



Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

FILED
MAY 27 2014
BOBBY M. JUNKINS
JUDGE OF PROBATE

Please Print in Ink or Type.

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

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

5/24/14

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)	1	1078.16
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a	250.00
2b	Non-itemized cash contributions	2b	-
2c	Total cash contributions (add lines 2a and 2b)	2c	250.00
In-Kind Contributions			
3a	Itemized in-kind contributions (total from Form 3)	3a	Ø
3b	Non-itemized in-kind contributions	3b	Ø
3c	Total in-kind contributions (add lines 3a and 3b)	3c	Ø
Receipts from Other Sources			
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	1726.00
4b	Non-itemized Receipts from Other Sources	4b	Ø
4c	Total receipts from other sources (add lines 4a and 4b)	4c	1726.00
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a	1976.95
5b	Non-itemized expenditures	5b	
5c	Total expenditures (add lines 5a and 5b)	5c	1976.95
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	1077.21


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 5/26/14
Date

Sworn to and subscribed before me this 27 day of May of the year 2014. My commission expires the 24 day of Sept of the year 2016.


Signature of Notary Public

Pam Bone
Print Notary's Name



FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Jeff Overstreet

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 (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	SOURCE OF CONTRIBUTION (CHECK ONE)					DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Business or Corporation	Individual	PAC	Other	Returned		
Tilogy INS.	2100 Club Dr. St. 100 Gadsden, Al. 35901	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5/21/14	250.00
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
							TOTAL CASH CONTRIBUTIONS THIS PAGE	250.00



FORM 3: In-Kind Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: *Jeff Overstreet*

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 (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	NATURE OF CONTRIBUTION (CHECK ONE)										SOURCE (CHECK ONE)	DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION				
		Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business Corporation	Individual				PAC	Other		
TOTAL IN-KIND CONTRIBUTIONS THIS PAGE															0			



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

NAME OF CANDIDATE OR ELECTED OFFICIAL: Jeff Overstreet

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 Overstreet	101 Roseland Dr Rbc Al. 35906		<input checked="" type="checkbox"/>		Jeff Overstreet 35906 101 Roseland Dr. Rbc Al		<input checked="" type="checkbox"/>				5/20/14	1726.00
TOTAL RECEIPTS THIS PAGE											1726.00	



ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR POLITICAL ACTION COMMITTEE

FORM 5: Expenditures by political action committee

NAME OF POLITICAL ACTION COMMITTEE: *Jeff Overstreet*

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	Repairment	Lodging	Transportation			OTHER GIVE BRIEF EXPLANATION		
Nick Webb	2508 Red Oak Rd Gadsden, AL 35904		<input checked="" type="checkbox"/>												5/19/14	120.00
Office Max	630 George Wallace Dr Gadsden, AL 35903														5/24/14	152.76
US Postal Service	700 Chestnut St. Gadsden, AL 35901		<input checked="" type="checkbox"/>												5/20/14	1704.19
												TOTAL EXPENDITURES THIS PAGE		1976.95		