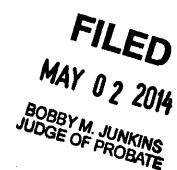


Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1



Please Print in ink or Type.						
	Political Party/E	Ballot /	Affiliation	Type of Repo	rt (check	one)
Deff Overstreet	Repub	liz	a	Mo	nthly	Amended Monthly
Office Sought or Held (include district or circuit number, if applicable)	, 1.	1101		☐ We	ekty	Amended Weekly
Etowah County Commission Dist 4 Address Check box if reporting new address	/			For Monthly I Month in which report is filed.		April 2114
101 Roseland Dr.				For Weekly R	eports	111 W
A.	Telephone Num		0789	Date of Friday week in which report is filed.	in the	
33 100	<u> </u>		701	Total Number		
				Pages in Rep	ort	
Summary of activity since last filed report						
1 Beginning balance (ending balance from previous	us filing)				1	2620.16
Cash Contributions						
2a Itemized cash contributions (total from Form 2)		2a	300.00			
2b Non-itemized cash contributions		2b	456.0)	1	
2c Total cash contributions (add lines 2a and 2b)					2c	75/00
In-Kind Contributions					<u> </u>	1.55
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		1	
Receipts from Other Sources			~		<u>.</u>	
4a Itemized Receipts from Other Sources (total from	1 Form 4)	4a	B			
4b Non-itemized Receipts from Other Sources	1	4b	Ø			
4c Total receipts from other sources (add lines 4a a	nd 4b)				4c	8
Expenditures				•	<u> </u>	~
5a Itemized expenditures (total from Form 5)	15	a	844.	79		
5b Non-itemized expenditures		5b	Ø			
5c Total expenditures (add lines 5a and 5b)				<u> </u>	5c	244.79
6 Ending balance (add lines 1, 2c, & 4c, then subtract	ct line 5c)				6 2	2525.37
Candidates for State Office: File this report with the Office	a of the Sin	reie.	v of State			
Candidates for County or Municipal Office: File this repo				e of the ocun:	y mana	ch the office is sought.
As required by the Alabama Fair Campaign Practices Act, I hereb		to a	nd subscrib	ed before me	this	21d day of
swear or affirm to the best of my knowledge and belief that the attached report(s) and the information contained herein are	411	Uls	of the	year <i>2019</i>	<u>/</u>	My commission expires
true and conject and that this information is a full and complet	te the			A .		year <u> </u>
statement of all contributions, expenditures, and other require information during the applicable period of time.	ed	·····//····		- juine	J. 610	Jan middle Shart man
114 Vanda 1			llua	Celen	nan	
Signature of Candidate or Elected Official Date	Z Signati	ure of	Notary Public			
Late	ı	力	ohla	Colen	nn	1
FORM REVISED 9.2.2011	Print N	otary	s Name		<i>u-11</i>	

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL



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.

NO NOT LIST in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings.

300,00	IS PAGE	H	NS	등	BU	TRI	TOTAL CASH CONTRIBUTIONS THIS PAGE	FORM REVISED 9.2.2011
30° 00	4/17/14				7		Gadsden Al. 35901	Jason & Christi Knowles
OF	CONTRIBUTION RECEIVED (mo./day/yr.)	Returned	Other	PAC	Individual	Business or Corporation	HOULD INCLUDE X, CITY, STATE, AND ZIP)	(INCLUDE FULL NAME)
			SHC EUTI	SOURCE OF CONTRIBUTION (CHECK ONE)	(CE) &	유		CONTRIBUTOR
		gs.	sting	ose i	X th	d 4 fc	DO NOT LIST in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings	D

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

FORM 3: In-Kind Contributions received by candidate or elected official NAME OF CANDIDATE OR ELECTED OFFICIAL: JEFF ()VESSTEET



When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to

Ø	TOTAL IN-KIND CONTRIBUTIONS THIS PAGE	로	NS	8	TUE	곧	Ž	8	N D	ᄎ	Z	IAT	ō		ORM REVISED 9.2.2011
										·					
·															
										`					
AMOUNT OF CONTRIBUTION	CONTRIBUTION RECEIVED (mo./day/yr.)	Other	PAC	Individual	Business/ Corporation	Other	Transportation	Rent	Food	Equipment	Polling	Consultants/	Administrative Advertising	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	(INCLUDE FULL NAME)
		=)	SOURCE (CHECK ONE)	SOU	ි <u></u>		2	NATURE OF CONTRIBUTION (CHECK ONE)	ONE)	市CO	ିନ୍ ତ	ATUF	i i		CONTRIBILIOR
	o co con incod.			ings.	e listi	1086	for t	id 4	2 ar	rms	e Fo	Us	orm a	DO NOT LIST cash or loans on this form. Use Forms 2 and 4 for those listings.	

PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL ALABAMA FAIR CAMPAIGN

FORM 4: Receipts from Other Sources loans, interest, and other sources of income NAME OF CANDIDATE OR ELECTED OFFICIAL. JEST 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.

		}				ISIII IJO.			
SOURCE OF RECEIPT	ADDRESS	FORM OF RECEIPT	FCEI	H _a	COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	RECEIPT SOURCE (CHECK ONE)	RCE)		,
(INCLUDE FULL NAME)	(ADDRESS SHOULD INCLUDE STREET OR PO BOX				GUARANTORS		-	RECEIVED	AMOUNT OF
	CITY, STATE, AND ZIP)	Interest	rogu	Other	[FCPA REQUIRES FULL NAME AND COM-PLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN]	Lesiness Institution PAC Individual	Other	(mo./day/yr.)	RECEIPT
									
FORM REVISED 9.2.2011					TOTAL RECEIPTS THIS PAGE	PTS THIS F	AG	Ш	B

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

FORM 5: Expenditures by political action committee NAME OF POLITICAL ACTION COMMITTEE: Jeff OverStreet



When total expe	When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized.	00, the FCF	PA re	quire	s all ex	pend	itures to	that recip	yent be itemize	.pq
			PU	RPOS	PURPOSE OF EXPENDITURE (CHECK ONE)	PEND NE)	TURE			,
PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Administrative Advertising Consultants/ Polling	Contribution	Food	Fundraising Loan Repayment	Fodging	noitethoqenenT	OTHER GIVE BRIEF EXPLANATION	DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
Sams Club	5946 Trussville Crossings PKy. Birming ham, Al. 35235	-	,				Card	Total Market	Candy for 4/2/14	16.19
office max	53s george inclace Dr. Gadsden, 91. 35403	7				. 41			413/14-	80.601
Lowes	GIS George Wallace Dr. Gadsden Al. 35903						Syn. Sypplies		4 q 4 23 4 13 4 29	99,77
RAINBOW CITY	3700 Rainbow DF. RAINDOW (21/4, A). 35506						Che. Bot.	Hat.	41/1/4	\$ 60 00
ויחק לטיו	1644 Terminad Rd. Monteomery, A1.36108	``							4/2/14	514.03
FORM REVISED 9.2.2011			5	TAI	. EXP	QNI	TURES	OTAL EXPENDITURES THIS PAGE	AGE	844.79