ALABAMA FAIR CAMPAIGNI PRACTICES ACT

Office Sought or Held (include district or circuit number, if applicable)

Alabaster Council Member- Ward 7

of the year <u>70</u>

Signature of Notary Public

Print Notary's Name

JUMMAKY FURM IA

Name of Candidate or Elected Official

Tommy Ryals

Please Print in Ink or Type.

CANDIDATE / ELECTED OFFICIAL
Annual Report
CLINARA A DIVERSIONA A A

20140123000022480 1/5 \$ 00
Shelby Cnty Judge of Probate, AL
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THIS AREA FOR OFFICIAL USE ONLY

James W. Fuhrmeister
Judge of Probate

ress [] Check box if reporting new 7 Big Oak Drive	address							-		
	State	ZIP Code	Telephone Nu	mber		<u></u>	-		ear	
		35114				L		•	eport for Year _	
CTION I - Summary o	f activity f	rom last file	ed report	throu	gh De	cember 3	1 of	report	ing year	
Beginning balance (end	ling balance	e from previo	ous filing)					1	\$	242.14
Cash Contributions							-			
Itemized cash contribut	ions (total fr	rom Form 2)		2a		\$0	0.00			
Non-itemized cash conf	tributions			2b	· · · · · · · · · · · · · · · · · · ·	\$(00.0			
Total cash contributions	(add lines	2a and 2b)						2c		\$0.00
In-Kind Contributions										
Itemized in-kind contrib	utions (total	from Form	3)	3a		\$0	0.00			
Non-itemized in-kind co	ontributions			3b		\$0	0.00			
Total in-kind contributio	ns (add line	es 3a and 3b)	3c		\$0	0.00			
Receipts from Other So	ources									
Total receipts from other	er sources (1	total from Fo	orm 4)					4		\$0.00
Expenditures										
Itemized expenditures (total from F	orm 5)		5a						
Non-itemized expenditu	ıres			5b						<u>.,</u>
Total expenditures (add	l lines 5a ar	nd 5b)						5c		\$0.00
Ending balance (add lin	es 1, 2c, & 4	4, then subtra	act line 5c)					6	\$	242.14
ECTION II - Summary o	of activity f	for entire re	eporting y	ear -	Janua	ry 1st thr	ougl	n Dece	mber 31st	
Beginning balance (as	of January	1 of reporting	g year)					7	24	12.14
Total cash contributions	for year							8		\$0.00
Total in-kind contributio	ns for year			9		\$0	0.00			
Total receipts from other	er sources fo	or year						10		\$0.00
Total expenditures for y	ear							11	·	\$0.00
Ending balance (add line	es 7, 8, & 10), then subtra	act line 11)					12	242.11	1
Total campaign debt (to	tal debt owe	ed as of Dec	ember 31)	13		\$0	0.00		2	74
	CTION I - Summary of Beginning balance (end Cash Contributions Itemized cash contributions Itemized cash contributions In-Kind Contributions Itemized expenditures Itemized expenditures Itemized expenditures (add Ending balance (add line CTION II - Summary of Beginning balance (as of Total cash contributions Itemized expenditures (add Incompositions) Itemized in-kind contributions Itemized expenditures (add Incompositions) Itemized in-kind contributions Itemized expenditures (add Incompositions) Itemized in-kind contributions Itemized expenditures (add Incompositions) Itemized cash contributions Itemized in-kind contributi	State Cash Contributions Itemized cash contributions (total final Non-itemized cash contributions) Itemized in-kind contributions (total final in-kind contributions) Total receipts from other sources (total receipts from other sources) Itemized expenditures Itemized expenditures Itemized in-kind contributions (total Non-itemized in-kind contributions) Total in-kind contributions (add lines) Receipts from Other Sources Total receipts from other sources (total from Final in-kind expenditures) Itemized expenditures (total from Final in-kind expenditures) Itemized expenditures (add lines 5a are Ending balance (add lines 1, 2c, & 4) Itemized expenditures (add lines 5a are Ending balance (add lines 1, 2c, & 4) Itemized expenditures (add lines 5a are Ending balance (add lines 1, 2c, & 4) Itemized expenditures (add lines 5a are Ending balance (add lines 1, 2c, & 4) Itemized expenditures (add lines 5a are Ending balance (add lines 1, 2c, & 4) Itemized expenditures (add lines 7, 8, & 10)	Receipts from Other Sources Total receipts from other sources (total from Form 5) Non-itemized canditutes Total cash contributions (add lines 3a and 3b Receipts from Other Sources Total receipts from other sources (total from Form 5) Non-itemized expenditures Total receipts from other sources (total from Form 5) Non-itemized expenditures Total receipts from other sources (total from Form 5) Non-itemized expenditures Total expenditures (add lines 5a and 5b) Ending balance (add lines 1, 2c, & 4, then subtraces CTION II - Summary of activity for entire receipts from other sources for year Total expenditures for year	Telephone Nu 35114 CCTION I - Summary of activity from last filed report Beginning balance (ending balance from previous filing) Cash Contributions Itemized cash contributions (total from Form 2) Non-itemized cash contributions (add lines 2a and 2b) In-Kind Contributions Itemized in-kind contributions (total from Form 3) Non-itemized in-kind contributions Total in-kind contributions (add lines 3a and 3b) Receipts from Other Sources Total receipts from other sources (total from Form 4) Expenditures Itemized expenditures (total from Form 5) Non-itemized expenditures Total expenditures (add lines 5a and 5b) Ending balance (add lines 1, 2c, & 4, then subtract line 5c) CTION II - Summary of activity for entire reporting y Beginning balance (as of January 1 of reporting year) Total cash contributions for year Total in-kind contributions for year Total receipts from other sources for year Total expenditures for year Ending balance (add lines 7, 8, & 10, then subtract line 11)	State ZIP Code Telephone Number State 35114 State 35114	Total receipts from Other Sources Total receipts from Other Sources Total receipts from Other Sources Total expenditures Total expenditures (add lines 5a and 5b) Ending balance (add lines 1, 2c, & 4, then subtract line 5c) ECTION II - Summary of activity for entire reporting year - Janua Beginning balance (add lines 7, 8, & 10, then subtract line 11) State ZIP Code Telephone Number Total expenditures for year Ending balance (add lines 7, 8, & 10, then subtract line 11)	Annual Mark Mark Mark Mark Mark Mark Mark Mark	Annual Rep Ann	State ZIP Code Telephone Number Annual Report for Your Termination Report Annual Report for Your Annual Report Annual Report	State ZIP Code Telephone Number Annual Report for Year 2013 Termination Report Amended Annual Report for Year 2013 Termination Report 2

