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Shelby Cnty Judge of Probate, AL

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FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

RECEIVED

APR 2 2012

James W. Fuhrmeister
Judge of Probate

MONTHLY & WEEKLY

Candidate & Elected Official
Campaign Finance Report
SUMMARY FORM 1

Please Print in Ink or Type.

Name of Candidate or Elected Official LARRY S. DILLARD		Political Party/Balot Affiliation REPUBLICAN	
Office Sought or Held (include district or circuit number, if applicable) COUNTY COMMISSION DIST 6			
Address ☐ Check box if reporting new address 2432 VALE DR			
City B'HAM	State AL	ZIP Code 35244	Telephone Number [REDACTED]

✓ **FINAL REPORT**

Type of Report (check one)

☒ Monthly
☐ Weekly

☐ Amended Monthly
☐ Amended Weekly
For Monthly Reports
Month in which the
report is filed.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	350.06
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		350.06
5b	Non-itemized expenditures	5b		
5c	Total expenditures (add lines 5a and 5b)	5c		350.06
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6		0.00

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.

Signature of Candidate or Elected Official
Larry S. DillardDate
4-2-12Sworn to and subscribed before me this **1st** day of **April** of the year **2012**. My commission expires the **10th** day of **February** of the year **2014**.

Signature of Notary Public

Print Notary's Name
Tracy Billingsley



FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: LARRY S. DILLARD

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	
		Advertising	Consultants/ Polling	Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION			
REGISTER.COM	REGISTER.COM	✓										3-2-12	77.50
U.S. POSTMASTER	HOOPER BRANCH 2432 VINE DR BHM 35244	✓										3-5-12	45.00
LARRY DILLARD	PARTIAL REPAY OF 100.00 LOAN								✓			3-20-06	227.56
TOTAL EXPENDITURES THIS PAGE												350.06	