## Amendment for

Senator Shelby

Calendar Year

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Amendment	<del>'</del> '.																
Last Name		First Name and Middle Initi	ial		Annual Report												
	RICHARD C.			Calendar Year Cove	ered by Report:	Senate Office / Agency in Whi	Which Employed										
SHELBY			2011		UNITED STATES	INITED STATES SENATE											
Senate Office Address (Number, Street, City, S	lumber (inci	lude Area Cod	(e) Termination Report Termination Date (r		Employed	<u></u>											
304 RUSSELL SENATE OF BUILDING	FICE	202-224-6503			Terrishation Date (i	:											
AFTER READING	AFTER READING THE INSTRUCTIONS - ANSWER EACH OF THESE QUESTIONS AND ATTACH THE RELEVANT PART																
			YES	NO													
Did any individual or organization mappearance paying you for a speech, appearance of Yes, Complete and Attach PART I.	e, or article in the i	•		Did you, your spouse, or dependent child receive any reportable travel or reimbursements for travel in the reporting period (i.e., worth more than \$350 from one source)?  If Yes, Complete and Attach PART VI.													
Did you or your spouse have earned investment income of more than \$20 reporting period? If Yes, Complete and Attach PART II	0 from any reporta	-			(more than \$10,000)	Did you, your spouse, or dependent child have any reportable liability (more than \$10,000) during the reporting period? If Yes, Complete and Attach PART VII.											
Did you, your spouse, or dependent of the part of the part of the part of the street investment income of more than \$20 of Yes, Complete & Attach PART IIIA		Did you hold any reportable positions on or before the date of filing in the current calendar year?  If Yes, Complete and Attach PART VIII.															
Did you, your spouse, or dependent or reportable asset worth more than \$1, If Yes, Complete and Attach PART IN	000 in the reporting	•		Do you have any reportable agreement or arrangement with an outside entity?  If Yes, Complete and Attach PART IX.													
Did you, your spouse, or dependent or reporting period (i.e., aggregating motexempt)?  If Yes, Complete and Attach PART V	· —			If this is your FIRST \$5,000 from a single If Yes, Complete and	source in the tw	ureceive compensation of vo prior years?	more than										
Each question must be answered and the appropriate PART attached for each "YES" response.																	
File this report and any ame Senate, Washington, DC 205	ndments with 10. \$200 Pen	the Secretary of alty for filing mo	the Se re than	nate, O	fice of Public Res after due date.	cords, Roon	n 232, Hart Senate C	Office Buildi									
This Financial Disclosure Statement the Office of the Secretary of the Sec		-							HAL USE ONL Below this L								
by the Office of the Secretary of the Senate to any requesting person upon written application and will be reviewed by the Select Con on Ethics. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to criminal sanctions. (See 5 U.S.C. app. 4, § 104, and 18 U.S.C. § 1001.)								AUG	(T) 3×								
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Certification  I CERTIFY that the statements I	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Signature of Rep	<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>		***************************************	Date (1	Month, Day, Year)	_		- 1							
have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	1.0a. 3 3200 - 8/15/2013																
······································	F	or Official Use Only - D		his Line	,		00	287 3.4									
It is the opinion of the reviewer that the statements made in this form are in compliance with Title I of the Ethics in Government Act.  Signature of Reviewing Official  Date (Month, Day, Year)  Date (Month, Day, Year)  Date (Month, Day, Year)																	

Reporting Indivative விற்றிய இது இது இதியில் இவர் கிற்றிய விற்றிய விற	P	٩R	T II	IA.	F	PUI	BL	ICI	_Y	TR	<b>RA</b> l	DĿ	D A	AS	SE	18	A	ND	U	NE	ARNE	ΞD	IN	CO	M	E S	Ol	JR	CE	S		Pag	e 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, (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 this PART IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan.		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																					
		\$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		Dividends	Rent	Interest	Capital 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	er \$1,000,000***	\$1,000,001 - \$5,000,000	00	Actual Amount Required if "Other" Specified
S, IBM Corp. (stock) Example: DC,	┸			х										Х			· 				Example		Х										Example
or J (S) Keystone Fund					Х													Х			Example	X											Example
Morgan Stanley Smith Barney money market IRA United States Senate Federal Credit Union			X X					٠					×	х								X		×									
J Regions Bank, checking account Tuscaloosa, AL				Х									Х									Х											

\*\*\* 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.

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S -- Morgan Stanley Smith Barney
Money Market IRA

5 S -- Morgan Stanley Smith Barney Money Fund

6 S -- TIAA CREF Teachers Retirement

7 S -- Regions Bank Checking Account