



Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1



20160822000302930 1/4 \$.00
Shelby Cnty Judge of Probate, AL
08/22/2016 02:38:56 PM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official KARYL J. RICE		Political Party/Ballot Affiliation N/A	
Office Sought or Held (include district or circuit number, if applicable) CITY COUNCIL - PLACE 5			
Address ☐ Check box if reporting new address P.O. BOX 584 (500 CROSSCREEK TRAIL)			
City PELHAM, AL	State AL	ZIP Code 35124	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

[Blank Box]
8/26/2016
4

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)	1	- 0 -
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a	1000.00
2b	Non-itemized cash contributions	2b	400.00
2c	Total cash contributions (add lines 2a and 2b)	2c	1400.00
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 -
Receipts from Other Sources			
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	500.00
4b	Non-itemized Receipts from Other Sources	4b	
4c	Total receipts from other sources (add lines 4a and 4b)	4c	500.00
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a	1544.71
5b	Non-itemized expenditures	5b	
5c	Total expenditures (add lines 5a and 5b)	5c	1544.71
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	355.29

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.

Karyl J. Rice
Signature of Candidate or Elected Official

8/22/2016
Date

Sworn to and subscribed before me this **22nd** day of **August** of the year **2016**. My commission expires the **1st** day of **Nov** of the year **2016**.

Paula Holly
Signature of Notary Public

Paula Holly
Print Notary's Name



FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: KARYL J. RICE

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized.
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		
THE BRUGDON GROUP, INC.	1500 RESOURCE DRIVE BIRMINGHAM, AL 35242	✓					8/19/2016	\$1,000.00
TOTAL CASH CONTRIBUTIONS THIS PAGE								\$1,000.00

20160822000302930 2/4 \$.00
Shelby Cnty Judge of Probate, AL
08/22/2016 02:38:56 PM FILED/CERT



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

NAME OF CANDIDATE OR ELECTED OFFICIAL: KARYL J. KICE

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 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 GUARANTEERING LOAN]	RECEIPT SOURCE (CHECK ONE)					DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT
		Interest	Loan	Other		Lending Institution	PAC	Individual	Business	Other		
KAREYL J. RICE	P.O. BOX 584 500 CRASSCREEK TR. PELHAM, AL 35124		✓		KAREYL J. RICE P.O. BOX 584 PELHAM, AL 35124		✓				8/18/2016	\$500.00
					TOTAL RECEIPTS THIS PAGE						\$500.00	



201608220000302930 3/4 \$.00
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FORM REVISED 10.27.2011



FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: KARYL J. RICE

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
FED Ex OFFICE	3260 GALLERIA CIRCLE HOOVER, AL 35244		✓									8/16/2016	\$329.08
alphagraphics	2159 ROCKY RIDGE Rd. #107 HOOVER, AL 35216		✓									8/19/2016	\$1,117.53
STEEL CITY SIGNS	2854 PELHAM PARKWAY PELHAM, AL 35124		✓									8/19/2016	\$ 98.10
TOTAL EXPENDITURES THIS PAGE												\$1544.71	