

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

FILED

MAY 12 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 Republican	
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
 Weekly
 Amended Monthly
 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

5/9/14

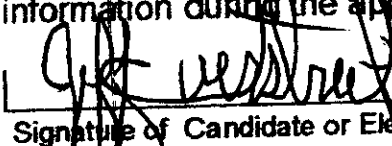
Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	2525.37
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	0	
2b	Non-itemized cash contributions	2b	100.00	
2c	Total cash contributions (add lines 2a and 2b)	2c	100.00	
In-Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	3a	0	
3b	Non-itemized in-kind contributions	3b	0	
3c	Total in-kind contributions (add lines 3a and 3b)	3c	0	
Receipts from Other Sources				
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	0	
4b	Non-itemized Receipts from Other Sources	4b	0	
4c	Total receipts from other sources (add lines 4a and 4b)	4c	0	
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	1021.30	
5b	Non-itemized expenditures	5b	0	
5c	Total expenditures (add lines 5a and 5b)	5c	1021.30	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	1604.07	


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 Date **5-11-14**

Sworn to and subscribed before me this 12th day of May of the year 2014. My commission expires the 1st day of June of the year 2014.


 Signature of Notary Public
Debra Coleman
 Print Notary's Name



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	OTHER GIVE BRIEF EXPLANATION	
Service Printing Co.	1644 Terminal Rd. Montgomery, Al. 36108	<input checked="" type="checkbox"/>													5-2-14	421.30
Jeff Overstreet	101 Roseland Dr. Rainbow City, Al. 35906							<input checked="" type="checkbox"/>							5-6-14	600. ⁰⁰
												TOTAL EXPENDITURES THIS PAGE	1021. ³⁰			