


**FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA**

 20120719000258860 1/5 \$.00  
 Shelby Cnty Judge of Probate, AL  
 07/19/2012 12:59:21 PM FILED/CERT

OFFICIAL USE ONLY

# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

**RECEIVED**
**JUL 19 2012**

 James W. Fuhrmeister  
 Judge of Probate

Please Print in Ink or Type.

|                                                                                                          |                    |                                                  |                                       |
|----------------------------------------------------------------------------------------------------------|--------------------|--------------------------------------------------|---------------------------------------|
| Name of Candidate or Elected Official<br><b>Paul Gregory Eddins</b>                                      |                    | Political Party/Ballot Affiliation<br><b>N/A</b> |                                       |
| Office Sought or Held (include district or circuit number, if applicable)<br><b>Mayor City of Helena</b> |                    |                                                  |                                       |
| Address <input type="checkbox"/> Check box if reporting new address<br><b>3011 Longleaf Lane</b>         |                    |                                                  |                                       |
| City<br><b>Helena</b>                                                                                    | State<br><b>AL</b> | ZIP Code<br><b>35080</b>                         | Telephone Number<br><b>[REDACTED]</b> |

## Type of Report (check one)

- ☐ Monthly      ☐ Amended Monthly  
☒ Weekly      ☐ 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

|                |
|----------------|
|                |
| <b>7-20-12</b> |
| <b>5</b>       |

## Summary of activity since last filed report

|                                    |                                                               |    |                          |
|------------------------------------|---------------------------------------------------------------|----|--------------------------|
| 1                                  | Beginning balance (ending balance from previous filing)       | 1  | <b>1076.61</b>           |
| <b>Cash Contributions</b>          |                                                               |    |                          |
| 2a                                 | Itemized cash contributions (total from Form 2)               | 2a | <b>500.<sup>00</sup></b> |
| 2b                                 | Non-itemized cash contributions                               | 2b | <b>0</b>                 |
| 2c                                 | Total cash contributions (add lines 2a and 2b)                | 2c | <b>500.<sup>00</sup></b> |
| <b>In-Kind Contributions</b>       |                                                               |    |                          |
| 3a                                 | Itemized in-kind contributions (total from Form 3)            | 3a | <b>0</b>                 |
| 3b                                 | Non-itemized in-kind contributions                            | 3b | <b>0</b>                 |
| 3c                                 | Total in-kind contributions (add lines 3a and 3b)             | 3c | <b>0</b>                 |
| <b>Receipts from Other Sources</b> |                                                               |    |                          |
| 4a                                 | Itemized Receipts from Other Sources (total from Form 4)      | 4a | <b>0</b>                 |
| 4b                                 | Non-itemized Receipts from Other Sources                      | 4b | <b>0</b>                 |
| 4c                                 | Total receipts from other sources (add lines 4a and 4b)       | 4c | <b>0</b>                 |
| <b>Expenditures</b>                |                                                               |    |                          |
| 5a                                 | Itemized expenditures (total from Form 5)                     | 5a | <b>147.09</b>            |
| 5b                                 | Non-itemized expenditures                                     | 5b | <b>0</b>                 |
| 5c                                 | Total expenditures (add lines 5a and 5b)                      | 5c | <b>147.09</b>            |
| 6                                  | Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) | 6  |                          |

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: **Paul Gregory Eddins**  
 Date: **7-18-12**

Sworn to and subscribed before me this **18<sup>th</sup>** day of **July** of the year **2012**. My commission expires the **31<sup>st</sup>** day of **Jan** of the year **2015**.

Signature of Notary Public: **Kayla Dunaway**

Print Notary's Name: **Kayla Dunaway**

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



**FORM 2: Contributions received by candidate or elected official**

NAME OF CANDIDATE OR ELECTED OFFICIAL: Paul Gregory Eddins

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.

| CONTRIBUTOR<br>(INCLUDE FULL NAME) | ADDRESS<br>(ADDRESS SHOULD INCLUDE<br>STREET OR P.O. BOX, CITY, STATE, AND ZIP) | SOURCE<br>OF CONTRIBUTION<br>(CHECK ONE) |            |     |       |          | DATE<br>CONTRIBUTION<br>RECEIVED<br>(mo./day/yr.) | AMOUNT<br>OF<br>CONTRIBUTION |
|------------------------------------|---------------------------------------------------------------------------------|------------------------------------------|------------|-----|-------|----------|---------------------------------------------------|------------------------------|
|                                    |                                                                                 | Business or<br>Corporation               | Individual | PAC | Other | Returned |                                                   |                              |
| Howard Oneal                       | 1015 Bridle Lane<br>Helene AL 35080                                             |                                          | ✓          |     |       |          | 7-13-12                                           | \$ 500.00                    |
|                                    |                                                                                 |                                          |            |     |       |          |                                                   |                              |
|                                    |                                                                                 |                                          |            |     |       |          |                                                   |                              |
|                                    |                                                                                 |                                          |            |     |       |          |                                                   |                              |
|                                    |                                                                                 |                                          |            |     |       |          |                                                   |                              |
|                                    |                                                                                 |                                          |            |     |       |          |                                                   |                              |
|                                    |                                                                                 |                                          |            |     |       |          |                                                   |                              |
|                                    |                                                                                 |                                          |            |     |       |          |                                                   |                              |
|                                    |                                                                                 |                                          |            |     |       |          |                                                   |                              |
|                                    |                                                                                 |                                          |            |     |       |          |                                                   |                              |
|                                    |                                                                                 |                                          |            |     |       |          |                                                   |                              |
|                                    |                                                                                 |                                          |            |     |       |          |                                                   |                              |
| TOTAL CASH CONTRIBUTIONS THIS PAGE |                                                                                 |                                          |            |     |       |          |                                                   | \$ 500.00                    |

Paul Gregory Eddins

**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.**

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## 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.**

[illegible]