



DAILY

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

FILED

AUG 17 2020

SCOTT W. HASSELL
JUDGE OF PROBATE

Please Print in Ink or Type.

Name of Candidate or Elected Official <i>Ronald Dewayne Waldrop</i>		Political Party/Ballot Affiliation <i>Rep</i>	
Office Sought or Held (include district or circuit number, if applicable) <i>Mayor</i>			
Address <input type="checkbox"/> Check box if reporting new address <i>7450 Robbins Road</i>			
City <i>Altoona</i>	State <i>AL</i>	ZIP Code <i>35952</i>	Telephone Number <i>256-445-2540</i>

Date Covered by Report

Amended Daily Report

Total Number of Pages
In Report

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	
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				
4a	Itemized Receipts from Other Sources (total from Form 4)	4a		
4b	Non-itemized Receipts from Other Sources	4b		
4c	Total receipts from other sources (add lines 4a and 4b)		4c	\$0.00
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
Expenditures on Line of Credit				
6a	Itemized expenditures on line of credit (total from Form 6)	6a		
6b	Non-itemized expenditures on line of credit	6b		
6c	Total expenditures on line of credit (add lines 6a and 6b)	6c		\$0.00
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)		7	\$0.00

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.

Sworn to and subscribed before me this 17 day of August of the year 2020. My commission expires the 06 day of March of the year 2024.

Linda Barksdale
Signature of Notary Public

Linda Barksdale
Print Notary's Name

Ronald Dewayne Waldrop 8-17-20
Signature of Candidate or Elected Official Date

MEMORANDUM

TO : SAC, NEW YORK

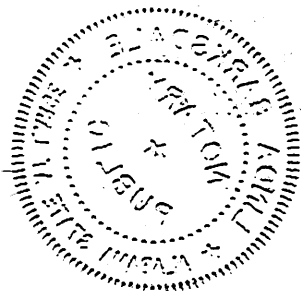
FROM : SAC, NEW YORK
SUBJECT: [Illegible]

[Illegible]

[Illegible]

[Illegible]

[Extremely faint and illegible typed text, likely the main body of the memorandum]



[Handwritten signatures and notes at the bottom of the page]



FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: _____

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		
TOTAL CASH CONTRIBUTIONS THIS PAGE							\$0.00	



AUG 17 2020

Appointment of Principal Campaign Committee

SCOTT W. HASSELL
JUDGE OF PROBATE

Please print in ink or type.

This form is due within five (5) calendar days of reaching the threshold amount, or within five (5) calendar days of qualifying with a political party, or within five (5) calendar days of filing a petition as an independent candidate.

Full Name of Candidate <i>Ronald Dewayne Waldrop</i>			
Office Sought (include district or circuit number, if applicable) <i>Mayor</i>		Political Party / Ballot Affiliation <i>Rep</i>	
Address of the Committee (street or post office box) <i>7450 Robbins Road</i>			
City <i>Altoona</i>	State <i>AL</i>	ZIP Code <i>35952</i>	Telephone Number <i>256-465-2540</i>

Type of Committee (check one)

I appoint myself as the sole member of my principal campaign committee.

I hereby appoint the individuals listed below to act as my principal campaign committee.

If you are appointing others to serve as your committee, you must select at least two members. You may appoint up to five members. One member should be designated as the chairperson of the committee. A second member should be designated as the treasurer. Please clearly print their names and addresses in the spaces below. Each appointee must sign his or her name.

Candidates who choose to be the sole member of their principal campaign committee must choose a designee to dissolve the committee due to the possibility of death or incapacitation of the candidate.

Chairperson			
Full Name		Email Address	
Address (street or post office box)			
City	State	ZIP Code	
Signature of Appointee			

Treasurer			
Full Name		Email Address	
Address (street or post office box)			
City	State	ZIP Code	
Signature of Appointee			

Committee Member			
Full Name		Email Address	
Address (street or post office box)			
City	State	ZIP Code	
Signature of Appointee			

Committee Member			
Full Name		Email Address	
Address (street or post office box)			
City	State	ZIP Code	
Signature of Appointee			

Committee Member			
Full Name		Email Address	
Address (street or post office box)			
City	State	ZIP Code	
Signature of Appointee			

Committee Dissolution Designee			
Full Name		Email Address	
Address (street or post office box)			
City	State	ZIP Code	
Signature of Appointee			

Where to file this form ...

- State candidates file with the Office of the Secretary of State.*
- County candidates must file electronically at fcpa.alabamavotes.gov
- Municipal candidates file with the county judge of probate.

* This form does not establish electronic filing. To file electronically, visit fcpa.alabamavotes.gov and click "Committee Registration."

As required by the Alabama Fair Campaign Practices Act, I hereby swear or affirm to the best of my knowledge and belief that the information contained herein is true and correct.

Ronald D Waldrop | 8-17-20
Signature of elected official or candidate | Date



**FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA**

THIS AREA FOR OFFICIAL USE ONLY

**Waiver of Report
FOR CANDIDATES
(OPTIONAL FORM)**

FILED

AUG 17 2020

SCOTT W. HASSELL
JUDGE OF PROBATE

Please Print in Ink or Type.

Name of Candidate <i>Ronald Dewayne Waldrop</i>		Political Party/Balot Affiliation <i>Rep</i>	
Office Sought (include district or circuit number, if applicable) <i>MAYOR</i>			
Address <input type="checkbox"/> Check box if reporting new address <i>7450 Robbins Road</i>			
City <i>Altoona</i>	State <i>AL</i>	ZIP Code <i>35952</i>	Telephone Number <i>256-465-2540</i>

Type of Report (check one)

Monthly Report
Month in which the report is filed.

Weekly Report
Date that weekly report is due. *8-17-20*

Annual Report
Calendar year covered by this report.

(Note: This form is not for use by elected officials in lieu of an annual report.)

This form is not for use by principal campaign committees of elected, public officials.

In any reporting period, no campaign finance report is required if the appropriate filing threshold has not been reached by the candidate. The filing threshold is \$1,000, regardless of the office sought

- ▶ \$1,000 - candidates for state offices
- ▶ \$1,000 - candidates for State Senate
- ▶ \$1,000 - candidates for State House of Representatives
- ▶ \$1,000 - candidates for district or circuit offices
- ▶ \$1,000 - candidates for local offices

I have not reached the filing threshold amount as set forth in the Fair Campaign Practices Act for the office for which I am seeking nomination or election.

This OPTIONAL form gives notice that no contribution or expenditure report will be submitted.

Ronald Dewayne Waldrop *8-17-20*
Signature of Candidate Date