



# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

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SEP 07 2012

James W. Fuhrmeister  
Judge of Probate

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SEP 07 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>9-7-12</b> |
| <b>5</b>      |

## Summary of activity since last filed report

|                                    |                                                               |    |              |
|------------------------------------|---------------------------------------------------------------|----|--------------|
| 1                                  | Beginning balance (ending balance from previous filing)       | 1  | <b>79.42</b> |
| <b>Cash Contributions</b>          |                                                               |    |              |
| 2a                                 | Itemized cash contributions (total from Form 2)               | 2a | <b>0</b>     |
| 2b                                 | Non-itemized cash contributions                               | 2b | <b>0</b>     |
| 2c                                 | Total cash contributions (add lines 2a and 2b)                | 2c | <b>0</b>     |
| <b>In-Kind Contributions</b>       |                                                               |    |              |
| 3a                                 | Itemized in-kind contributions (total from Form 3)            | 3a | <b>50.00</b> |
| 3b                                 | Non-itemized in-kind contributions                            | 3b | <b>0</b>     |
| 3c                                 | Total in-kind contributions (add lines 3a and 3b)             | 3c | <b>50.00</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>0</b>     |
| 5b                                 | Non-itemized expenditures                                     | 5b | <b>0</b>     |
| 5c                                 | Total expenditures (add lines 5a and 5b)                      | 5c | <b>0</b>     |
| 6                                  | Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) | 6  | <b>79.42</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.

Sworn to and subscribed before me this 7<sup>th</sup> day of Sept of the year 2012. My commission expires the 31<sup>st</sup> day of Jan of the year 2015.

Kayla Drenaway  
Signature of Notary Public

Kayla Drenaway  
Print Notary's Name







# 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 |                                     |  |                                                   |                              |         |                      |
| Linda Wade                            | 232 Appleford Rd<br>Helena AL 35080                                             |                                       |             |                         |           |      | <input checked="" type="checkbox"/> |                |       |                          |            |                       |       | <input checked="" type="checkbox"/> |  |                                                   |                              | 8-29-12 | \$ 50. <sup>00</sup> |
|                                       |                                                                                 |                                       |             |                         |           |      |                                     |                |       |                          |            |                       |       |                                     |  |                                                   |                              |         |                      |
|                                       |                                                                                 |                                       |             |                         |           |      |                                     |                |       |                          |            |                       |       |                                     |  |                                                   |                              |         |                      |
|                                       |                                                                                 |                                       |             |                         |           |      |                                     |                |       |                          |            |                       |       |                                     |  |                                                   |                              |         |                      |
|                                       |                                                                                 |                                       |             |                         |           |      |                                     |                |       |                          |            |                       |       |                                     |  |                                                   |                              |         |                      |
|                                       |                                                                                 |                                       |             |                         |           |      |                                     |                |       |                          |            |                       |       |                                     |  |                                                   |                              |         |                      |
|                                       |                                                                                 |                                       |             |                         |           |      |                                     |                |       |                          |            |                       |       |                                     |  |                                                   |                              |         |                      |
|                                       |                                                                                 |                                       |             |                         |           |      |                                     |                |       |                          |            |                       |       |                                     |  |                                                   |                              |         |                      |
|                                       |                                                                                 |                                       |             |                         |           |      |                                     |                |       |                          |            |                       |       |                                     |  |                                                   |                              |         |                      |
| TOTAL IN-KIND CONTRIBUTIONS THIS PAGE |                                                                                 |                                       |             |                         |           |      |                                     |                |       |                          |            |                       |       |                                     |  | \$ 50. <sup>00</sup>                              |                              |         |                      |

NAME OF CANDIDATE OR ELECTED OFFICIAL: Paul Gregory Eddins

| 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>GUARANTORS<br><small>[FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN]</small> | RECEIPT SOURCE<br>(CHECK ONE) |     |            |          |       | DATE RECEIVED<br>(mo./day/yr.) | AMOUNT OF RECEIPT |   |
|------------------------------------------|------------------------------------------------------------------------------|--------------------------|------|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----|------------|----------|-------|--------------------------------|-------------------|---|
|                                          |                                                                              | Interest                 | Loan | Other |                                                                                                                                                                             | Lending Institution           | PAC | Individual | Business | Other |                                |                   |   |
|                                          |                                                                              |                          |      |       |                                                                                                                                                                             |                               |     |            |          |       |                                |                   |   |
|                                          |                                                                              |                          |      |       |                                                                                                                                                                             |                               |     |            |          |       |                                |                   |   |
|                                          |                                                                              |                          |      |       |                                                                                                                                                                             |                               |     |            |          |       |                                |                   |   |
|                                          |                                                                              |                          |      |       |                                                                                                                                                                             |                               |     |            |          |       |                                |                   |   |
|                                          |                                                                              |                          |      |       |                                                                                                                                                                             |                               |     |            |          |       |                                |                   |   |
|                                          |                                                                              |                          |      |       |                                                                                                                                                                             |                               |     |            |          |       |                                |                   |   |
|                                          |                                                                              |                          |      |       |                                                                                                                                                                             |                               |     |            |          |       |                                |                   |   |
|                                          |                                                                              |                          |      |       |                                                                                                                                                                             |                               |     |            |          |       |                                |                   |   |
|                                          |                                                                              |                          |      |       |                                                                                                                                                                             |                               |     |            |          |       |                                |                   |   |
|                                          |                                                                              |                          |      |       |                                                                                                                                                                             |                               |     |            |          |       |                                |                   |   |
| FORM REVISED 9.2.2011                    |                                                                              | TOTAL RECEIPTS THIS PAGE |      |       |                                                                                                                                                                             |                               |     |            |          |       |                                |                   | Ø |

FORM REVISED 9.2.2011

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Shelby Cnty Judge of Probate, AL  
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