


**FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA**

MONTHLY & WEEKLY

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1


 20111101000326360 1/2 \$.00
 Shelby Cnty Judge of Probate, AL
 11/01/2011 08:56:31 AM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official LARRY S. DILLARD		Political Party/Ballot Affiliation REPUBLICAN	
Office Sought or Held (Include district or circuit number, if applicable) SHELBY COUNTY COMMISSION DIST. 6			
Address ☐ Check box if reporting new address 2432 VALE DRIVE			
City BIRMINGHAM	State AL	ZIP Code 35244	Telephone Number 205-988-0658

Type of Report (check one)

☒ Monthly☐ Amended Monthly☐ Weekly☐ Amended WeeklyFor Monthly Reports
Month in which the
report is filed.**OCTOBER 31, 2011**For Weekly Reports
Date of Friday in the
week in which the
report is filed.Total Number of
Pages in Report

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	1214.29
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	0.00	
4b	Non-itemized Receipts from Other Sources	4b	0.00	
4c	Total receipts from other sources (add lines 4a and 4b)	4c	0.00	
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	580.16	
5b	Non-itemized expenditures	5b	0.00	
5c	Total expenditures (add lines 5a and 5b)	5c	580.16	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	634.13	

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.

Sworn to and subscribed before me this 31 day of October of the year 2011. My commission expires the 3 day of March of the year 2014.

Kimberly Melton
Signature of Notary Public

Kimberly Melton
Print Notary's Name

Signature of Candidate or Elected Official

Date



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.

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		
NRA					✓						1-3-2011	25.00
GARDEN & GUN		✓									1-3-2011	19.97
SHELBY COUNTY				✓							2-14-2011	50.00
POSTMASTER		✓									3-15-2011	90.19
RITA SUGGS				✓							4-13-2011	50.00
ST. JUDES CHILDREN HOSPITAL				✓							5-19-11	25.00
Chris Conner		✓									6-13-11	20.00
CENTER HILL BAPT. CHURCH				✓							8-30-11	100.00
TYLER LEE HOPE FUND				✓							100.00 9-8-11	100.00
SHELBY COUNTY FOP				✓							9-14-11	100.00
TOTAL EXPENDITURES THIS PAGE												580.16