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

FILED

AUG 1 7 2020

SCOTT W. HASSELL JUDGE OF PROBATE

	Please Print in Ink or Type.				שטט	GE OF	PROBATE
Nam	e of Candidate or Elected Official Politi	ical Party/Ba	allot .	Affiliation	Date Covered b	v Report	
=	tonald Dimarine WAldrop	Kzp	2_		Date Governa	y Mopoli	`
Offic	e Sought or Held (include district or circuit number, if applicable)	•					
Add	ress Check box if reporting new address					Г	Amended Daily Report
					Total Number o	∟ f Panes	
		phone Num	ber		in Report	i i ugus	
1	1/0011.4 AL 35452 25	56-4	45	2540			
	ummary of activity since last filed report						
1	Beginning balance (ending balance from previous f	filing)				1	
	Cash Contributions						
2a	Itemized cash contributions (total from Form 2)		2a				
$\overline{}$	Non-itemized cash contributions		2b				
2c	Total cash contributions (add lines 2a and 2b)					2c	\$0.00
	n-Kind Contributions						
За	Itemized in-kind contributions (total from Form 3)		3a				
3b	Non-itemized in-kind contributions		3b				
3с	Total in-kind contributions (add lines 3a and 3b)		3c		\$0.00		
	Receipts from Other Sources						
4a	Itemized Receipts from Other Sources (total from F	orm 4)	4a				
4b	Non-itemized Receipts from Other Sources		4b				
4c	Total receipts from other sources (add lines 4a and	i 4b)				4c	\$0.00
	Expenditures						
5a	Itemized expenditures (total from Form 5)		5a				
5b	Non-itemized expenditures		5b			<del></del>	
5c	Total expenditures (add lines 5a and 5b)					5c	\$0.00
	Expenditures on Line of Credit						
_	Itemized expenditures on line of credit (total from F		_				
6b	Non-itemized expenditures on line of credit		6b				
6c	Total expenditures on line of credit (add lines 6a ar	/	6с		\$0.00		
7	Ending balance (add lines 1, 2c, & 4c, then subtract	line 5c)				7	\$0.00
swe atta true stat info	equired by the Alabama Fair Campaign Practices Act, I hereby ar or affirm to the best of my knowledge and belief that 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.    Contribution	the_	151	<u>15 +</u> of th	of <u>march</u> Baile	<u>o</u> . N	day of My commission expires year 1014

Print Notary's Name

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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

FORM REVISED 9.2.2011



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. SOURCE OF CONTRIBUTION (CHECK ONE) CONTRIBUTOR **ADDRESS** DATE **AMOUNT** (INCLUDE FULL NAME) (ADDRESS SHOULD INCLUDE Business or Corporation Individual PAC CONTRIBUTION OF STREET OR P.O. BOX. CITY, STATE, AND ZIP) **RECEIVED** CONTRIBUTION (mo./day/yr.)

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.) 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.

\$0.00	٩GE	IS P/	Ī	S.	:IPT	TOTAL RECEIPTS THIS PAGE					FORM REVISED 9.2.2011
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							<b></b>				
								<del> </del>			
							<del> </del>	ļ	<del> </del>		
AMOUNT OF RECEIPT	Other Cmo./day/yr.)	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)	ECX	(CH ECE	<u> 2</u> 2	COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	FORM OF RECEIPT	FORM F RECEI		ATTORING	SOURCE OF RECEIPT
			S	ing	Se ils	casi of it Fair a collinations of this join. Use Folitis 2 and 3 for those listings.		8	12		

## 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.

FORM REVISED 9.2.2011							RECEIVING EXPENDITURE (INCLUDE FULL NAME)	
							ADDRESS  (ADDRESS SHOULD INCLUDE  STREET OR P.O. BOX, CITY, STATE, AND ZIP)	
							Administrative	
					****		Advertising Consultants/	
	 	<del>                                     </del>	<del> </del>				 Consultants/ Polling Contribution	1
07/		<del>                                     </del>					Food	딣
AL I		<del>                                     </del>		 			 Fundraising	300
E <sub>X</sub>							 Loan	换성
E N					<del></del>		Repayment Lodging	S EX
D17		İ				-	Transportation	U NO
TOTAL EXPENDITURES THIS PAGE							OTHER GIVE BRIEF EXPLANATION	PURPOSE OF EXPENDITURE (CHECK ONE)
AGE							DATE OF EXPENDITURE (mo./day/yr.)	
\$0.00							AMOUNT OF EXPENDITURE	

