
1 Beginning balance (ending balance from previous fili	ng)	1	300,00
Cash Contributions		<u></u>	
2a Itemized cash contributions (total from Form 2)	2a	0	
2b Non-itemized cash contributions	2b	Ø	
2c Total cash contributions (add lines 2a and 2b)		2c	D
In-Kind Contributions		1I	
3a Itemized in-kind contributions (total from Form 3)	3a	P	
3b Non-itemized in-kind contributions	3b	Ø	
3c Total in-kind contributions (add lines 3a and 3b)	3c	P	
Receipts from Other Sources			
4a Itemized Receipts from Other Sources (total from For	m 4) 4a	B	
4b Non-itemized Receipts from Other Sources	4b	B	
4c Total receipts from other sources (add lines 4a and 4	b)	4c	
Expenditures			
5a Itemized expenditures (total from Form 5)	5a		
5b Non-itemized expenditures	5b	P	
5c Total expenditures (add lines 5a and 5b)		5c	R
6 Ending balance (add lines 1, 2c, & 4c, then subtract line	5c)	6	300 9
Candidates for State Office: File this report with the Office of the	ne Secretary of State		
Candidates for County or Municipal Office: File this report with	th the Judge of Prob	ate of the county in which	ch the office is sought
As required by the Alabama Fair Campaign Practices Act. I hereby	Sworn to and subscr	· · · · · · · · · · · · · · · · · · ·	and day of
SWear or affirm to the heet of my knowledge and halles that the	Jebruary the		
rue and correct and that this information is a full and complete	CAM	e year IV	ly commission expires
statement of all contributions, expenditures, and other required	the <u>s</u> day o	of May of the	year _abl_
aformation during the applicable period of time.	1	1.	
Signature of Condidate of Flore 1057 14	Signature of Notary Pub	dic ()	1019an
Signature of Candidate or Elected Official Date		Toma in 12	. ~ ~

Print Notary's Name

CAMPAIGN FINANCE REPO FOR CANDIDATE ELECTED OFFICIAL

received by candidate or official

TO CONTRIBUTOR (NOLUDE FULL NAME) ADDRESS STREET OR PO BOX, CITY, STATE, AND ZIP) AMOUNT OF REAL PROPERTY OF PORT OF POR	9	SPAGE	THI SNOI	IBUT	TOTAL CASH CONTRIB	FORM REVISED 10.27.2011
OF CANDIDATE OR ELECTED OFFICIAL:						
OF CANDIDATE OR ELECTED OFFICIAL: Di Q ALA She e Le Neu 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 lishings. CONTRIBUTIOR (NOCLUDE FULL NAME) STREET OR PO. BOX, CITY, STATE, AND ZIP) BIGGION OF CONTRIBUTION STREET OR PO. BOX, CITY, STATE, AND ZIP) BIGGION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF RECEIVED CONTRIBUTION OF CONTRIBUTION OF RECEIVED CONTRIBUTION C						
OF CANDIDATE OR ELECTED OFFICIAL: DIALA SHEELE NOW. 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 bans on this form. Use Forms 3 and 4 for those listings. CONTRIBUTOR (INCLUDE FULL NAME) STREEF OR PO BOX, CITY, STATE, AND ZIP) STREEF OR PO BOX, CITY, STATE, AND ZIP) STREEF OR PO BOX, CITY, STATE, AND ZIP) AMOUNT OF RECEIVED (INCLUDE) RECEIVED (INCLUDE) OF CONTRIBUTION (INC						
OF CANDIDATE OR ELECTED OFFICIAL: DIAM Steele Mew When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized. CONTRIBUTOR (INCLUDE FULL NAME) CONTRIBUTOR (INCLUDE FULL NAME) STREET OR PO. BOX, CITY, STATE, AND ZIP) STREET OR PO. BOX, CITY, STATE, AND ZIP) STREET OR PO. BOX CITY, STATE, AND ZIP) DATE OF CONTRIBUTION CONTRIBUTION RECEIVED (Imp./daplyr.) CONTRIBUTION C	201402270					
OF CANDIDATE OR ELECTED OFFICIAL: Dia ALA Steele Mew When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized. CONTRIBUTOR (INCLUDE FULL NAME) STREET OR PO. BOX, CITY, STATE, AND ZIP) STREET OR PO. BOX, CITY, STATE, AND ZIP STREET OR PO. BOX, CITY, STATE, AND						
OF CANDIDATE OR ELECTED OFFICIAL: 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. CONTRIBUTOR (INCLUDE FULL NAME) STIREET OR PO. BOX, CITY, STATE, AND ZIP) STIREET OR PO. BOX, CITY, STATE, AND ZIP) STATE OF CONTRIBUTION CONTRIBUTION STREET OR PO. BOX, CITY, STATE, AND ZIP) STATE OF CONTRIBUTION CONTRIBUTION CONTRIBUTION TO HECKEVED (Imo./day/yr.) CONTRIBUTION CONTRIBUTION CONTRIBUTION TO HECKEVED (Imo./day/yr.)						
OF CANDIDATE OR ELECTED OFFICIAL: 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. CONTRIBUTOR (INCLUDE FULL NAME) STREET OR P.O. BOX, CITY, STATE, AND ZIP) ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) STREET OR P.O. BOX, CITY, STATE, AND ZIPO STREET						
OF CANDIDATE OR ELECTED OFFICIAL: DO NOT LIST in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings. CONTRIBUTOR (INCLUDE FULL NAME) ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) STREET OR P.O. BOX, CITY, STATE, AND ZIP) AMOUNT AND THE CONTRIBUTION CONTRIBUTION OF CONTRIBUTION CONTRIBUTION OF CONTRIBUTIO						
OF CANDIDATE OR ELECTED OFFICIAL: (ADDRESS SHOULD INCLUDE FULL NAME) CONTRIBUTOR (INCLUDE FULL NAME) CONTRIBUTOR (INCLUDE FULL NAME) CONTRIBUTOR (INCLUDE FULL NAME) CONTRIBUTOR (INCLUDE FULL NAME) CONTRIBUTOR (ADDRESS SHOULD INCLUDE STREET OR PO. BOX, CITY, STATE, AND ZIP) STREET OR PO. BOX, CITY, STATE, AND ZIP) STREET OR PO. BOX, CITY, STATE, AND ZIP) CONTRIBUTION (INCLUDE FULL NAME) CONTRIBUTION (CHECK ONE) CONTRIBUTION (CHECK ONE) CONTRIBUTION (CONTRIBUTION (CHECK ONE) CONTRIBUTION (CONTRIBUTION (CHECK ONE) CONTRIBUTION (CONTRIBUTION (CONT				,		
OF CANDIDATE OR ELECTED OFFICIAL: 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. SOURCE OF CONTRIBUTION CONTRIBUTOR ADDRESS OF CONTRIBUTION (CHECK ONE)	CONTRIBUTION	TRIBUT ECEIVE	Other	· · · · · · · · · · · · · · · · · · ·	(ADDRESS SHOULD INCLUDE TREET OR P.O. BOX, CITY, STATE, AND ZIP) or on single services at the component of t	ICLUDE FULL NAM
OF CANDIDATE OR ELECTED OFFICIAL: Diana Steele New 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.			TRIBUTION ONE)	F COI	Q	ONTR
OF CANDIDATE OR ELECTED OFFICIAL: Diana Steele New		to be	m that sour	ons fro	ns from a single source exceed \$100.00, the FCPA requires all contribution NOT LIST in-kind contributions or loans on this form. Use Forms 3 and 4 forms are some some some some some some some som	total contribu
					ions received by candidate or elected office office office of the New office office office of the new	CANDIDATE OR ELECT