My commission expires

of the year 2010

Political Party/Ballot Affiliation

Date

FORM REVISED 10.29.99

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 of Elected Official

ONS RECEIVED BY CANDIDATE OR ELECTED OFFICIAL

NAME OF CANDIDATE / ELECTED OFFICIAL: TOMMY

73 CPA requires that those contributions greater than \$100 be itemized. DO NOT LIST in-kind contributions or loans on this form. Use Forms ယ and PAGE 4 for those listings.

\$0.00	IS PAGE	Ŧ	SN(OIT	D.	TRI	TOTAL CASH CON	FORM REVISED 10.29.99
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CONTRIBUTION	CONTRIBUTION RECEIVED (mo./day/yr.)	Returned	Other	PAC	Individual	Business or Corporation	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	(INCLUDE FULL N
	J	Q N	BUT ONE)		F CONTI	유		

TRIBL RECEIVED BY CANDIDATE OR ELECTED OFFICIAL

NAME of CANDIDATE ELECTED OFFICIAL: _ 11/11/11 PAGE 3 OF 5

The CP \triangleright requires S that those contri butions greater than \$100 be itemized. DO NOT LIST cash or loans on this form. Use Forms N and 4 for those listings.

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\$0.00								CONTRIBUTION	

Alabama Fair Campaign Practices Act

FORM 4: RECEIPTS FROM OTHER SOURCE

LOANS/INTEREST/OTHER SOURCES OF INCOME TO CANDIDATE OR ELECTED OFFICIAL

NAME 유 CANDIDATE ELECTED OFFICIAL: PAGE 유

The **FCPA** requires that those contributions greater than \$100 be itemized. **DO NOT LIST** cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings.

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RECEIPT	Other (mo./day/yr.)	Business	Individual	Institution PAC	G LOAN) Lending Institution	[FCPA REQUIRES FULL NAME COMPLETE ADDRESS OF INDIVIDENCE OF THE PROPERTY OF TH	Other	Loan	Interest	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	(INCLUDE FULL NAME)	_
) •	SOURCE	HECK	RECE (C	RECEIPT	COMPLETE THIS BLOCK IF RE	XEIPT	FORM	우)]]	

ALABAMA FAIR AMPAIGN PRACTICES ACT

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

CANDIDATE ELECTED OFFICIAL:

The FCPA requires that expenditures over \$100 be itemized.

\$0.00	PAGE	URES THIS P	NDIT	PEN	EX	1AT	0					FORM REVISED 10.29.99
												
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AMOUNT OF EXPENDITURE	EXPENDITURE (mo./day/yr.)	OTHER GIVE BRIEF EXPLANATION	Transportation	Repayment Lodging	Fundraising Loan	Food	Contribution	Consultants/ Polling	Advertising	Administrative	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)
		JRE	NDITURE	EXPE!)Е ОҒ (СНЕС	Š	PURP					