



RECEIVED

James W. Fuhrmeister Judge of Probate

	Please Print in Ink or Type.					_				
Name of Candidate or Elected Official Political Party			Ballot	Affiliation	Type of	Type of Report (check of Monthly			one) Amended Monthly	
Rick Walters N/A					<u>√</u>	✓ Working Weekly		Amended Weekly		
Office Sought or Held (include district or circuit number, if applicable) Alabaster City Council - Ward 4				For Monthly Reports Month in which the report is filed.			•			
Address Check box if reporting new address							•	June 201	2	
109 Shalimar Trace				For Weekly Reports			L			
City State ZIP Code Telephone Nur			mber		Date of week in	Friday i	in the			
Alabaster, AL 35007					report is		u I C			
					Total Number of Pages in Report			1		
S	ummary of activity since last filed report									
1	Beginning balance (ending balance from previo	ous filing)					1		\$357.60	
	Cash Contributions									
2a	Itemized cash contributions (total from Form 2)		2a	· · · · · · · · · · · · · · · · · · ·	\$	0.00				
2b	Non-itemized cash contributions		2b			0.00				
2c	Total cash contributions (add lines 2a and 2b)						2c		\$0.00	
	In-Kind Contributions									
3a	Itemized in-kind contributions (total from Form 3	3)	3a		\$	0.00				
3b	Non-itemized in-kind contributions		3b		\$	0.00				
3c Total in-kind contributions (add lines 3a and 3b)			3c		\$	0.00				
Receipts from Other Sources			:::							
4a	Itemized Receipts from Other Sources (total from	m Form 4)	4a		(\$0.00				
4b	Non-itemized Receipts from Other Sources		4b		9	0.00				
4c	Total receipts from other sources (add lines 4a	and 4b)					4c	<u></u>	\$0.00	
Expenditures										
5a	Itemized expenditures (total from Form 5)		5a	······································	\$	0.00				
5b	Non-itemized expenditures		5b		\$	0.00				
5c	Total expenditures (add lines 5a and 5b)						5c		\$0.00	
6	Ending balance (add lines 1, 2c, & 4c, then subtra	act line 5c)					6		\$357.60	
Ca	indidates for State Office: File this report with the Offi	ice of the Se	cret	ary of State.						
Ca	indidates for County or Municipal Office: File this re	port with the	Juc	lge of Proba	te of the	count	y in whi	ch the offic	e is sought.	
	equired by the Alabama Fair Campaign Practices Act, I here		rn to	and subscri	bed befo	re me	thisc	38	_day of	
wear or affirm to the best of my knowledge and belief that the 50 ttached report(s) and the information contained herein are			۸N	Q of the	year _~	01	2	My commis	sion expires	
and the second of the time time time to the content of the second of the				day o		_		_	•	
statement of all contributions, expenditures, and other required hormation during the applicable period of time.				~	`			, -ui	•	
A desired and the population of time.				MORE			$\delta / / \tau$	CV		
				of Notary Publi	c		•			
oign	nature of Candidate or Elected Official Date	\ 4\	Joed.		$^{\prime}$	4		1		

Print Notary's Name