

FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

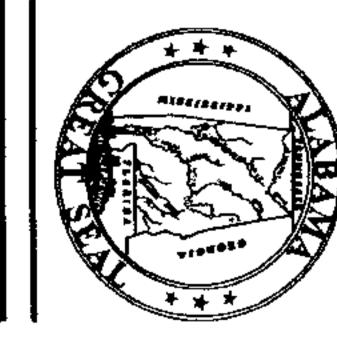
Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1A



Please Print in Ink or Type.	O.11	elby Crty Judge of /17/2014 03:09:56	•	
Name of Candidate or Elected Official	Political Party/Ballot Affilia	4		
Diana Steele New	Republica	covered by t	nis report.	2014
Office Sought or Held (include district or circuit number, if applicable)		<u> </u>	Δ .	nended Annual Report
Shelby County Coronar			L	
Address Check box if reporting new address		····	Te	rmination Report
		Total Pages	in Report	
19429 River Drive ZIP Code	Telephone Number	Include this		5
	releptione Number	your count.		
Shelby AL 35143				· · · · · · · · · · · · · · · · · · ·
SECTION I - Summary of activity from last fi	led report throug	h December 31	of repor	ing year
1 Beginning balance (ending balance from previous filin	g)		1	D'
Cash Contributions				
2a Itemized cash contributions (total from Form 2)	2a	1500.00		
2b Non-itemized cash contributions	2b			
2c Total cash contributions (add lines 2a and 2b)			2c	1500.00
In-Kind Contributions				
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			
Receipts from Other Sources	<u></u>			
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	o)		4c	\mathcal{U}
Expenditures		· · · · · · · · · · · · · · · · · · ·		
5a Itemized expenditures (total from Form 5)	5a	1200,00		
5b Non-itemized expenditures	5b			
5c Total expenditures (add lines 5a and 5b)			5c	1200.00
6 Ending balance (add lines 1, 2c, & 4c, then subtract lines			6	
SECTION II - Summary of activity for entire	reporting year - J	anuary 1st thro	ugh Dec	ember 31st
7 Beginning balance (as of January 1 of reporting year)			7	0
8 Total cash contributions for year			8	
9 Total in-kind contributions for year	9	D		
10 Total receipts from other sources for year		· · · · · · · · · · · · · · · · · · ·	10	- T
11 Total expenditures for year			11	1200.00
12 Ending balance (add lines 7, 8, & 10, then subtract lin	ne 11)		12	300,00
13 Total campaign debt (total debt owed as of December	r 31) 13	Ø		
As required by the Alabama Fair Campaign Practices Act, I hereby sv	vear or Sworn to and su	bscribed before me this	17th	day of $)$ av of the
affirm to the best of my knowledge and belief that the attached report				day of May of
the information contained herein are true and correct and that this information	mation year S		ies tite <u>()</u>	Gay OI 7 1 10
is a full and complete statement of all contributions, expenditures, and required information during the applicable period of time.	d other the year	<u>/ []/</u> .		
required introffication during the applicable pendu of time.		1	11	
• /)	LA MO	tary Public (-/Vlong	an
	Sign et ure of No	tary Public V	A -	
Mara Stiele New 1/17	[14] 1 inc	TrAVusick	-More	ian
Signature of Candidate or Elected Official Date	Print Notary's N	ame		

ALABAMA FAIR CAMPAIGN PRACTICES ACT CAMPAIGN FINANCE REPORT FOR CANDIDATE Qο ELECTED OFFICIAL

Contributions received by candidate 9 elected official



NAME OF CANDIDATE OR ELECTED OFFICIAL:

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions or loans on this form. Use Forms exceed \$100.00, the FCPA requires all contributions ယ and 4 for those listings. from that source ರ be itemized

