


**FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA**

# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1A

THIS AREA FOR OFFICIAL USE ONLY

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Judge of Probate
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Please Print in Ink or Type.

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

 Calendar Year  
 covered by this report.
2014☐ Amended Annual Report☐ Termination Report
 Total Pages in Report  
 Include this page in  
 your count.
5
**SECTION I - Summary of activity from last filed report through December 31 of reporting year**

|                                    |                                                                |    |                |          |
|------------------------------------|----------------------------------------------------------------|----|----------------|----------|
| 1                                  | Beginning balance (ending balance from previous filing)        |    | 1              | <u>0</u> |
| <b>Cash Contributions</b>          |                                                                |    |                |          |
| 2a                                 | Itemized cash contributions (total from Form 2)                | 2a | <u>1500.00</u> |          |
| 2b                                 | Non-itemized cash contributions                                | 2b |                |          |
| 2c                                 | Total cash contributions (add lines 2a and 2b)                 | 2c | <u>1500.00</u> |          |
| <b>In-Kind Contributions</b>       |                                                                |    |                |          |
| 3a                                 | Itemized in-kind contributions (total from Form 3)             | 3a |                |          |
| 3b                                 | Non-itemized in-kind contributions                             | 3b |                |          |
| 3c                                 | Total in-kind contributions (add lines 3a and 3b)              | 3c |                |          |
| <b>Receipts from Other Sources</b> |                                                                |    |                |          |
| 4a                                 | Total itemized receipts from other sources (total from Form 4) | 4a |                |          |
| 4b                                 | Total non-itemized receipts from other sources                 | 4b |                |          |
| 4c                                 | Total receipts from other sources (add lines 4a and 4b)        | 4c | <u>0</u>       |          |
| <b>Expenditures</b>                |                                                                |    |                |          |
| 5a                                 | Itemized expenditures (total from Form 5)                      | 5a | <u>1200.00</u> |          |
| 5b                                 | Non-itemized expenditures                                      | 5b |                |          |
| 5c                                 | Total expenditures (add lines 5a and 5b)                       | 5c | <u>1200.00</u> |          |
| 6                                  | Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)  | 6  | <u>300.00</u>  |          |

**SECTION II - Summary of activity for entire reporting year - January 1st through December 31st**

|    |                                                              |    |                |
|----|--------------------------------------------------------------|----|----------------|
| 7  | Beginning balance (as of January 1 of reporting year)        | 7  | <u>0</u>       |
| 8  | Total cash contributions for year                            | 8  |                |
| 9  | Total in-kind contributions for year                         | 9  | <u>0</u>       |
| 10 | Total receipts from other sources for year                   | 10 | <u>0</u>       |
| 11 | Total expenditures for year                                  | 11 | <u>1200.00</u> |
| 12 | Ending balance (add lines 7, 8, & 10, then subtract line 11) | 12 | <u>300.00</u>  |
| 13 | Total campaign debt (total debt owed as of December 31)      | 13 | <u>0</u>       |

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.

 Sworn to and subscribed before me this 17th day of Jan of the year 2014. My commission expires the 8th day of May of the year 2016.

Diana Steele New  
 Signature of Candidate or Elected Official

Date

1/17/14
Lisa Traywick Morgan  
 Signature of Notary Public

Lisa Traywick Morgan  
 Print Notary's Name

## NAME OF CANDIDATE OR ELECTED OFFICIAL:

**DO NOT LIST in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings.**

FORM REVISED 9.2.2011

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**TOTAL CASH CONTRIBUTIONS THIS PAGE**

1500. 00

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 9.2.2011

**TOTAL IN-KIND CONTRIBUTIONS THIS PAGE**

~~Q~~

NAME OF CANDIDATE OR ELECTED OFFICIAL: Darius Steele Neal

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

FORM REVISED 9.2.2011

**TOTAL RECEIPTS THIS PAGE**

NAME OF CANDIDATE OR ELECTED OFFICIAL: Diana Steele New

**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)

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

**AMOUNT  
OF  
EXPENDITURE**

Shelby Co. Republican Party

1920 Valleydale Road  
Suite 154 Hoover, AL 35244

Qualifying

1-17-2014

1200.

FORM REVISED 9.2.2011

20140117000017306 E4F

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TOTAL EXPENDITURES THIS PAGE

1200, 20