

MONTHLY & WEEKLY


**FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA**

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1


 20140729000233170 1/5 \$.00
 Shelby Cnty Judge of Probate, AL
 07/29/2014 02:21:50 PM FILED/CERT

Please Print in Ink or Type.

 RECEIVED
 JUL 29 2014
 James W. Fuhrmeister
 Judge of Probate

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 ☐ Amended Monthly
☐ Weekly ☐ Amended Weekly

 For Monthly Reports
 Month in which the report is filed.
7-29-14
 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	<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 *7/29/14*
 Signature of Candidate or Elected Official Date

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

Lisa J. Morgan
 Signature of Notary Public

Lisa T. Morgan
 Print Notary's Name

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 loans on this form. Use Forms 2 and 4 for those listings.

20140729000233170 3/5 \$.00
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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.

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											

FORM REVISED 10.27.2011



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