Amendment for

Senator

Shelley

2012 Calendar Year

Reporting Individual's Name

Richard Shelby

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PART II. EARNED AND NON-INVESTMENT INCOME

Page Number

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Report the source (name and address), type, and amount of earned income to you from any source aggregating \$200 or more during the reporting period. For your spouse, report the source (name and address) and type of earned income which aggregate \$1,000 or more during the reporting period. No amount needs to be specified for your spouse. (See p.3, CONTENTS OF REPORTS, Part B of Instructions.) Do not report income from employment by the U.S. Government for you or your spouse.

Individuals not covered by the Honoraria Ban:

For you and /or your spouse, report honoraria income received which aggregates \$200 or more by exact amount, give the date of, and describe the activity (speech, appearance or article) generating such honoraria payment. Do not include payments in lieu of honoraria reported on Part I.

	Name of Income Source	Addr	ess (City, State)	Type of income	Amount
Example:	JP Computers	Wash., DC	EXAMPLE	Salary	\$15,000
	MCI (Spouse)	Arlington, VA	EXAMPLE	Salary	Over \$1,000
Profes	ssor, Emerita, Georgetown University	Washington, DC	•	Retirement income	Over \$1,000
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Reporting Individual's Name Richard Shelby	PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES														Page	Number																	
BLOCK A Identity of Publicly Traded Assets And Unearned Income Sources Report the complete name of each publicly traded asset held by you, your spouse, or your dependent child. (Soc. 2.2)	BLOCK B Valuation of Assets At the close of reporting period. If None, or less than \$1,001, check the first column.											Type and Amount of Income Type of Income Amount of Income																					
your dependent child, (See p.3, CONTENTS OF REPORTS, Part B of Instructions) for production of income or investment which: (1) had a value exceeding \$1,000 at the close of the reporting period; and/or (2) generated over \$200 in "unearned" income during the reporting period. Include on PART IIIA a complete dentification of each public bond, mutual fund, publicly traded partnership interest, excepted investment fund, bank account, excepted and qualified blind trust, and publicly traded asset of a retirement plan.	None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	None	Dividends	Rent	Interest	oital Gains	Excepted Investment Fund	Excepted Trust	Qualified Blind Trust	Other (Specify Type)	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000,***	\$1,000,001 - \$5,000,000	8	Actual Amount Required if "Other" Specified
Example: DC, IBM Corp. (stock)		:		x								2 44 2 44 2 - 2		X						•	Example	en de Veren	х		\dashv							_	Example
or J (S) Keystone Fund				327.1	Х									7. T				X			Example	X				·							Example
S - Regions Bank Money Market Account - opened 11/13/2012				X				: . :: . :						,		Χ						X	:			·							
S - Compass Bank CD - purchased 2/14/2012		: :			х							1 17 18				X		e ii			· 	X		· 201									
3 S BB&T CD redeemed 2/14/2012		22 T		Х												X				Signal Special States		X											
S - Bank of Tuscaloosa Money Market Account - opened 2/15/2102				х			-		\vdash				-			Х	 	7 43				X											
5 S - 4167 shares Centralite stock			x					1.47 m					×							:		X										· .	
6 S – Clarke County GA Hospital Auth Rev CTFS Ref Bonds			x					3 8		,				4.4) 4		X						X							•				
7 S – Alabama St Gen Oblig Ser E Bonds			X						-	·						X	\vdash					X		1.4									
8 S - Alabama St Gen Oblig Bonds			X	-					┢			7 1	-			X							Х	1.4 1.4 4.		-		:					
9 S – Alabama St Gen Oblig Ser A Unitd Tax Bonds	T	X						-							_	X						X		434 1 3 1 3									•
S - Alabama St Pub Sch & Coll Auth Cap Impt Bonds		X								:						X							Х										
EYEMPTION TEST (non-instruction dust)					-		-	•	1		<u> </u>			10 8 T 7		4.1.4	<u> </u>			<u> </u>										نـــا			

EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.

This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.