






Candidate & Elect Campaign Finance SUMMARY FORM 1 Candidate & Elected Official Campaign Finance Report

	Please Print in Ink or Type.						
i		Political Party/8		_	Type of Repor	•	ck one) Amended Monthly
	Donald R. Murphy	Repub	M	can	∭ Mon	•	Amended Weekly
Office Sought or Held (include district or circuit number, if applicable) (I) MIN - (I) OF HIMM					For Monthly R		
MWW-Und HINAM Address Check box if reporting new address					Month in which	•	
2559 N. Chandalar lane					report is filed. For Weekly Re	•	
Pelman M 35/34 Telephone Num			nber	, '	Date of Friday week in which report is filed.		Am. 17.2012
					Total Number Pages in Repo		
Sı	ummary of activity since last filed report						
1	Beginning balance (ending balance from previou	ıs filing)				1	6541.02
	Cash Contributions						
2a	Itemized cash contributions (total from Form 2)	······································	2a		0		
2b	Non-itemized cash contributions		2b		0		
2c	Total cash contributions (add lines 2a and 2b)	•				2c	0
	n-Kind Contributions						
3a	Itemized in-kind contributions (total from Form 3)	3a		500.00		
3b	Non-itemized in-kind contributions		3b		0		
3c	Total in-kind contributions (add lines 3a and 3b)	······································	3c		500.00		
	Receipts from Other Sources	······································					
4a	Itemized Receipts from Other Sources (total from	n Form 4)	4a		0		
4b	Non-itemized Receipts from Other Sources	······································	4b		0		
4c	Total receipts from other sources (add lines 4a a	and 4b)				4c	0
	Expenditures						
5a	Itemized expenditures (total from Form 5)		5a	<u>, , , , , , , , , , , , , , , , , , , </u>	0		
5b	Non-itemized expenditures	· · · · · · · · · · · · · · · · · · ·	5b		0		
5c	Total expenditures (add lines 5a and 5b)					5c	0
6	Ending balance (add lines 1, 2c, & 4c, then subtra	ct line 5c)				6	6.541.02
Candidates for State Office: File this report with the Office of the Secretary of State.							
	ndidates for County or Municipal Office: File this rep					ty in v	which the office is sought.
As required by the Alabama Fair Campaign Practices Act, I hereby Sworn to and subscribed before me this 17th day of							
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							
statement of an contributions, expenditures, and other required							
information during the applipable period of time.							
Signature of Condidate or Florted Official And Date Office Signature of Notary Public							
Sign	ature of Candidate or Elected Official Date		2V	12 An	n Out	-m	DUC.

Print Notary's Name

OFFICIA TED CANDIDATE/ELEC FOR REPORT ANCE ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FIN

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NAME OF CANDIDATE OR ELECTED OFFICIAL:

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Shelby Cnty Judge of Probate, AL 08/20/2012 12:46:36 PM FILED/CERT CONTRIBUTIO \otimes **AMOUN** (mo./day/yr.) E E E THIS Other SOURCE (CHECK ONE) CONTRIBUTIONS PAC listings. メ Individual Corporation Business Other OF CONTRIBUTION (CHECK ONE) for Transportation Rent $\boldsymbol{\sigma}$ an N-KIND Food Forms In∍mqiup⊒ **pnillo9** NATURE |Consultants/ TOTA \prec **BuisinevbA** form Administrative When total contributions from a single source exceed \$100.00 DO NOT LIST cash or loans on this ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) 7.0. Box Isla Malbacker CONTRIBUTOR (INCLUDE FULL NAME) FORM REVISED 10.27.2011 Mary Willel