THIS AREA FOR OFFICIAL USE ONLY

ALABAMA FAIR CAMPAIGN PRACTICES ACT

CANDIDATE / ELECTED OFFICIAL ANNUAL REPORT

SUMMARY FORM 1A

Please Print in Ink or Type.

20170109000006120 1/15 $.00
Shelby Cnty Judge of Probate, AL
01/09/2017 08:16:26 AM FILED/CERT

Name of Candidate or Elected Official	Political Party/Ballot Affiliation
Tommy Ryals	N/A
Office Sought or Held (include district or circuit number, if applicable)	
Alabaster City Council- Ward 7	
Address ☐ Check box if reporting new address	
127 Big Oak Drive	
City / **State** / **ZIP Code**	**Telephone Number**
Maylene / AL / 35114	[redacted]

Type of Report (check one)

- ☐ Annual Report for Year _____
- ☒ 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	$247.02
	Cash Contributions				
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
	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	$0.00		
	Receipts from Other Sources				
4	Total receipts from other sources (total from Form 4)			4	
	Expenditures				
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	$247.02
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	$248.26
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	$248.26
12	Ending balance (add lines 7, 8, & 10, then subtract line 11)			12	$0.00
13	Total campaign debt (total debt owed as of December 31)	13	$0.00		

Sworn to and subscribed before me this 3rd day of January of the year 2017. My commission expires the 10th day of March of the year 2019.

Tammy L. Reece
Signature of Notary Public

Tammy L. Reece
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.

Tommy Ryals
Signature of Candidate or Elected Official

01-03-17
Date

FORM REVISED 10.29.99

ANNUAL REPORT

ALABAMA FAIR CAMPAIGN PRACTICES ACT

FORM 2: CONTRIBUTIONS RECEIVED BY CANDIDATE OR ELECTED OFFICIAL

NAME OF CANDIDATE / ELECTED OFFICIAL: _____ PAGE _____ OF _____

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		
	127 Big Oak Drive							
	TOTAL CASH CONTRIBUTIONS THIS PAGE							$0.00

FORM REVISED 10.29.99

ALABAMA FAIR CAMPAIGN PRACTICES ACT

FORM 2: CONTRIBUTIONS RECEIVED BY CANDIDATE OR ELECTED OFFICIAL

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		Business or Corporation	Individual	PAC	Other	Returned		
	TOTAL CASH CONTRIBUTIONS THIS PAGE							$0.00

ALABAMA FAIR CAMPAIGN PRACTICES ACT

FORM 2: CONTRIBUTIONS RECEIVED BY CANDIDATE OR ELECTED OFFICIAL

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		Business or Corporation	Individual	PAC	Other	Returned		
	TOTAL CASH CONTRIBUTIONS THIS PAGE							$0.00

ALABAMA FAIR CAMPAIGN PRACTICES ACT

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		Business or Corporation	Individual	PAC	Other	Returned		
	TOTAL CASH CONTRIBUTIONS THIS PAGE							$0.00

FORM REVISED 10.29.99

ALABAMA FAIR CAMPAIGN PRACTICES ACT

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		Business or Corporation	Individual	PAC	Other	Returned		
	TOTAL CASH CONTRIBUTIONS THIS PAGE							$0.00

FORM REVISED 10.29.99

ALABAMA FAIR CAMPAIGN PRACTICES ACT

FORM 3: IN-KIND CONTRIBUTIONS RECEIVED BY CANDIDATE OR ELECTED OFFICIAL

NAME OF CANDIDATE / ELECTED OFFICIAL: _____ PAGE _____ OF _____

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.

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	NATURE OF CONTRIBUTION (CHECK ONE)								SOURCE (CHECK ONE)				DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other		
	TOTAL IN-KIND CONTRIBUTIONS THIS PAGE														$0.00

FORM REVISED 10.29.99

ALABAMA FAIR CAMPAIGN PRACTICES ACT

FORM 3: IN-KIND CONTRIBUTIONS RECEIVED BY CANDIDATE OR ELECTED OFFICIAL

NAME OF CANDIDATE / ELECTED OFFICIAL: _____ PAGE _____ OF _____

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CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	NATURE OF CONTRIBUTION (CHECK ONE)								SOURCE (CHECK ONE)				DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other		
	TOTAL IN-KIND CONTRIBUTIONS THIS PAGE														$0.00

FORM REVISED 10.29.99

ALABAMA FAIR CAMPAIGN PRACTICES ACT

FORM 4: RECEIPTS FROM OTHER SOURCES

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

NAME OF CANDIDATE / ELECTED OFFICIAL: _____ PAGE _____ OF _____

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.

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	RECEIPT SOURCE (CHECK ONE)					DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT
		Interest	Loan	Other	GUARANTORS [FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN]	Lending Institution	PAC	Individual	Business	Other		
	TOTAL RECEIPTS THIS PAGE											$0.00

FORM REVISED 10.29.99

ALABAMA FAIR CAMPAIGN PRACTICES ACT

FORM 5: EXPENDITURES

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

NAME OF CANDIDATE / ELECTED OFFICIAL: _____ PAGE _____ OF _____

The FCPA requires that expenditures over $100 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	Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION		
Church of the Highlands,	Grants Mill Road, Birmingham, AL				✓							8/25/2016	$248.26
	TOTAL EXPENDITURES THIS PAGE												$248.26

FORM REVISED 10.29.99

ALABAMA FAIR CAMPAIGN PRACTICES ACT

FORM 5: EXPENDITURES

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		Administrative	Advertising	Consultants/ Polling	Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION		
	TOTAL EXPENDITURES THIS PAGE												$0.00

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		Administrative	Advertising	Consultants/ Polling	Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION		
	TOTAL EXPENDITURES THIS PAGE												$0.00

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	TOTAL EXPENDITURES THIS PAGE												$0.00

FORM REVISED 10.29.99

APCO EMPLOYEES CREDIT UNION
(205) 226-6800
OFFICIAL CHECK - BIRMINGHAM, AL

20170109000006120 15/15 $ 00
Shelby Cnty Judge of Probate, AL
01/09/2017 08:16:26 AM FILED/CERT

No.

DATE AMOUNT

PAY

TO
THE
ORDER
OF

NON NEGOTIABLE

AUTHORIZED SIGNATURE
VOID IF NOT CASHED WITHIN 90 DAYS

APCO EMPLOYEES CREDIT UNION **No.**

BIRMINGHAM, ALABAMA

DATE	G.L. NO.	DESCRIPTION	PAYEE	AMOUNT

DATE	TELLER	TRANSACTION DESCRIPTION	ACCOUNT NUMBER	PREVIOUS BAL.	TRANSACTION AMT.	NEW BALANCE

MINIMUM PERIODIC PAYMENT	PAYMENT DUE DATE	FREQUENCY OF PAYMENT	DAILY PERIODIC RATE	ANNUAL PERCENTAGE RATE	
				%	TRANSACTION PROCESSED BY:

SIGNATURE _____ DATE _____ VERIFY NO.