


**FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA**

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Shelby Cnty Judge of Probate, AL
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IEA FOR OFFICIAL USE ONLY

MONTHLY & WEEKLY

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

RECEIVED

SEP 05 2012

James W. Fuhrmeister
Judge of Probate

Please Print in Ink or Type.

Name of Candidate or Elected Official Deloye Ray Burrell		Political Party/Ballot Affiliation N/A	
Office Sought or Held (include district or circuit number, if applicable) Vestavia Hills City Council - Place1			
Address <input type="checkbox"/> Check box if reporting new address 3273 Farrington Wood Drive			
City Vestavia Hills	State AL	ZIP Code 35243	Telephone Number [REDACTED]

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

Aug 31, 2012
5

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)	1	\$242.86
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	\$242.86

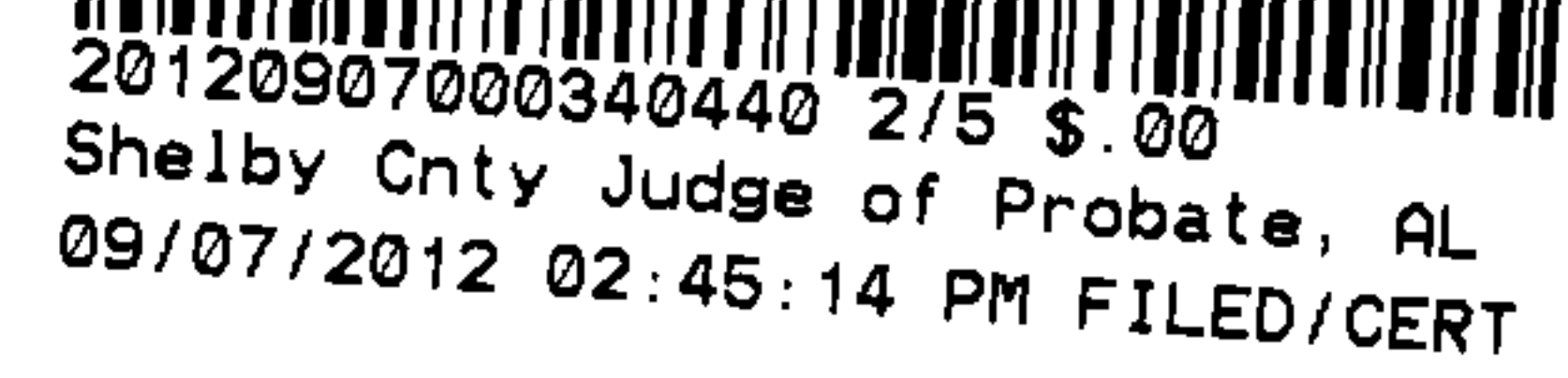
Candidates for State Office: File this report with the Office of the Secretary of State.**Candidates for County or Municipal Office:** File this report with the Judge of Probate of the county in which the office is sought.

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: Deloye Ray Burrell
 Date: 8/31/12

Sworn to and subscribed before me this 31st day of AUG of the year 2012. My commission expires the 9th day of JULY of the year 2016.

Signature of Notary Public: [Signature]
 Print Notary's Name: GREGORY JAMES DONOHUE



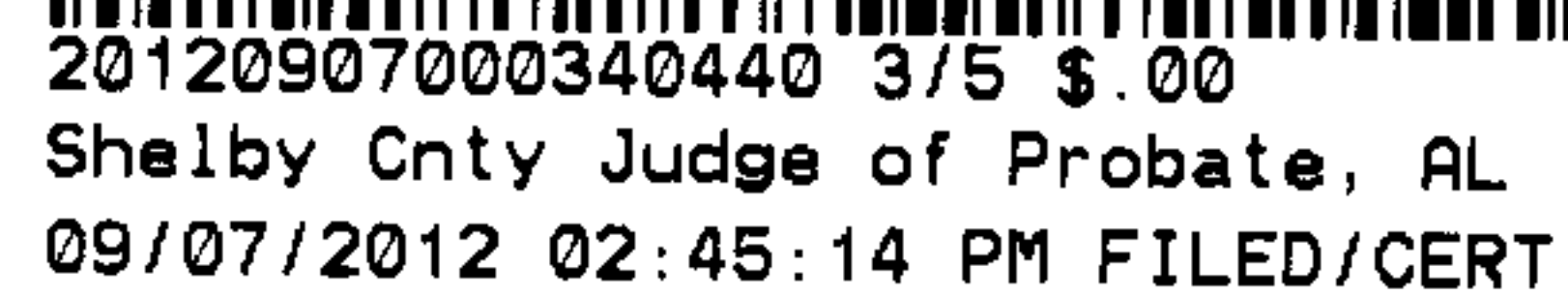
FORM 2: Contributions received by candidate or elected official



NAME OF CANDIDATE OR ELECTED OFFICIAL: Deloye Ray Burrell

DO NOT LIST in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings.