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

### NAME OF CANDIDATE OR ELECTED OFFICIAL: FORM 6: Expenditures On Line of Credit by 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	PENDITURES THIS PAGE	DIT	ĔN	EXF	TOTAL EX	707	ر_				FORM REVISED 5.19.2017
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AMOUNT OF EXPENDITURE	DATE OF EXPENDITURE (mo./day/yr.)	OTHER GIVE BRIEF EXPLANATION	Interest	Transportation	Fundraising Lodging	Food	Contribution	Polling	Advertising Consultants/	Administrative	ADDRESS  (ADDRESS SHOULD INCLUDE  STREET OR P.O. BOX, CITY, STATE, AND ZIP)	RECEIVING EXPENDITURE (INCLUDE FULL NAME)
		JRE	SE OF EXPENDITURE (CHECK ONE)	NE EXP	육	PURPOSE OF	몵	<b>↓  </b>	↓	<b>↓</b>		



### Appointment of Principal Campaign Committee

SCOTT W. HASSELL

AUG 4 7 2020

JUDGE OF PROBATE

P	lease print in in	k or type.			This form is due within		
Full Name of Candidate  RONAL DEWA	igne U	Aldrop			reaching the threshold calendar days of quali within five (5) calendar	fying with a	political party, or
Office Sought (include district or circ	uit number, if applicab	ole) / Politic	al Party / Ballot Af	filiation	Independent candidat	е.	
MAYOR			Kop		Type of C	ommittee	(check one)
Address of the Committee (street or	post office box)		•		appoint myself		
7480 Robbins	Road		Y		principal campai	gn committe	ee.
City	State	ZIP Code	Telephone Numb	er	I hereby appoint	the individu	als listed below to act
Altoons	AZ	35952	256-485-		as my principal o		
If you are appointing others to se should be designated as the chai and addresses in the spaces belo Candidates who choose to be the	irperson of the com ow. Each appointe	mittee. A secon e <u>must</u> sign his	d member shou or her name.	ld be desigr	nated as the treasurer. H	riease ciean	y print tren names
possibility of death or incapacitat	ion of the candidate	<b>3.</b>	. •				
Cha	irperson				Treas	urer	
Full Name	Email Addr	reas		Full Name		Email A	Address
Address (street or post office box)			<b>-</b>	Address (stre	et or post office box)		
City	State ZI	P Code		City		State	ZIP Code
Signature of Appointee				Signature of	Appointee		
Commi	ttee Member				Committee	Member	1
Full Name	Email Addı	ress		Full Name		Email A	
Address (street or post office box)				Address (stre	et or post office box)		
City	State ZI	P Code		City		State	ZIP Code
Signature of Appointee				Signature of A	Appointee		
Commi	ttee Member			200	Committee Disso	lution De	esianee
Full Name	Email Add	ress		Full Name	Odminico Disso		Address
Address (street or post office box)			-	Address (stre	set or post office box)		
City	State Z	IP Code	-	City		State	ZIP Code
Signature of Appointee				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.

Tons Walden
Signature of elected official or candidate

」*伝-17-2り* Date

FORM REVISED 6.19.2017



### Waiver of Report

### FOR CANDIDATES

(OPTIONAL FORM)

FILED

AUG 4 7 2020

SCOTT W. HASSELL JUDGE OF PROBATE

Please Print in Ink or Type.				: 1
Konald Dewayne Waldrop	Political Party/Ballot Affiliation		e of Report (check one)	)
Office Sought (Include district or circuit number, if applicable)	Nep	L	Monthly Report  Month in which the report is filed.	-
Address Check box if reporting new address 7440 Robbins Road			Weekly Report Date that weekly report is due.	8-17-20
City · State ZIP Code	76tephone Number 256-465-2540		Annual Report Calendar year covered by this report.	
			(Note: This form is not for us lieu of an annual report)	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