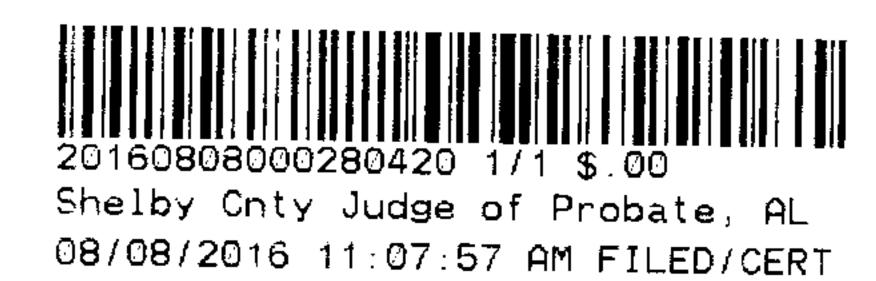
## Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1



Please Print in Ink or Type.						
Name of Candidate or Elected Official  Rick Walters  N/A		Ballot Affiliation	Type of Report Mon	`	k one)  Amended Monthly	
Office Sought or Held (include district or circuit number, if applicable)		<u></u>	─	•	L ☐ Amended Weekly	
Alabaster City Council - WARD 4			For Monthly R	eports		
Address			Month in which	•		
109 Shalimar Trace			report is filed.  For Weekly Re	ports		
City State ZIP Code Telephone Nun			Date of Friday i	n the	8/12/16	
Alabaster AL 35007			week in which t report is filed.	ne		
	•		Total Number Pages in Repo		1	
Summary of activity since last filed report						
1 Beginning balance (ending balance from prev	ious filing)			1	\$-464.75	
Cash Contributions						
2a Itemized cash contributions (total from Form 2)		2a	\$0.00			
		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)		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 Form 4)		4a	\$0.00			
4b Non-itemized Receipts from Other Sources		4b	\$0.00			
4c Total receipts from other sources (add lines 4a and 4b)				4c	\$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 sub	tract line 5c)			6	\$-464.75	
Candidates for State Office: File this report with the O	of the Se	cretary of S	State			
Candidates for County or Municipal Office: File this		•		v in w	hich the office is sought	
As required by the Alabama Fair Campaign Practices Act, I he			bscribed before me		87 day of	
swear or affirm to the best of my knowledge and belief that	at the	<i>U</i>			. My commission expires	
information during the applicable period of time.			day of 11 1000	_ of th	ne year <u>2020</u> .	
			Ochoral Roll			
			ature of Notary Public			
			- h 1		Harris )	
FORM REVISED 10.27.2011 Print			e	<u> </u>	110010	