

MONTHLY & WEEKLY



**FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA**

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1



20160823000303460 1/5 \$.00
Shelby Cnty Judge of Probate, AL
08/23/2016 09:30:37 AM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official Rick Walters		Political Party/Ballot Affiliation N/A	
Office Sought or Held (include district or circuit number, if applicable) Alabaster City Council - WARD 4			
Address <input type="checkbox"/> Check box if reporting new address 109 Shalimar Trace			
City Alabaster	State AL	ZIP Code 35007	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.

8/15/16 to 8/21/16

Total Number of Pages in Report

Summary of activity since last filed report

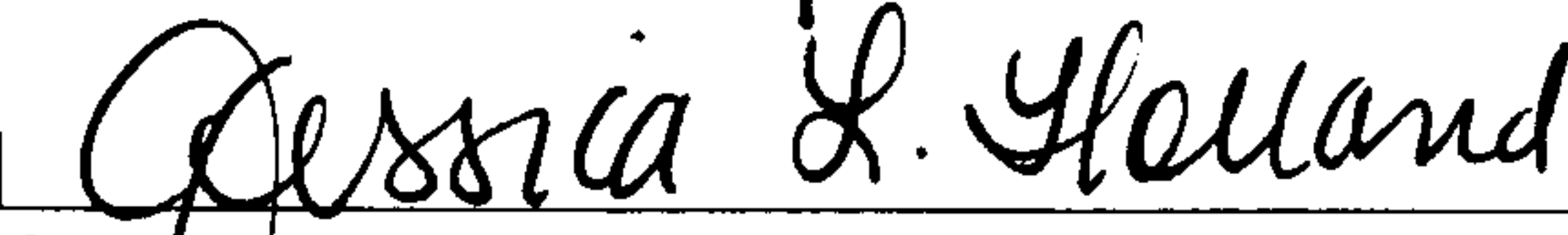
1	Beginning balance (ending balance from previous filing)		1	\$0.00
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	\$0.00	
2b	Non-itemized cash contributions	2b	\$0.00	
2c	Total cash contributions (add lines 2a and 2b)	2c	\$0.00	
In-Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	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	\$234.90	
4b	Non-itemized Receipts from Other Sources	4b		
4c	Total receipts from other sources (add lines 4a and 4b)	4c	\$234.90	
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	\$234.90	
5b	Non-itemized expenditures	5b		
5c	Total expenditures (add lines 5a and 5b)	5c	\$234.90	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	\$0.00	

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.


 Signature of Candidate or Elected Official **8-23-16**
 Date

Sworn to and subscribed before me this 23rd day of Aug of the year 2016. My commission expires the 22nd day of April of the year 2018.


 Signature of Notary Public
Jessica L. Holland
 Print Notary's Name



FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Rick Walters

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to 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		
								\$0.00
							TOTAL CASH CONTRIBUTIONS THIS PAGE	\$0.00

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FORM 4: Receipts from Other Sources loans, interest, and other sources of income

NAME OF CANDIDATE OR ELECTED OFFICIAL: Rick Walters

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.

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 [FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEERING LOAN]	RECEIPT SOURCE (CHECK ONE)					DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT	
		Interest	Loan	Other		Lending Institution	PAC	Individual	Business	Other			
Rick Walters	109 Shalimar Trace Alabaster, AL 35007		X		Rick Walters 109 Shalimar Trace Alabaster, AL 35007		X					Aug 17, 20	\$126.90
Rick Walters	109 Shalimar Trace Alabaster, AL 35007		X		Rick Walters 109 Shalimar Trace Alabaster, AL 35007		X					Aug 20, 20	\$108.00
TOTAL RECEIPTS THIS PAGE												\$234.90	

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FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Rick Walters

When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient 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	Charitable Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION		
USPS	858 HWY 31 Saginaw, AL 35137		X									Aug 17, 2016	\$126.90
Frios Gourmet Pops	569 1st Street SW Alabaster, AL 35007		X									Aug 20, 2016	\$108.00
TOTAL EXPENDITURES THIS PAGE												\$234.90	

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