

ALABAMA FAIR CAMPAIGN PRACTICES ACT  
**CANDIDATE / ELECTED OFFICIAL**  
**ANNUAL REPORT**  
**SUMMARY FORM 1A**

THIS AREA FOR OFFICIAL USE ONLY



20150122000024490 1/5 \$.00  
Shelby Cnty Judge of Probate, AL  
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Please Print in Ink or Type.

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JAN 22 2015

JAMES W. FURMAN  
Judge of Probate

|  |             |  |                                  |
|--|-------------|--|----------------------------------|
| Name of Candidate or Elected Official<br>Tommy Ryals   |             | Political Party/Ballot Affiliation<br>NA |                                  |
| Office Sought or Held (include district or circuit number, if applicable)<br>Council Member -City of Alabaster |             |  |                                  |
| Address <input type="checkbox"/> Check box if reporting new address<br>127 Big Oak Drive                       |             |  |                                  |
| City<br>Maylene  | State<br>AL | ZIP Code<br>35114                        | Telephone Number<br>205-664-1301 |

Type of Report (check one)

☒ Annual Report for Year 2014

☐ 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  | \$242.14 |
| <b>Cash Contributions</b>          |  |    |          |
| 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   |
| <b>In-Kind Contributions</b>       |  |    |          |
| 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   |
| <b>Receipts from Other Sources</b> |  |    |          |
| 4                                  | Total receipts from other sources (total from Form 4)        | 4  |          |
| <b>Expenditures</b>                |  |    |          |
| 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  | \$242.14 |

**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  | \$242.14 |
| 8  | Total cash contributions for year                            | 8  |          |
| 9  | Total in-kind contributions for year                         | 9  |          |
| 10 | Total receipts from other sources for year                   | 10 |          |
| 11 | Total expenditures for year                                  | 11 |          |
| 12 | Ending balance (add lines 7, 8, & 10, then subtract line 11) | 12 | \$242.14 |
| 13 | Total campaign debt (total debt owed as of December 31)      | 13 |          |

Sworn to and subscribed before me this 16th day of January of the year 2015. My commission expires the 16th day of August of the year 2018.

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

01-16-2015  
Date

# FORM 2: CONTRIBUTIONS RECEIVED BY CANDIDATE OR ELECTED OFFICIAL

Tommy Lehts

PAGE 2 OF 5

**CONTRIBUTOR**  
(INCLUDE FULL NAME)

**ADDRESS**  
(ADDRESS SHOULD INCLUDE  
STREET OR P.O. BOX, CITY, STATE, AND ZIP)

**SOURCE  
OF CONTRIBUTION  
(CHECK ONE)**

|                         |
|-------------------------|
| Business or Corporation |
| Individual              |
| PAC                     |
| Other                   |
| Returned                |

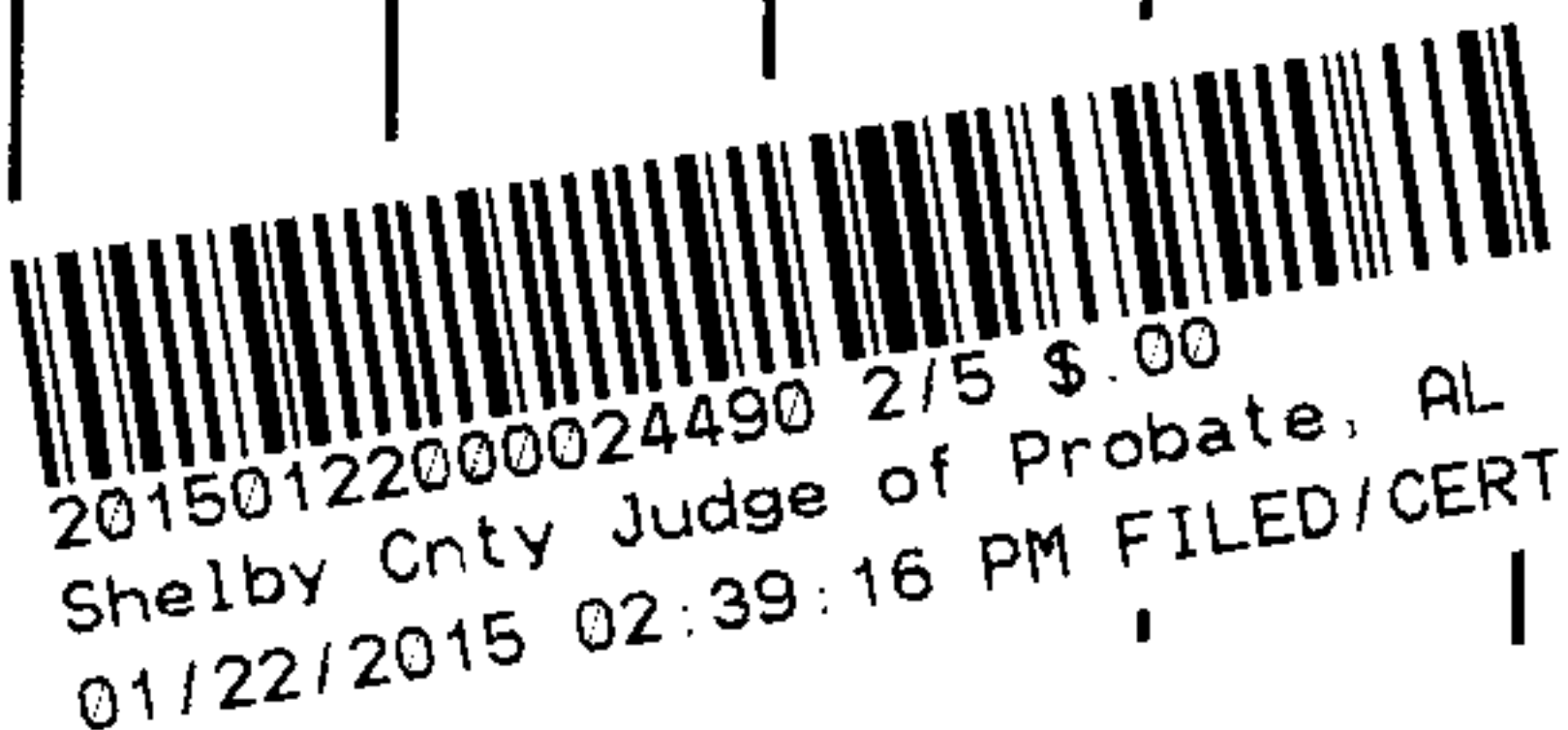
**DATE  
CONTRIBUTION  
RECEIVED  
(mo./day/yr.)**

**AMOUNT  
OF  
CONTRIBUTION**

**FORM REVISED 10.29.99**

TOTAL CASH CONTRIBUTIONS THIS PAGE

\$0.00



RECEIVED BY CANDIDATE OR ELECTED OFFICIAL

NAME OF CANDIDATE / ELECTED OFFICIAL:

Tammy Lynds

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**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.**

[illegible]

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# FORM 4: RECEIPTS FROM OTHER SOURCES

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

Tommy Rydals

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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.

[illegible]

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# FORM 5: EXPENDITURES

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

NAME OF CANDIDATE / ELECTED OFFICIAL:

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

[illegible]

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