



DAILY

# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

FILED

AUG 24 2020

SCOTT W. HASSELL  
JUDGE OF PROBATE

Please Print in Ink or Type.

Name of Candidate or Elected Official <i>Ronald Duayne 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>7460 Robbins Road</i>			
City <i>Altoona</i>	State <i>AZ</i>	ZIP Code <i>35952</i>	Telephone Number <i>256-465-2540</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	
<b>Cash Contributions</b>				
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
<b>In-Kind Contributions</b>				
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
<b>Receipts from Other Sources</b>				
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
<b>Expenditures</b>				
5a	Itemized expenditures (total from Form 5)	5a		
5b	Non-itemized expenditures	5b		
5c	Total expenditures (add lines 5a and 5b)	5c		\$0.00
<b>Expenditures on Line of Credit</b>				
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.

*Ronald Duayne Waldrop*   
Signature of Candidate or Elected Official Date

Sworn to and subscribed before me this 24 day of August of the year 2020. My commission expires the 6 day of May of the year 2024.

*Linda Barksdale*  
Signature of Notary Public

Linda Barksdale  
Print Notary's Name

SCOTT W. HASSELL  
JUDGE OF PROBATE

# Probate Court

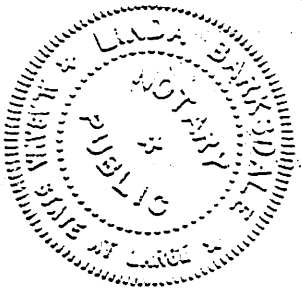
IN SENATE

BEFORE ME, the undersigned authority, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

My commission expires \_\_\_\_\_.

WITNESS my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public





# 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			
<b>TOTAL CASH CONTRIBUTIONS THIS PAGE</b>								\$0.00	







ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL



**FORM 6: Expenditures On Line of Credit by candidate or elected official**

NAME OF CANDIDATE OR ELECTED OFFICIAL: \_\_\_\_\_

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	Contribution	Food	Fundraising	Lodging	Transportation	Interest			OTHER GIVE BRIEF EXPLANATION		
<b>TOTAL EXPENDITURES THIS PAGE</b>													\$ 0.00			