

ALABAMA FAIR CAMPAIGN PRACTICES ACT

CANDIDATE / ELECTED OFFICIAL
PRE-ELECTION REPORT

SUMMARY FORM 1

20101028000361830 1/5 \$.00
Shelby Cnty Judge of Probate, AL
10/28/2010 03:17:20 PM FILED/CERT

RECEIVED

OCT 28 2010

James W. Fuhrmeister
Judge of Probate

Please Print in Ink or Type.

Name of Candidate or Elected Official Diana Steele Hawkins		Political Party/Ballot Affiliation Republic	
Office Sought or Held (include district or circuit number, if applicable) Shelby County Coroner			
Address ☐ Check box if reporting new address 844 Dorrough Road			
City Columbiana	State AL	ZIP Code 35051	Telephone Number 205-678-3955

Type of Election
(check one)

- ☐ Primary Election
- ☐ Primary Runoff
- ☒ General Election
- ☐ Special Election
- ☐ Municipal Election
- ☐ Municipal Runoff Election

Election Date

11-02-2010

Type of Report (check one)

- ☒ 10-5 Day Pre-Election Report
- ☐ 50-45 Day Pre-Election Report
- ☐ Amended Pre-Election Report

CHECK ONE OF THE ABOVE BOXES TO INDICATE
WHICH TYPE OF REPORT IS BEING AMENDED

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	1,030.⁰⁰
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	Ø	
2b	Non-itemized cash contributions	2b	Ø	
2c	Total cash contributions (add lines 2a and 2b)	2c	Ø	
In-Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	3a	Ø	
3b	Non-itemized in-kind contributions	3b	Ø	
3c	Total in-kind contributions (add lines 3a and 3b)	3c	Ø	
Receipts from Other Sources				
4	Total receipts from other sources (total from Form 4)	4	Ø	
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	1,030.⁰⁰	
5b	Non-itemized expenditures	5b	Ø	
5c	Total expenditures (add lines 5a and 5b)	5c	1,030.⁰⁰	
6	Ending balance (add lines 1, 2c, & 4; subtract line 5c)	6	Ø account closed	

10-25-10

Sworn to and subscribed before me this **26th** day of **October** of the year **2010**. My commission expires the **10th** day of **February** of the year **2014**.

Tracy Billingsley
Signature of Notary Public
Print Notary's Name: **Tracy Billingsley**
Notary Public, State at Large

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 S. Hawkins
Signature of Candidate or Elected Official
Date: **11-28-10**

FORM 2: CONTRIBUTIONS

RECEIVED BY CANDIDATE OR ELECTED OFFICIAL

Diana Steele Hauxlin

CONTRIBUTOR
(INCLUDE FULL NAME)

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

**SOURCE
OF CONTRIBUTION
(CHECK ONE)**

Business or Corporation
Individual
PAC
Other
Returned

DATE
CONTRIBUTION
RECEIVED
(mo./day/yr.)

**AMOUNT
OF
CONTRIBUTION**

20101028000361830 2/5 \$.00
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TOTAL CASH CONTRIBUTIONS THIS PAGE

0

Diana Steele Handicrafts

2 OF 7

CONTRIBUTOR
(INCLUDE FULL NAME)

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

NATURE OF CONTRIBUTION (CHECK ONE)				SOURCE (CHECK ONE)				DATE CONTRIBUTION RECEIVED (mo./day/yr.)		AMOUNT OF CONTRIBUTION	
			Administrative								
			Advertising								
			Consultants/ Polling								
			Equipment								
			Food								
			Rent								
			Transportation								
			Other								
			Business/ Corporation								
			Individual								
			PAC								
			Other								

TOTAL IN-KIND CONTRIBUTIONS THIS PAGE

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FORM 4: RECEIPTS FROM OTHER SOURCES

LOANS/INTEREST/OTHER SOURCES OF INCOME TO CANDIDATE OR ELECTED OFFICIAL

Diana Steele Hawkins

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The FCPA requires that those contributions greater than \$100 be itemized. DO NOT LIST cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings.

[illegible]

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TOTAL RECEIPTS THIS PAGE

20101028000361830 4/5 \$.00
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FORM 5: EXPENDITURES

BY CANDIDATE OR ELECTED OFFICIAL - INCLUDING CONTRIBUTIONS TO OTHER CANDIDATES, POLITICAL PARTIES, AND POLITICAL COMMITTEES

Diane Steele Hawkins

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**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)**

**OTHER
GIVE
PRIC**

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

**AMOUNT
OF
EXPENDITURE**

Jeffrey G. Hawkins

844 Dorrough Road
Columbiana, AL 35051

Matthew G. Hawkins

912 Dorough Road
Columbia, AL 35051

St. Jude's Hospital

262 Lang Thomas Place
Memphis, TN 38105

Region's Bank

200 Corporate Ridge
Birmingham, AL 35344



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TOTAL EXPENDITURES THIS PAGE

1030.