



# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

RECEIVED  
 JUL 26 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>7-27-12</b> |
| <b>5</b>       |

## Summary of activity since last filed report

|                                    |                                                               |    |                         |
|------------------------------------|---------------------------------------------------------------|----|-------------------------|
| 1                                  | Beginning balance (ending balance from previous filing)       | 1  | <b>1416.01</b>          |
| <b>Cash Contributions</b>          |                                                               |    |                         |
| 2a                                 | Itemized cash contributions (total from Form 2)               | 2a | <b>700<sup>00</sup></b> |
| 2b                                 | Non-itemized cash contributions                               | 2b | <b>0</b>                |
| 2c                                 | Total cash contributions (add lines 2a and 2b)                | 2c | <b>700<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>.12</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>.12</b>              |
| <b>Expenditures</b>                |                                                               |    |                         |
| 5a                                 | Itemized expenditures (total from Form 5)                     | 5a | <b>1144.52</b>          |
| 5b                                 | Non-itemized expenditures                                     | 5b | <b>0</b>                |
| 5c                                 | Total expenditures (add lines 5a and 5b)                      | 5c | <b>1144.52</b>          |
| 6                                  | Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) | 6  | <b>971.61</b>           |

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      **7-26-12**  
 Date

Sworn to and subscribed before me this **26<sup>th</sup>** day of **July** of the year **2012**. My commission expires the **7<sup>th</sup>** day of **December** of the year **2015**.

Signature of Notary Public

Print Notary's Name



Paul Gregory Eodins

**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.

20120730000273880 2/5 \$.00  
Shelby Cnty Judge of Probate, AL  
07/30/2012 10:53:55 AM FILED/CERT





# FORM 3: In-Kind 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 cash or loans on this form. Use Forms 2 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) | NATURE OF CONTRIBUTION<br>(CHECK ONE) |             |                         |           |      |      |                |       |                          |            | SOURCE<br>(CHECK ONE) |       |  |  | DATE<br>CONTRIBUTION<br>RECEIVED<br>(mo./day/yr.) | AMOUNT<br>OF<br>CONTRIBUTION |
|---------------------------------------|---------------------------------------------------------------------------------|---------------------------------------|-------------|-------------------------|-----------|------|------|----------------|-------|--------------------------|------------|-----------------------|-------|--|--|---------------------------------------------------|------------------------------|
|                                       |                                                                                 | Administrative                        | Advertising | Consultants/<br>Polling | Equipment | Food | Rent | Transportation | Other | Business/<br>Corporation | Individual | PAC                   | Other |  |  |                                                   |                              |
|                                       |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |            |                       |       |  |  |                                                   |                              |
|                                       |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |            |                       |       |  |  |                                                   |                              |
|                                       |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |            |                       |       |  |  |                                                   |                              |
|                                       |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |            |                       |       |  |  |                                                   |                              |
|                                       |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |            |                       |       |  |  |                                                   |                              |
|                                       |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |            |                       |       |  |  |                                                   |                              |
|                                       |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |            |                       |       |  |  |                                                   |                              |
|                                       |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |            |                       |       |  |  |                                                   |                              |
|                                       |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |            |                       |       |  |  |                                                   |                              |
|                                       |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |            |                       |       |  |  |                                                   |                              |
| TOTAL IN-KIND CONTRIBUTIONS THIS PAGE |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |            |                       |       |  |  | 0                                                 |                              |

20120730000273880 3/5 \$.00  
Shelby Cnty Judge of Probate, AL  
07/30/2012 10:53:55 AM FILED/CERT





# FORM 4: Receipts from Other Sources loans, interest, and other sources of income

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 cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings.

| SOURCE OF RECEIPT<br>(INCLUDE FULL NAME) | ADDRESS<br>(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) | FORM OF RECEIPT |      |       | COMPLETE THIS BLOCK IF RECEIPT IS A LOAN<br><br>[FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN] | RECEIPT SOURCE (CHECK ONE) |     |            |          | DATE RECEIVED (mo./day/yr.) | AMOUNT OF RECEIPT |       |
|------------------------------------------|------------------------------------------------------------------------------|-----------------|------|-------|------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----|------------|----------|-----------------------------|-------------------|-------|
|                                          |                                                                              | Interest        | Loan | Other |                                                                                                                                                | Lending Institution        | PAC | Individual | Business |                             |                   | Other |
| Bank Trust                               | PO Box 3067<br>Mobile AL 36652                                               | ✓               |      |       |                                                                                                                                                |                            |     |            |          |                             | 7-23              | .12   |
|                                          |                                                                              |                 |      |       |                                                                                                                                                |                            |     |            |          |                             |                   |       |
|                                          |                                                                              |                 |      |       |                                                                                                                                                |                            |     |            |          |                             |                   |       |
|                                          |                                                                              |                 |      |       |                                                                                                                                                |                            |     |            |          |                             |                   |       |
|                                          |                                                                              |                 |      |       |                                                                                                                                                |                            |     |            |          |                             |                   |       |
|                                          |                                                                              |                 |      |       |                                                                                                                                                |                            |     |            |          |                             |                   |       |
|                                          |                                                                              |                 |      |       |                                                                                                                                                |                            |     |            |          |                             |                   |       |
|                                          |                                                                              |                 |      |       |                                                                                                                                                |                            |     |            |          |                             |                   |       |
|                                          |                                                                              |                 |      |       |                                                                                                                                                |                            |     |            |          |                             |                   |       |
|                                          |                                                                              |                 |      |       |                                                                                                                                                |                            |     |            |          |                             |                   |       |
| TOTAL RECEIPTS THIS PAGE                 |                                                                              |                 |      |       |                                                                                                                                                |                            |     |            |          |                             | .12               |       |