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	SOURCE OF CONTRIBUTION (CHECK ONE)						DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Business or Corporation	Individual	PAC	Other	Returned			
None								\$0.00	
FORM REVISED 10.27.2011	TOTAL CASH CONTRIBUTIONS THIS PAGE							\$0.00	



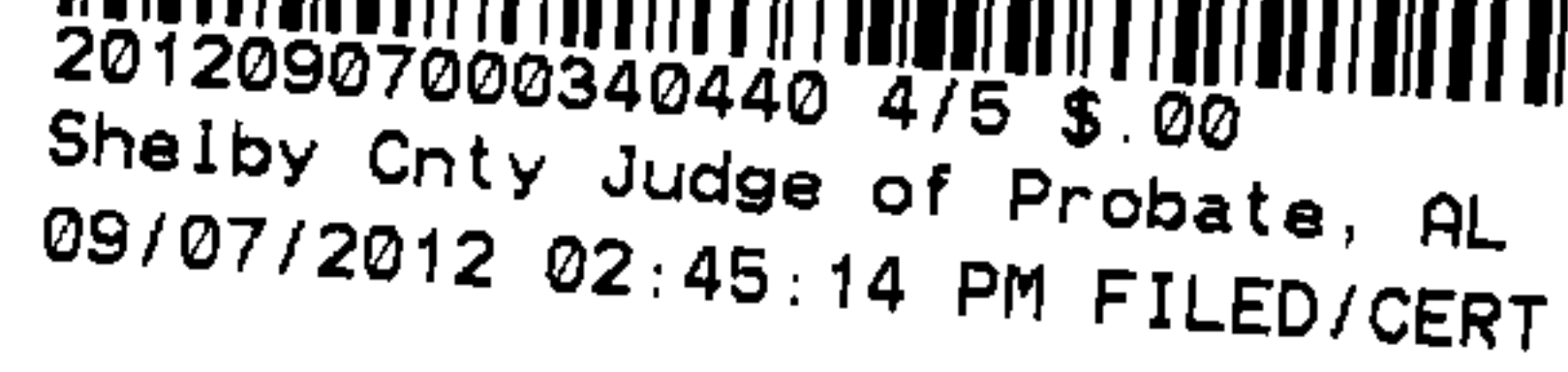
FORM 3: In-Kind Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Deloye Ray Burrell



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.

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	NATURE OF CONTRIBUTION (CHECK ONE)										SOURCE (CHECK ONE)					DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other					
None																\$0.00		
	TOTAL IN-KIND CONTRIBUTIONS THIS PAGE															\$0.00		



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

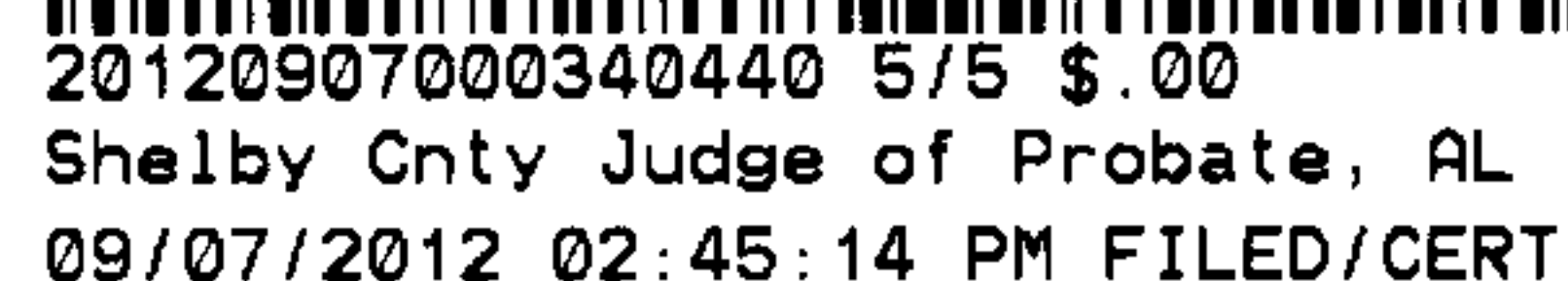
NAME OF CANDIDATE OR ELECTED OFFICIAL: Deloye Ray Burrell



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 GUARANTORS [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		
Nonw												\$0.00
TOTAL RECEIPTS THIS PAGE												\$0.00

FORM REVISED 10.27.2011



FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Deloye Ray Burrell



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

PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PURPOSE OF EXPENDITURE (CHECK ONE)										DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
		Administrative	Advertising	Consultants/ Polling	Charitable Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION		
None													\$0.00
	TOTAL EXPENDITURES THIS PAGE											\$0.00	

FORM REVISED 10.27.2011