

CANDIDATE / ELECTED OFFICIAL

ANNUAL REPORT

SUMMARY FORM 1A



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Shelby Cnty Judge of Probate, AL
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JAN 28 2010

James W. Fuhrmeister
Judge of Probate

Please Print in Ink or Type.

Name of Candidate or Elected Official Tommy Ryals		Political Party/Ballot Affiliation Na	
Office Sought or Held (include district or circuit number, if applicable) Alabaster City Council- Ward 7			
Address ☐ Check box if reporting new address 127 Big Oak Drive			
City Maylene	State AL-	ZIP Code 35114	Telephone Number 205-664-1301

Type of Report (check one)

- ☒ Annual Report for Year 2009
☐ Termination Report
☐ Amended Annual Report for Year _____

SECTION I - Summary of activity from last filed report through December 31 of reporting year

1	Beginning balance (ending balance from previous filing)		1	\$229.18
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a		
2b	Non-itemized cash contributions	2b		
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		
3b	Non-itemized in-kind contributions	3b		
3c	Total in-kind contributions (add lines 3a and 3b)	3c		\$0.00
Receipts from Other Sources				
4	Total receipts from other sources (total from Form 4)	4		\$0.00
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a		
5b	Non-itemized expenditures	5b		
5c	Total expenditures (add lines 5a and 5b)	5c		\$0.00
6	Ending balance (add lines 1, 2c, & 4, then subtract line 5c)	6		\$229.18

SECTION II - Summary of activity for entire reporting year - January 1st through December 31st

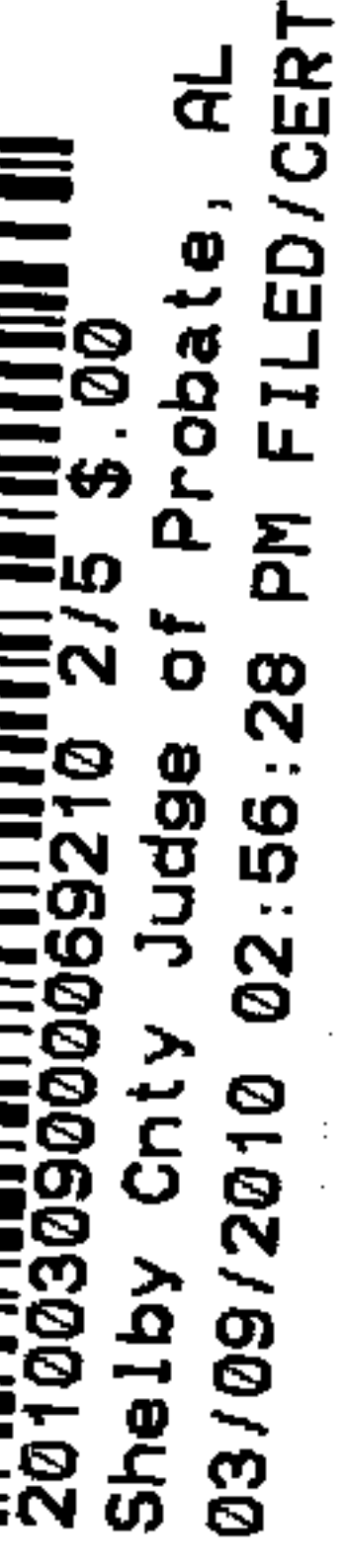
7	Beginning balance (as of January 1 of reporting year)	7		\$229.33
8	Total cash contributions for year	8		\$0.00
9	Total in-kind contributions for year	9		
10	Total receipts from other sources for year	10		\$0.00
11	Total expenditures for year	11		\$0.00
12	Ending balance (add lines 7, 8, & 10, then subtract line 11)	12		\$229.33
13	Total campaign debt (total debt owed as of December 31)	13		\$0.00

Sworn to and subscribed before me this 28th day of January of the year 2010. My commission expires the 16th day of August of the year 2010.

