Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

FILED

AUG 1 0 2020

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	Please Print in Ink or Type.				5	COTT W. HASSELL UDGE OF PROBATE
Nam	ne of Candidate or Elected Official Political Party/E		Affiliation	Date Covered b		
-/	Ronald Dinagne Waldiop Re	0			•	(10 - 0
Offic	se Sought or Held (include district or circuit number, if applicable)					8-10-20.
Add	ress Check box if reporting new address					Amended Daily Report
	450 Robbins Road			Total Number of	f Page	s
City	State ZIP Code Telephone Nur			in Report		
/1	1/toonA AL 35452 356-9	155	7540			
S	ummary 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)	За				
3b	Non-itemized in-kind contributions	3b				
3c	Total in-kind contributions (add lines 3a and 3b)	3с		\$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	L		**************************************	1	
6a	Itemized expenditures on line of credit (total from Form 6)					
6b	Non-itemized expenditures on line of credit	6b				
6c	Total expenditures on line of credit (add lines 6a and 6b)	6c	<u></u>	\$0.00		
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	<u>L</u> _			7	\$0.00
swe atta true stat	the ched report(s) and the information contained herein are and correct and that this information is a full and complete ement of all contributions, expenditures, and other required rmation during the applicable period of time.	<u>J</u>	5 + of th	march Back	0	day of My commission expires the year <u>2024</u> .
Sia	nature of Candidate or Elected Official Date		/ \ . / .	Bark-	1.	

Print Notary's Name

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SCOTT W HASSELL

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

FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL:



•					(INCLUDE FULL NAME)	CONTRIBUTOR	Parieti (otal contributi
					(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX. CITY, STATE, AND ZIP)	ADDRESS	DO NOT LIST in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings.
					Business or Corporation	<u>o</u>	nd 4 f
					Individual	(유 (유 (유 (유	or th
					PAC	ECK OF	ose
					rtetarried =		nat s istim
							ys. Ouro
					DATE CONTRIBUTION RECEIVED (mo./day/yr.)		e to be itemized.
					OF CONTRIBUTION		

FORM REVISED 9.2.2011

TOTAL CASH CONTRIBUTIONS THIS PAGE

\$0.00

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

FORM 3: In-Kind Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL:



CONTRIBUTOR (INCLUDE FULL NAME) 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 loans on this form. Use Forms 2 and 4 for those listings. ADDRESS
(ADDRESS SHOULD INCLUDE
STREET OR P.O. BOX, CITY, STATE, AND ZIP) Administrative NATURE OF CONTRIBUTION Advertising Consultants/ Polling (CHECK ONE) Equipment Food Rent Transportation Other Business/ Corporation SOURCE (CHECK ONE) Individual PAC Other CONTRIBUTION RECEIVED (mo./day/yr.) DATE CONTRIBUTION AMOUNT

FORM REVISED 9.2.2011

TOTAL IN-KIND CONTRIBUTIONS THIS PAGE

\$0.00

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

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

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 cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings.

	111	GE L	PA	SIH.	ST	IPT.	TOTAL RECEIPTS THIS PAGE					FORM REVISED 9.2.2011
1												
	DATE RECEIVED (mo./day/yr.)	Other	Business	Individual	PAC	Lending Institution	GUARANTORS [FCPA REQUIRES FULL NAME AND COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEEING LOAN]	Other	Loan	Interest	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	(INCLUDE FULL NAME)
			RECEIPT SOURCE (CHECK ONE)	PT SC	CHE	20	COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	EPT	FORM OF RECEIPT	9 7	ADDRESS	SOURCE OF RECEIPT
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ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

FORM 5: Expenditures 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.

\$0.00					AMOUNT JRE OF EXPENDITURE	
AGE					DATE OF EXPENDITURE (mo./day/yr.)	
TOTAL EXPENDITURES THIS PAGE					OTHER GIVE BRIEF EXPLANATION	RE
NDIT					Transportation	PURPOSE OF EXPENDITURE (CHECK ONE)
PE	 				 Loan Repayment Lodging	F EXF
(E)	 				Fundraising	HC) D BS(
)TA					Food	URPC
7					Contribution	2
					Consultants/ Polling	1
					Advertising	1
					 Administrative	T
					ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	
FORM REVISED 9.2.2011					RECEIVING EXPENDITURE (INCLUDE FULL NAME)	

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.

\$ 0.00	AGE	TOTAL EXPENDITURES THIS PAGE	DIT	Ē	Ϋ́P	<u> </u>	770	크					FORM REVISED 5.19.2017
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AMOUNT OF EXPENDITURE	DATE OF EXPENDITURE (mo./day/yr.)	OTHER GIVE BRIEF EXPLANATION	Interest	Transportation	Lodging	Fundraising	Food	Polling Contribution	Consultants/	Advertising	Administrative	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)
		JRE	PURPOSE OF EXPENDITURE (CHECK ONE)	ONE	HE SE	SE OSE	퉦	∮ _		i			
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Waiver of Report

FOR CANDIDATES

(OPTIONAL FORM)

FILED

AUG 1 0 2020

SCOTT W. HASSELL JUDGE OF PROBATE

Please	Print i	in ink	or Type.
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Name of Candidate	Political Party/Ballot Attiliation	Typ	pe of Report (check one))
Hon Ald Tentage Waldrop Office Sought (include district or circuit number, if applicable) Mayor	Rep		Monthly Report Month in which the report is filed.	
Address Check box if reporting new address 7460 Robbins Road		ᅜ	Weekly Report Date that weekly report is due.	8-10-20
Alfona At 3595	ode Telephone Number 2 256-465-2540		Annual Report Calendar year covered by this report.	
			(Note: This form is not for u	se by elected officials in

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.

Signature of Candidate Walley Date