08/29/2014 01:11:52 PM FILED/CERT

FFICIAL USE ONLY

Candidate & Elected Official Campaign Finance Report Campaign Fillance SUMMARY FORM 1

ENTERED AND FILED

2 9 2014

KIMBERLY MELTON CHIEF CLERK

					ROBATE OF	OURT 'ALABAMA
	Please Print in Ink or Type.			Type of Report	t (check	one)
Offic	ce Sought or Held (include district or circuit number, if applicable) Shelly (butty Coroner Iress Check box if reporting new address 19429 River Drive	, b	Affiliation		hly kly eports the he he	Amended Monthly Amended Weekly Avgust 5
S	ummary of activity since last filed report					
1	Beginning balance (ending balance from previous filing)		,		1	27G, 60
	Cash Contributions	1			<u> </u>	
L	Itemized cash contributions (total from Form 2)	2a		Or		
	Non-itemized cash contributions	2b	· · · · · · · · · · · · · · · · · · ·	X		
	Total cash contributions (add lines 2a and 2b)		· · ·		2c	Ø
	In-Kind Contributions			•		
ļ	Itemized in-kind contributions (total from Form 3)	За		tX		
	Non-itemized in-kind contributions	3b				
	Total in-kind contributions (add lines 3a and 3b)	3c	<u> </u>	X	1	
	Receipts from Other Sources					
<u> </u>	Itemized Receipts from Other Sources (total from Form 4)	4a				
<u> </u>	Non-itemized Receipts from Other Sources	4b	· · · · · · · · · · · · · · · · · · ·	B		
-	Total receipts from other sources (add lines 4a and 4b)	1 1			4c	<i>A</i>
	Expenditures				10	
<u></u>	Itemized expenditures (total from Form 5)	5a	<u></u>	i)		
<u> </u>	Non-itemized expenditures	5b		\sim		
5c			<u> </u>		5c	U
6		-			6	779,00
<u> </u>	indidates for State Office: File this report with the Office of the Se	<u> </u>	any of State			
	indidates for County or Municipal Office: File this report with the				tv in wł	nich the office is sought
As r swe atta true stat	required by the Alabama Fair Campaign Practices Act, I hereby ear or affirm to the best of my knowledge and belief that the sched report(s) and the information contained herein are and correct and that this information is a full and complete the tement of all contributions, expenditures, and other required formation during the applicable period of time.	rn to	and subsc	e year 2011 of March	this	

Date

Print Notary's Name

Signature of Candidate or Elected Official

ED ELE ∞ಶ FOR CANDIDATE REPORT ANCE ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FIN

official elected ō candidate received Contributions FORM 2:

ハカバ ATE OR ELECTED OFFICIAL:

NAME OF CANDID/



to be itemized

from that source

requires all contributions

the FCPA

Probate, AL PM FILED/CERT CONTRIBUTION **AMOUNT** <u>σ</u> ϕ Jadge of 01:11:52 P ONTRIBUTION (mo./day/yr.) RECEIVED PAGE 201 She) 08/ **SHL** SOURCE CONTRIBUTION (CHECK ONE) Retumed and 4 for those listings CONTRIBUTIONS Other PAC **leubivibul** PF Corporation Business or Use Forms CASH ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) form. TOTAL on this CONTRIBUTOR (INCLUDE FULL NAME) FORM REVISED 10.27.2011

ALABAMA FAIR CAMPAIGN PRA CTICES ACT CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

FORM 3: コー大言の Contributions received Я candidate 9 elected official





FORM REVISED 10.27.2011 (INCLUDE FULL NAME) When total contributions from a single source exceed \$100.00 **DO NOT LIST** cash or loans on this REET ADDRESS (ADDRESS SHOULD INCLUDE FOR P.O. BOX, CITY, STATE, AND ZIP) exceed \$100.00, the FCPA form. Administrative TOTAL NATURE Advertising Use Consultants/ Polling Forms (CHECK ONE) N-KIND requires Equipment Food 2 and all Rent CONTRIBUTIONS contributions ਰ੍ਹ Transportation those Other Business/ listings. from that Corporation SOURCE (CHECK ONE) Individual PAC source **THIS** Other Q RECEIVED (mo./day/yr.) be PAGE DATE itemized. RIBUT CONTRIBUTION AMOUNT /5 \$ 00 /Probate, AL PM FILED/CERT

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

FORM 4 Receipts from her Sourcesloa nterest, and other sources <mark>악</mark>

NAME OF CANDIDATE OR ELECTED OFFICIAL: Steele

ncome

SOURCE OF RECEIPT (INCLUDE FULL NAME) When total contributions from a single ADDRESS
(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) DO NOT LIST cash or in-kind contributions on this form source exceed \$100.00, the FCPA 얶 Interest FORM Loan Other [FCPA REQUIRES FULL NAME AND COM-PLETE ADDRESS OF INDIVIDUAL(S) EN-DORSING OR GUARANTEEING LOAN] COMPLETE **GUARANTORS** requires THIS. Use Forms is A BLOCK IF all contributions TOTAL and RECEIPT 3 for those listings. RECEIPTS from that source Lending Institution RECEIPT SOURC (CHECK ONE) PAC SHI Individual ರ Business PAGE be Other itemized. П RECEIVED (mo./day/yr.) RECEIPT AMOUNT obate, AL FILED/CERT

FORM REVISED 10.27.2011

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

Expendi tures by candidate or elected o fficial

NAME OF CANDIDATE OR ELECTED OFFICIAL: DIGNA STEELE



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

9	PAGE	URES THIS P	DIT	YPEN N	Ε	2	/TO	-	i				FORM REVISED 10.27.2011
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/5 \$ 00 Probate AL PM FILED/CERT	20140829000272880 5/5 \$.0 Shelby Cnty Judge of Prob 08/29/2014 01:11:52 PM FI	2014(She 11 08 / 29											
								<u> </u>		•			
AMOUNT OF EXPENDITURE	EXPENDITURE (mo./day/yr.)	OTHER GIVE BRIEF EXPLANATION	Transportation	Lodging	Loan Repayment	Fundraising	Food	Charitable Contribution	Consultants/ Polling	Advertising	Administrative	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)
		RE	IN Lid	PEN NE)	OF EXI	SE O	JRPC	P					