Karen S. Shepherd
Signature of Notary Public
Karen S. Shepherd
Print Notary's Name

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]
Signature of Candidate or Elected Official
01-28-10
Date



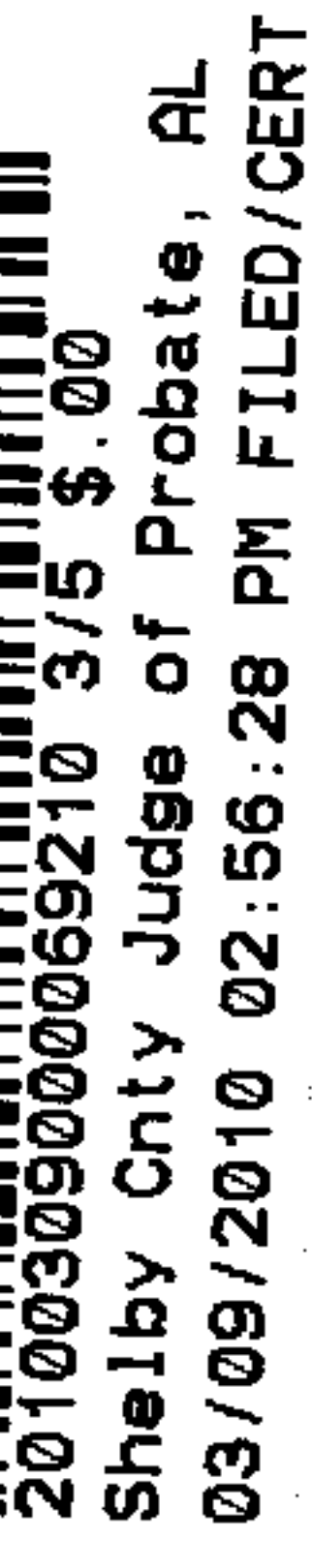
FORM 2: CONTRIBUTIONS RECEIVED BY CANDIDATE OR ELECTED OFFICIAL

Tommy / Kyrts

PAGE 2 OF 5

The FCPA requires that those contributions greater than \$100 be itemized. **DO NOT LIST** in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings.

[illegible]



ALABAMA FAIR CAMPAIGN PRACTICES ACT

FORM 3: IN-KIND CONTRIBUTIONS

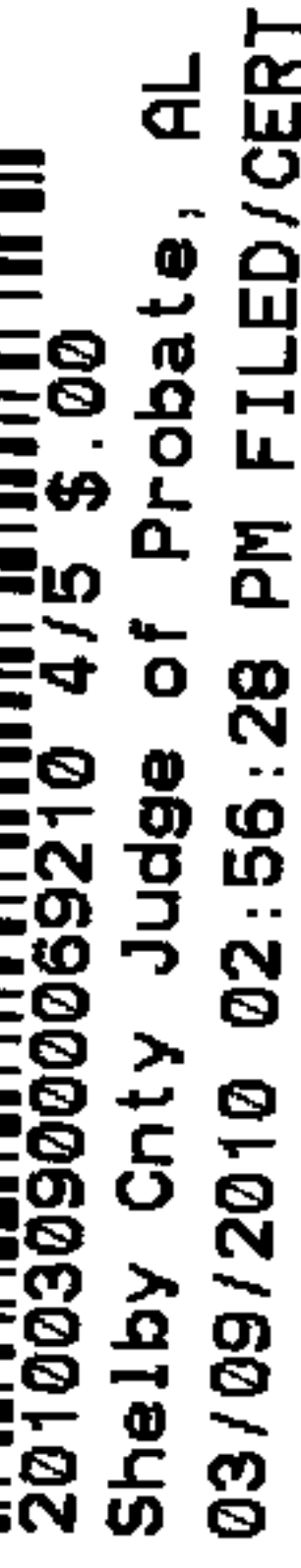
NAME OF CANDIDATE / ELECTED OFFICIAL:

Tommy Kyats

PAGE 3 OF 5

The FCPA requires that those contributions greater than \$100 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				
		TOTAL IN-KIND CONTRIBUTIONS THIS PAGE															
FORM REVISED 10.29.99		\$0 . 00															



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		
FORM REVISED 10.29.99	TOTAL RECEIPTS THIS PAGE					
						\$0 . 00



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FORM 5: EXPENDITURES

BY CANDIDATE OR ELECTED OFFICIAL - INCLUDING CONTRIBUTIONS TO OTHER CANDIDATES, POLITICAL PARTIES, AND POLITICAL COMMITTEES

Le May, Ky

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The FCPA requires that expenditures over \$100 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	Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation		