

MONTHLY & WEEKLY


**FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA**

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1


 20140522000156250 1/5 \$.00
 Shelby Cnty Judge of Probate, AL
 05/22/2014 02:56:41 PM FILED/CERT

 RECEIVED
 MAY 16 2014
 James W. Fuhrmeister
 Judge of Probate

Please Print in Ink or Type.

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

Type of Report (check one)

- ☐ Monthly
☒ Weekly
☐ Amended Monthly
☐ Amended Weekly

 For Monthly Reports
 Month in which the
 report is filed.

 For Weekly Reports
 Date of Friday in the
 week in which the
 report is filed.

 Total Number of
 Pages in Report

<i>[Empty]</i>
<i>5-16-2014</i>
<i>5</i>

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	<i>279.00</i>
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	<i>0</i>	
2b	Non-itemized cash contributions	2b	<i>0</i>	
2c	Total cash contributions (add lines 2a and 2b)	2c	<i>0</i>	
In-Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	3a	<i>0</i>	
3b	Non-itemized in-kind contributions	3b	<i>0</i>	
3c	Total in-kind contributions (add lines 3a and 3b)	3c	<i>0</i>	
Receipts from Other Sources				
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	<i>0</i>	
4b	Non-itemized Receipts from Other Sources	4b	<i>0</i>	
4c	Total receipts from other sources (add lines 4a and 4b)	4c	<i>0</i>	
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	<i>0</i>	
5b	Non-itemized expenditures	5b	<i>0</i>	
5c	Total expenditures (add lines 5a and 5b)	5c	<i>0</i>	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	<i>279.00</i>	

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
 Signature of Candidate or Elected Official

5-16-14
 Date

 Sworn to and subscribed before me this 16th day of May of the year 2014. My commission expires the 6th day of March of the year 2017.

Cindy Glass
 Signature of Notary Public

Cindy Glass
 Print Notary's Name



FORM 2: Contributions received by candidate or elected official

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.

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	SOURCE OF CONTRIBUTION (CHECK ONE)					DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Business or Corporation	Individual	PAC	Other	Returned		

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.

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
		Administrative	Advertising	Consultants/ Polling	Charitable Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION		
		TOTAL EXPENDITURES THIS PAGE											



20140522000156250 5/5 \$.00
Shelby Cnty Judge of Probate

FORM REVISED 10.27.2011

2

20140522000156250 5/5 \$.00
Shelby Cnty Judge of Probate, AL
05/22/2014 02:56:41 PM FILED/CERT