1500,00	THIS PAGE	_	SNC	JIC	BU	NTRIBUTIONS	TOTAL CASH CO	17000017390 2/5 \$.00 Cnty Judge of Probate, AL 2014 03:09:56 PM FILED/CERT	FORM REVISED 9.2.2011 Shelby
				· · · · · · · · · · · · · · · · · · ·					
300,00	1-17-14				×		horn line Columbiana, At	78ney 150	New advertising
1200.00	1-15-14				X		Shorn Lane Columbiana, At 35051	291 Lon	New advising
CONTRIBUTION	CONTRIBUTION RECEIVED (mo./day/yr.)	Returned	Other	PAC	Individual	Business or Corporation	ADDRESS ADDRESS SHOULD INCLUDE OR P.O. BOX, CITY, STATE, AND ZIP)	STREET	(INCLUDE FULL NAME)
		Q	CE BUTIONE)	NTR.	<u>်</u> င္ လ	우			

ALABAMA FAIR CAMPAIGN PRACTICES ACT CAMPAIGN FINANCE REPOR FOR 0 ANDIDA TE/ELEC TED OFFICIA

FORM ontributions received Йq candid late 9 0 official

NAME OF CANDIDATE OR ELECT E OFFICIAL: Steele



FORM REVISED CONTRIBUTOR (INCLUDE FULL NAME) 9.2.2011 When total contribu STREET utions from a single source exceed \$100.00, the FCPA require **DO NOT LIST** cash or loans on this form. Use Forms (ADDRESS SHOULD INCLUDE FOR P.O. BOX, CITY, STATE, AND ZIP) \$ 00 Probate, AL exceed \$100.00, the FCPA Administrative TOTAL NATURE Advertising Consultants/ Polling CHECK ONE) requires N-KIND Equipment Food N and <u>a</u> Rent CONTRIBUTIONS ontributions 4 ਠ੍ਹ Transportation those Other Business/ listings. from Corporation (CHECK ONE) Individual that PAC source THIS Other ᅙ DATE þe PAGE (mo./day/yr.) RECEIVED itemized.

ALABAMA FAIR CAMPAIGN PRACTICES ACT CAMPAIGN FINANCE REPORT FOR 0 ANDIDATE/EL m TED OFFICIAL

下のRM 4. Receipts from her Soul rcesloa sources 9

NAME OF CANDIDATE OR ELECTED OFFICIAL:

FORM REVISED 9.2.2011 SOURCE OF RECEIPT (INCLUDE FULL NAME) When total contributions from a single source exceed \$100.00, the FCPA of the FCPA long total contributions on this form ADDRESS
(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) Probate, AL OF RECEIPT Interest Loan Other FCPA REQUIRES F PLETE ADDRESS (DORSING OR GU COMPLETE **GUARANTORS** requires Use THIS BLOCK IF S FULL NAME AND COM-S OF INDIVIDUAL(S) EN-GUARANTEEING LOAN] Forms TOTAL ontributions and RECEIPT 3 for those RECEIPTS from Lending that listings. Institution RECEIPT SOURCE (CHECK ONE) source PAC SIHT Individual Ö Business be PAGE itemized. Other (mo./day/yr.) RECEIVED

ALABAMA FAIR CAMPAIGN PRAC TICES ACT CAMPAIGN FINANCE REPOR FOR ANDIDATE Qо EC TED

FORM 5: Expendi tures by candidate 9 elected 0 fficial

NAME OF CANDIDATE OR ELECTED OFFICIAL:

When total expenditures

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a single recipient exceed \$100.00,

the

FCPA

requires

<u>a</u>

expenditures

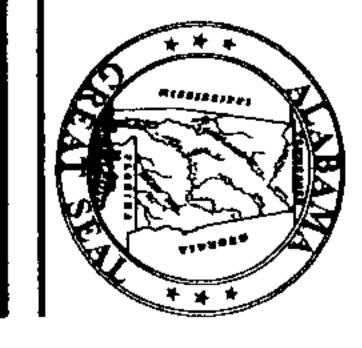
Ö

that

recipient

be

itemized.



Shelby FORM REVISED 9.2.2011 PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME) Suit ADDRESS SHOULD INCLUDE (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) 17390 5/5 \$.00 bate, AL ILED/CERT 35244 Administrative Advertising Consultants/ Polling Contribution PURPOSE OF EXPENDITURE (CHECK ONE) TOTAL Food Fundraising EXP Loan Repayment Lodging **ENDITURES** Transportation GIVE BRIEF EXPLANATION OTHER TISS. PAGI EXPEND DATE M /day/yr.)