STATE OF ALABAMA ETHICS COMMISSION

RSA Union Building 100 North Union Street, Suite 104 Montgomery, Alabama 36104

Date of Occurrence

MAILING ADDRESS
P. O. Box 4840
MONTGOMERY, ALABAMA 36103-4840

PHONE: (334) 242-2997 FAX: (334) 242-0248

COMPLAINT

I.	Complainant's Name (Person making complaint)	: FRANK DILIMAN	
	Address	: 2273 COUNTY ROOD 54 WEST	
	City/County/State/Zip	: NOTASulgA, MACON CNTY, AL 36866-3370	9
	Home Phone	:(Cp) 334-740.4217	
	Place of Employment	:Retired	
	Employer's Address	: NIA	
	City/County/State/Zip	A L M :	
	Work Phone	: N/A	
		ILY ONE (1) RESPONDENT PER COMPLAINT FORM. FORM FOR EACH ADDITIONAL RESPONDENT.	
11.	Respondent's Name and Title/Position Held (Person against whom complaint is made	: MACON COUNTY CHAIR MAN LOUR MAXWELL	
	Address	: 101 E. ROSA PArks Ave ROOM 105	
	City/County/State/Zip	: Tuskegee, MACON CHTY, AL 36083-1735	
	worK Home Phone	: 334-727-5120,4	
	Place of Employment	: AS Above	

: 30 NOU 2012 - 28 JUN 2015

III.	Statement of Facts: State in your own words the <u>detailed</u> facts and the actions of the person named in paragraph II which prompted you to make this complaint. The brief space provided below is not intended to limit your statement of facts. Please feel free to attach additional sheets if necessary. Include relevant dates and time and the names and addresses of other persons whom you believe to have knowledge of the facts. GWISTIONABLE WE & 900'T 9AS Credit CAVA— AS demonstrated by what Appears to excessive use of quotine like of county vehicle a lquipter factory of the factory of the person who have credible and verifiable information supporting the allegations contained in the complaint."	νT.
IV.	I understand that by initiating this complaint I have started proceedings of a legal nature. I further understand that such proceedings could include criminal prosecution which could require my testimony before a grand jury and/or during trial. It is my intention to fully cooperate with the staff of the Alabama Ethics Commission in the investigation of this matter. I agree to testify, if needed, before the Alabama Ethics Commission and/or any other judicial body necessary to resolve this case. I understand that my failure to fully cooperate in this investigation could result in dismissal of this complaint.	
	I understand that my name and the other personal information on this form will not be released by anyone at the Alabama Ethics Commission. I am aware, however, that at the appropriate time this information may be available to the respondent and/or his/her attorney.	
	I hereby swear or affirm that the information on this form is true and correct to the best of my knowledge.	
	Complainant's Signature Land RSM Date 1980 2016	
	Notary's Signature Fout — Date //19/16	
	Notary Seal Date Notary Commission Expires LESLIE FOUNTAIN Notary Public - State of Alabama My Commission Expires April 14, 2017	
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