

MONTHLY &amp; WEEKLY


**FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA**

# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1


 20120501000149600 1/5 \$.00  
 Shelby Cnty Judge of Probate, AL  
 05/01/2012 08:33:36 AM FILED/CERT

Please Print in Ink or Type.

RECEIVED

APR 30 2012

James W. Fuhrmeister  
Judge of Probate

|                                                                                                            |                         |                                                         |                                       |
|------------------------------------------------------------------------------------------------------------|-------------------------|---------------------------------------------------------|---------------------------------------|
| Name of Candidate or Elected Official<br><b>Donald R. Murphy</b>                                           |                         | Political Party/Ballot Affiliation<br><b>Republican</b> |                                       |
| Office Sought or Held (include district or circuit number, if applicable)<br><b>Mayor - City of Pelham</b> |                         |                                                         |                                       |
| Address <input type="checkbox"/> Check box if reporting new address<br><b>2559 N. Chandalar Lane</b>       |                         |                                                         |                                       |
| City<br><b>Pelham</b>                                                                                      | State<br><b>Alabama</b> | ZIP Code<br><b>35124</b>                                | Telephone Number<br><b>[REDACTED]</b> |

## Type of Report (check one)

- ☒ Monthly      ☐ Amended Monthly  
☐ Weekly      ☐ Amended Weekly

## For Monthly Reports

Month in which the report is filed.

April

## 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 |
| <b>Cash Contributions</b>          |                                                               |    |            |            |
| 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     |            |
| <b>In-Kind Contributions</b>       |                                                               |    |            |            |
| 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     |            |
| <b>Receipts from Other Sources</b> |                                                               |    |            |            |
| 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     |            |
| <b>Expenditures</b>                |                                                               |    |            |            |
| 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.

Signature of Candidate or Elected Official      Date **4/27/2012**

Sworn to and subscribed before me this **27th** day of **April** of the year **2012**. My commission expires the **19th** day of **October** of the year **2014**.

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

**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.

20120501000149600 2/5 \$.00  
Shelby Cnty Judge of Probate, AL  
05/01/2012 08:33:36 AM FILED/CERT

**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 loans on this form. Use Forms 2 and 4 for those listings.

20120501000149600 3/5 \$.00  
Shelby Cnty Judge of Probate, AL  
05/01/2012 08:33:36 AM FILED/CERT



# 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<br>(INCLUDE FULL NAME) | ADDRESS<br>(ADDRESS SHOULD INCLUDE<br>STREET OR P.O. BOX,<br>CITY, STATE, AND ZIP) | FORM<br>OF RECEIPT |      |       | COMPLETE THIS BLOCK IF RECEIPT<br>IS A LOAN<br><br>GUARANTORS<br><br>[FCPA REQUIRES FULL NAME AND COM-<br>PLETE ADDRESS OF INDIVIDUAL(S) EN-<br>DORSING OR GUARANTEERING LOAN] | RECEIPT SOURCE<br>(CHECK ONE) |     |            |          |       | DATE<br>RECEIVED<br>(mo./day/yr.) | AMOUNT<br>OF<br>RECEIPT |        |
|------------------------------------------|------------------------------------------------------------------------------------|--------------------|------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----|------------|----------|-------|-----------------------------------|-------------------------|--------|
|                                          |                                                                                    | Interest           | Loan | Other |                                                                                                                                                                                | Lending<br>Institution        | PAC | Individual | Business | Other |                                   |                         |        |
|                                          |                                                                                    |                    |      |       |                                                                                                                                                                                |                               |     |            |          |       |                                   |                         | \$0.00 |
|                                          |                                                                                    |                    |      |       |                                                                                                                                                                                |                               |     |            |          |       |                                   |                         |        |
|                                          |                                                                                    |                    |      |       |                                                                                                                                                                                |                               |     |            |          |       |                                   |                         |        |
|                                          |                                                                                    |                    |      |       |                                                                                                                                                                                |                               |     |            |          |       |                                   |                         |        |
|                                          |                                                                                    |                    |      |       |                                                                                                                                                                                |                               |     |            |          |       |                                   |                         |        |
|                                          |                                                                                    |                    |      |       |                                                                                                                                                                                |                               |     |            |          |       |                                   |                         |        |
|                                          |                                                                                    |                    |      |       |                                                                                                                                                                                |                               |     |            |          |       |                                   |                         |        |
|                                          |                                                                                    |                    |      |       |                                                                                                                                                                                |                               |     |            |          |       |                                   |                         |        |
|                                          |                                                                                    |                    |      |       |                                                                                                                                                                                |                               |     |            |          |       |                                   |                         |        |
|                                          |                                                                                    |                    |      |       |                                                                                                                                                                                |                               |     |            |          |       |                                   |                         |        |
|                                          |                                                                                    |                    |      |       |                                                                                                                                                                                |                               |     |            |          |       |                                   |                         |        |
| TOTAL RECEIPTS THIS PAGE                 |                                                                                    |                    |      |       |                                                                                                                                                                                |                               |     |            |          |       |                                   | \$0.00                  |        |





# 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.

| PERSON/GROUP/BUSINESS<br>RECEIVING EXPENDITURE<br>(INCLUDE FULL NAME) | ADDRESS<br>(ADDRESS SHOULD INCLUDE<br>STREET OR P.O. BOX, CITY, STATE, AND ZIP) | PURPOSE OF EXPENDITURE<br>(CHECK ONE) |             |                         |                            |      |             |                   |         |                |                                       | DATE OF<br>EXPENDITURE<br>(mo./day/yr.) | AMOUNT<br>OF<br>EXPENDITURE |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------|-------------|-------------------------|----------------------------|------|-------------|-------------------|---------|----------------|---------------------------------------|-----------------------------------------|-----------------------------|
|                                                                       |                                                                                 | Administrative                        | Advertising | Consultants/<br>Polling | Charitable<br>Contribution | Food | Fundraising | Loan<br>Repayment | Lodging | Transportation | OTHER<br>GIVE<br>BRIEF<br>EXPLANATION |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                       |                                         | \$0.00                      |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                       |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                       |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                       |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                       |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                       |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                       |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                       |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                       |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                       |                                         |                             |
| TOTAL EXPENDITURES THIS PAGE                                          |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                       | \$0.00                                  |                             |