



Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

20160719000252650 1/5 \$ 00
Shelby Cnty Judge of Probate, AL
07/19/2016 03:01 49 PM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official Marco Gonzalez		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) Pelham City Council Place 3			
Address ☐ Check box if reporting new address 128 1st street South			
City Alabaste	State AL	ZIP Code 35007	Telephone Number [REDACTED]

Type of Report (check one)

☒ Monthly ☐ Amended Monthly
☐ Weekly ☐ Amended Weekly

For Monthly Reports

Month in which the report is filed

7/1/16-7/31/16

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	\$0.00
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	\$0.00	
2b	Non-itemized cash contributions	2b	\$0.00	
2c	Total cash contributions (add lines 2a and 2b)	2c	\$0.00	
In-Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	3a	\$0.00	
3b	Non-itemized in-kind contributions	3b	\$0.00	
3c	Total in-kind contributions (add lines 3a and 3b)	3c	\$0.00	
Receipts from Other Sources				
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	\$1,025.35	
4b	Non-itemized Receipts from Other Sources	4b	\$0.00	
4c	Total receipts from other sources (add lines 4a and 4b)	4c	\$1,025.35	
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	\$1,017.09	
5b	Non-itemized expenditures	5b	\$0.00	
5c	Total expenditures (add lines 5a and 5b)	5c	\$1,017.09	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	\$8.26	

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 **7.18.16**

Sworn to and subscribed before me this **18th** day of **July** of the year **2016**. My commission expires the **3rd** day of **MARCH** of the year **2018**.

Signature of Notary Public **[Signature]**
JOSE B. GONZALEZ



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

Marco Gonzalez

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 loans on this form. Use Forms 2 and 4 for those listings.

[illegible]



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

Marco Gonzalez

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 COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEERING LOAN]	RECEIPT SOURCE (CHECK ONE)					DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT		
		Interest	Loan	Other		Lending Institution	PAC	Individual	Business	Other				
Marco Gonzalez	2520 Hamilton Circle		X		Marco Gonzalez				X				5/14/16-7/18	\$1,025.35
TOTAL RECEIPTS THIS PAGE												\$1,025.35		

201607190000252650 4/5 \$.00
Shelby Cnty Judge of Probate, AL
07/19/2016 03:01:49 PM FILED/CERT