02/27/2014 04:06:37 PM FILED/CERT

ACT CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

to be itemized.



	IS PAGE	ヹ	NS	5		RB	Z	2		<u> </u>	5	Ĭ	7)RM REVISED 10.27.2011
											· · · · · · · · · · · · · · · · · · ·				
											: :-				
CONTRIBUTION	CONTRIBUTION RECEIVED (mo./day/yr.)	Other	PAC	Individual	Business/ Corporation	Other	Transportation	Rent	Food	Equipment	Consultants/ Polling	Advertising	Administrative	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	(INCLUDE FULL NAME)
		ONE)	CK OR	(CHEC			NOE		ONTRI	SHCK	ORE O	UTAN			- i
			S.	listings.	se lis	thos	f or	and .	N	orms	se F]3	s form	DO NOT LIST cash or loans on this	

20140227000054220 3/5 \$.00 Shelby Cnty Judge of Probate, AL 02/27/2014 04:06:37 PM FILED/CERT

ALABAMA FAIR C AMPAIGN PR ACTICES ACT CAMPAIGN FINANCE REPO FOR CANDIDATE/ELECTED

OFFICIAL

Receip Sources

When total contributions from a single sou	OF CANDIDATE OR ELECTED OFFICIAL:	
source exceed \$100.00, the FCPA requires all contributions from that source to be	Diana Steele new	
be itemized		Ces Of
d.		income *
	By	*11

DO NOT LIST cash or in-kind contributions on this for

exceed \$100.00, the FCPA requires

.

Use Forms

and 3 for those listings.

all contributions

from that source

ਰ

be

itemized.

FORM REVISED SOURCE OF RECEIPT (INCLUDE FULL NAME) 10.27.2011 ADDRESS

(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) OF RECEIPT Interest Loan Other [FCPA REQUIRES FULL NAME AND COM-PLETE ADDRESS OF INDIVIDUAL(S) EN-DORSING OR GUARANTEEING LOAN] COMPLETE **GUARANTORS** THIS BLOCK IF TOTAL RECEIPT RECEIP Lending Institution RECEIPT SOURCE (CHECK ONE) ST PAC THIS Individual **Business** PAGE Other RECEIPT 20140227000054220 4/5 \$ 00

Shelby Cnty Judge of Probate, AL 02/27/2014 04:06:37 PM FILED/CERT

ALABAMA FAIR CAMPAIGN PR ACTICES AMPAIGN FINANCE REPORT FOR ND D 금 Qο

Expenditur P S icial

NAME OF CANDIDATE OR ELECTED OFFICIAL: ()/Q/A

When total expenditu

res

ð

 $\boldsymbol{\sigma}$

single

recipient

exceed

\$100.00,

the

FCPA

requires

<u>a</u>

expenditures

ರ

that

recipient

be

itemized.



FORM REVISED 10.27.2011 PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME) S AND ZIP) Administrative Advertising Consultants/ Polling Charitable Contribution TOTAL PURPOSE OF EXPENDITURE (CHECK ONE) Food Fundraising EXPENDITURES Loan Repayment Lodging Transportation O GIVE BRIEF LANATION THER **THIS** PAGE EXPENDI: EXPENDITURE

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