



Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

20160822000303010 1/5 \$.00
Shelby Cnty Judge of Probate, AL
08/22/2016 03:08:26 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			
Address ☐ Check box if reporting new address 128 1st Street South			
City Alabaster	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.

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	\$488.49
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	\$200.00	
2b	Non-itemized cash contributions	2b		
2c	Total cash contributions (add lines 2a and 2b)	2c	\$688.49	
In-Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	3a		
3b	Non-itemized in-kind contributions	3b		
3c	Total in-kind contributions (add lines 3a and 3b)	3c		
Receipts from Other Sources				
4a	Itemized Receipts from Other Sources (total from Form 4)	4a		
4b	Non-itemized Receipts from Other Sources	4b		
4c	Total receipts from other sources (add lines 4a and 4b)	4c		
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	\$201.00	
5b	Non-itemized expenditures	5b		
5c	Total expenditures (add lines 5a and 5b)	5c		
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	\$487.49	

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.

Sworn to and subscribed before me this 22nd day of August of the year 2016. My commission expires the 3 day of 3 of the year 2018.

[Signature]
Signature of Notary Public

Signature of Candidate or Elected Official

Date

8-22-16



FORM 2: 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 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		
S. Phillip Bahakel & Associates	P.O. Box 88 Pelham AL, 35124	☒					8/4/16	\$200.00
							TOTAL CASH CONTRIBUTIONS THIS PAGE	\$200.00



20160822000303010 2/5 \$.00
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FORM REVISED 10.27.2011



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

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 COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEERING LOAN]	RECEIPT SOURCE (CHECK ONE)					DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT	
		Interest	Loan	Other		Lending Institution	PAC	Individual	Business	Other			
					TOTAL RECEIPTS THIS PAGE								



20160822000303010 4/5 \$.00
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FORM 5: Expenditures by candidate or elected official

Marco Gonzalez

NAME OF CANDIDATE OR ELECTED OFFICIAL:

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	Charitable Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation		
		TOTAL EXPENDITURES THIS PAGE										

FORM REVISED 10.27.2011