



Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

RECEIVED

OCT 31 2011

James W. Fuhrmeister
Judge of Probate20111101000326390 1/5 \$.00
Shelby Cnty Judge of Probate, AL
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Please Print in Ink or Type.

Name of Candidate or Elected Official Donald R. Murphy		Political Party/Ballot Affiliation Republican	
Office Sought or Held (include district or circuit number, if applicable) Mayor, City of Pelham			
Address ☐ Check box if reporting new address 2554 N. Chandalar Lane			
City Pelham	State AL	ZIP Code 35124	Telephone Number

Type of Report (check one)

☒ Monthly ☐ Amended Monthly
☐ Weekly ☐ Amended Weekly

For Monthly Reports

Month in which the report is filed.

For Weekly Reports

Date of Friday in the week in which the report is filed.

Total Number of Pages in Report

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	1,205.00
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	0.00	
2b	Non-itemized cash contributions	2b	0.00	
2c	Total cash contributions (add lines 2a and 2b)	2c	0.00	
In-Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	3a	0.00	
3b	Non-itemized in-kind contributions	3b	0.00	
3c	Total in-kind contributions (add lines 3a and 3b)	3c	0.00	
Receipts from Other Sources				
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	0.00	
4b	Non-itemized Receipts from Other Sources	4b	0.00	
4c	Total receipts from other sources (add lines 4a and 4b)	4c	0.00	
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	0.00	
5b	Non-itemized expenditures	5b	0.00	
5c	Total expenditures (add lines 5a and 5b)	5c	0.00	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	1,205.00	

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.

Donald R. Murphy 10/28/11
Signature of Candidate or Elected Official Date

Sworn to and subscribed before me this 28th day of October of the year 2011. My commission expires the 19th day of October of the year 2014.

Paula Ann Sutton
Signature of Notary Public
Paula Ann Sutton
Print Notary's Name

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



FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Donald R. Murphy

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]

**AMOUNT
OF
CONTRIBUTION**

**DATE
CONTRIBUTION
RECEIVED
(mo./day/yr.)**

SOURCE
(CHECK ONE)

NATURE OF CONTRIBUTION
(CHECK ONE)

ADDRESS
(ADDRESS SHOULD INCLUDE
STREET OR P.O. BOX, CITY, STATE, AND ZIP)

CONTRIBUTOR
(INCLUDE FULL NAME)

N/A

TOTAL IN-KIND CONTRIBUTIONS THIS PAGE

FORM REVISED 9.2.2011

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.



FORM 4: Receipts from Other Sources loans, interest, and other sources of income

NAME OF CANDIDATE OR ELECTED OFFICIAL: Donald R. Murphy

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 in-kind contributions on this form. Use Forms 2 and 3 for those listings.

SOURCE OF RECEIPT (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	FORM OF RECEIPT			COMPLETE THIS BLOCK IF RECEIPT IS A LOAN [FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN]	RECEIPT SOURCE (CHECK ONE)					DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT													
		Interest	Loan	Other		Lending Institution	PAC	Individual	Business	Other															
TOTAL RECEIPTS THIS PAGE												N/A													

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FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Donald R. Murphy

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

[illegible]