

STATE OF ALABAMA
ETHICS COMMISSION

**RSA UNION BUILDING
100 NORTH UNION STREET, SUITE 104
MONTGOMERY, ALABAMA 36104**

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

PHONE: (334) 242-2997

FAX: (334) 242-0248

COMPLAINT

I. **Complainant's Name** : FRANCIS PAUL KIPP
(Person making complaint)
Address : 22985 HIGHLAND RD
City/County/State/Zip : FAIRHOPE, AL 36532
Home Phone : 251-928-0445
Place of Employment : SELF THE RIPP REPORT
Employer's Address : _____
City/County/State/Zip : _____
Work Phone : 334-669-0497

NOTE: PLEASE LIST ONLY ONE (1) RESPONDENT PER COMPLAINT FORM.
PLEASE USE A NEW FORM FOR EACH ADDITIONAL RESPONDENT.

II. Respondent's Name and Title/Position Held : JACK BURRELL
(Person against whom complaint is made)

Address : City of Fairhope

City/County/State/Zip : Fairhope, AL 36532

Home Phone : 251-510-4496

Place of Employment : Fairhope City Council

Date of Occurrence : Nov 17, 2015, Fairhope Airport Authority

III. Statement of Facts:

State in your own words the detailed 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.

ENCLOSED 34 pg BOOKLET

UNETHICAL CONDUCT CONCERNING THE
FAIRHOPE AIRPORT AUTHORITY RELATING
TO HIX / SNEAKER DBA MID-BAY AIR LLC.

Section 36-25-4(c) states: "Prior to commencing any investigation, the Commission shall: (1) receive a written complaint which sets forth in detail the specific charges against a respondent, and the factual allegations which support such charges."

"The complaint may only be filed by a person who has or persons who have credible and verifiable information supporting the allegations contained in the complaint."

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.

State of Alabama County of Baldwin
Complainant's Signature [Signature] Date FEB 2, 2017

Notary's Signature [Signature] Date 2/2/17

Notary Seal

Date Notary Commission Expires _____
My Commission Expires on May 24, 2020