

MONTHLY & WEEKLY


**FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA**

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1


 20140505000133260 1/5 \$.00
 Shelby Cnty Judge of Probate, AL
 05/05/2014 12:44:34 PM FILED/CERT

Please Print in Ink or Type.

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

Type of Report (check one)

- ☒ Monthly
☐ Amended Monthly
☐ Weekly
☐ Amended Weekly

 For Monthly Reports
 Month in which the
 report is filed.
April 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	300.00
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	0	
2b	Non-itemized cash contributions	2b	0	
2c	Total cash contributions (add lines 2a and 2b)	2c	0	
In-Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	3a	0	
3b	Non-itemized in-kind contributions	3b	0	
3c	Total in-kind contributions (add lines 3a and 3b)	3c	0	
Receipts from Other Sources				
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	0	
4b	Non-itemized Receipts from Other Sources	4b	0	
4c	Total receipts from other sources (add lines 4a and 4b)	4c	0	
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	0	
5b	Non-itemized expenditures	5b	0	
5c	Total expenditures (add lines 5a and 5b)	5c	0	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	300.00	

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 **4/29/14**
 Signature of Candidate or Elected Official Date

 Sworn to and subscribed before me this **29th** day of **April** of the year **2014**. My commission expires the **8th** day of **May** of the year **2016**.

Risc Morgan
 Signature of Notary Public

Lisa Morgan
 Print Notary's Name

NAME 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.

[illegible]

NAME OF CANDIDATE OR ELECTED OFFICIAL: Diana Steele Reed

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



NAME 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 cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings.

[illegible]

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NAME OF CANDIDATE OR ELECTED OFFICIAL: Diana Steele New



When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized.

[illegible]