

MONTHLY &amp; WEEKLY


**FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA**

# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1


 20141017000330100 1/5 \$.00  
 Shelby Cnty Judge of Probate, AL  
 10/17/2014 02:45:00 PM FILED/CERT

 RECEIVED  
 OCT 17 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 <input type="checkbox"/> 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.
*10/17/2014*
 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	<i>279.00</i>
<b>Cash Contributions</b>				
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>	
<b>In-Kind Contributions</b>				
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>	
<b>Receipts from Other Sources</b>				
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>	
<b>Expenditures</b>				
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

*10/17/14*  
 Date

Sworn to and subscribed before me this *17<sup>th</sup>* day of *October* of the year *2014*. My commission expires the *8<sup>th</sup>* day of *May* of the year *2006*.

*Lisa J. Morgan*  
 Signature of Notary Public

*Lisa T. 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 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.

[illegible]

NAME OF CANDIDATE OR ELECTED OFFICIAL: Diana Steele New

**DO NOT LIST** cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings.

[illegible]

# FORM 5: Expenditures by candidate or elected official

Diana Steele News



**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)

Administrative
Advertising
Consultants/ Polling
Charitable Contribution
Food
Fundraising
Loan Repayment
Lodging
Transportation

**OTHER**  
**GIVE**  
**BRIEF**  
**EXPLANATION**

**DATE OF  
EXPENDITURE**  
(mo./day/yr.)

**AMOUNT  
OF  
EXPENDITURE**



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TOTAL EXPENDITURES THIS PAGE

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