



Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

20160926000351380 1/2 \$.00
Shelby Cnty Judge of Probate, AL
09/26/2016 11:57:14 AM 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 TRL			
City PELHAM	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

9/30/2016

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	\$ 736.97
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	800.00	
2b	Non-itemized cash contributions	2b	0.00	
2c	Total cash contributions (add lines 2a and 2b)	2c	800.00	
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	- 0 -	
4b	Non-itemized Receipts from Other Sources	4b	- 0 -	
4c	Total receipts from other sources (add lines 4a and 4b)	4c	0.00	
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	- 0 -	
5b	Non-itemized expenditures	5b	100.00	
5c	Total expenditures (add lines 5a and 5b)	5c	100.00	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	1436.97	

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

9/26/16
Date

Sworn to and subscribed before me this **26th** day of **September** of the year **2016**. My commission expires the **12th** day of **August** of the year **2016**.

Lagina C. Clay
Signature of Notary Public

Lagina C. Clay
Print Notary's Name

ALABAMA FAIR CAMPAIGN PRACTICES ACT

FORM 2: CONTRIBUTIONS RECEIVED BY CANDIDATE OR ELECTED OFFICIAL

NAME OF CANDIDATE / ELECTED OFFICIAL:

KARLY J. RICE

PAGE

2 OF 2

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.

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		
JEREMY ENTERPRISES, LLC	2180 MOSS AVENUE LEEDS, AL 35094	☒	☐	☐	☐	☐	9/23/16	\$ 500.00
GALLANT LAKE, LLC	120 BISHOP CIRCLE PELHAM, AL 35124	☒	☐	☐	☐	☐	9/23/16	300.00
TOTAL CASH CONTRIBUTIONS THIS PAGE								\$ 800.00

FORM REVISED 10.29.99