



Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1


 20160912000331260 1/4 \$.00
 Shelby Cnty Judge of Probate, AL
 09/12/2016 03:30:10 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	State AL	ZIP Code 35124	Telephone Number 205-663-6190

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

9/16/2016
4

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)	1	360.29
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a	250.00
2b	Non-itemized cash contributions	2b	500.00
2c	Total cash contributions (add lines 2a and 2b)	2c	750.00
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	
Receipts from Other Sources			
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	100.00
4b	Non-itemized Receipts from Other Sources	4b	
4c	Total receipts from other sources (add lines 4a and 4b)	4c	100.00
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a	1163.32
5b	Non-itemized expenditures	5b	10.00
5c	Total expenditures (add lines 5a and 5b)	5c	1173.32
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	\$ 36.97

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

9/9/2016
 Date

Sworn to and subscribed before me this **9th** day of **Sept.** of the year **2016**. My commission expires the **17th** day of **July** of the year **2019**.

Cathy P. Sweeney
 Signature of Notary Public

Cathy P. Sweeney
 Print Notary's Name

NAME OF CANDIDATE OR ELECTED OFFICIAL: KAREYL 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 cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings.

[illegible]

NAME OF CANDIDATE OR ELECTED OFFICIAL: KARYL RICE



**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**

alpha graphics

2159 Rocky Ridge Rd #107
Haver, AL 35216

9/1/2016

41632

FORM REVISED 10.27.2011

TOTAL EXPENDITURES THIS PAGE~~1163.32~~

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