



# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

**FILED**  
AUG 04 2014

BOBBY M. JUNKINS  
JUDGE OF PROBATE

Please Print in Ink or Type.

Name of Candidate or Elected Official <b>Jeff Overstreet</b>		Political Party/Ballot Affiliation <b>Republican</b>	
Office Sought or Held (include district or circuit number, if applicable) <b>Etowah County Commission Dist 4</b>			
Address <input type="checkbox"/> Check box if reporting new address <b>101 Roseland Dr.</b>			
City <b>Rainbow City</b>	State <b>Al.</b>	ZIP Code <b>35906</b>	Telephone Number <b>(256) 442-0789</b>

Type of Report (check one)

- Monthly  Amended Monthly  
 Weekly  Amended Weekly

For Monthly Reports  
Month in which the report is filed.

**July 2014**

For Weekly Reports  
Date of Friday in the week in which the report is filed.

Total Number of Pages in Report

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)	1	<b>703.15</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>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>795.00</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>795.00</b>
<b>Expenditures</b>			
5a	Itemized expenditures (total from Form 5)	5a	<b>1480.00</b>
5b	Non-itemized expenditures	5b	<b>0</b>
5c	Total expenditures (add lines 5a and 5b)	5c	<b>1480.00</b>
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	<b>18.15</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: *[Signature]* Date: **8/4/14**

Sworn to and subscribed before me this **4th** day of **August** of the year **2014**. My commission expires the **1st** day of **July** of the year **2014**.

Signature of Notary Public: *[Signature]*

Print Notary's Name: **Debra Coleman**





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



NAME OF CANDIDATE OR ELECTED OFFICIAL: \_\_\_\_\_

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 (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	FORM OF RECEIPT			COMPLETE THIS BLOCK IF RECEIPT IS A LOAN GUARANTORS (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				
Jeff Dverstreet	101 Baseland Dr Rainbow City, Al 35906		<input checked="" type="checkbox"/>		Jeff Dverstreet 101 Baseland Dr Rainbow City, Al 35906			<input checked="" type="checkbox"/>						795.00
<b>TOTAL RECEIPTS THIS PAGE</b>													795.00	

# FORM 5: Expenditures by political action committee

NAME OF POLITICAL ACTION COMMITTEE: \_\_\_\_\_



When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized.

PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PURPOSE OF EXPENDITURE (CHECK ONE)								DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE	
		Administrative	Advertising	Consultants/ Polling	Contribution	Food	Fundraising	Loan Repayment	Lodging			Transportation
Lamar Signs	2441 E. Meighan Blvd Gadsden, Al. 35403		<input checked="" type="checkbox"/>								7/1/14	1480.00
<b>TOTAL EXPENDITURES THIS PAGE</b>											1480.00	