

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By (Mark X)	Candidate	<input checked="" type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Michael Colon					
Street Address		215 W. Broad St. Apt 4					
City	Bethlehem	State	PA	Zip Code	18018		

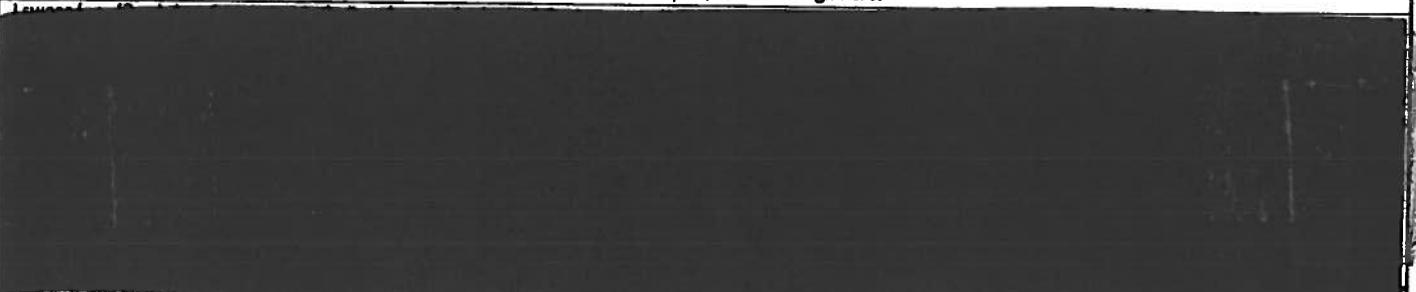
Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		11/3/2015	Year	2015	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	6/9/15	10/19/15	
A. Amount Brought Forward From Last Report	\$	0	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0	
C. Total Funds Available (Sum of Lines A and B)	\$	0	
D. Total Expenditures (From Schedule III)	\$	0	
E. Ending Cash Balance (Subtract Line D from Line C) ²	\$	0	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

Affidavit Section

Part 1- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.



I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

22 day of OCT 2015

 Signature

 Signature of Candidate

 Printed Name

My Commission expires Aug 24 2018
 MO. DAY YR.

 Area Code

 Daytime Telephone Number

SCHEDULE I
Contributions and Receipts

Detailed Summary Page

Filer Identification Number	Michael Colón
------------------------------------	---------------

1. Unitemized Contributions and Receipts—\$50.00 or Less per Contributor	
---	--

Total for the reporting period	(1)	\$	0
--------------------------------	-----	----	---

2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	
---	--

Contributions Received from Political Committees (Part A)	\$	0
---	----	---

All Other Contributions (Part B)	\$	0
----------------------------------	----	---

Total for the reporting period	(2)	\$	0
--------------------------------	-----	----	---

3. Contributions Over \$250.00 (From Part C and Part D)	
--	--

Contributions Received from Political Committees (Part C)	\$	0
---	----	---

All Other Contributions (Part D)	\$	0
----------------------------------	----	---

Total for the reporting period	(3)	\$	0
--------------------------------	-----	----	---

4. Other Receipts—Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	
--	--

Total for the reporting period	(4)	\$	0
--------------------------------	-----	----	---

Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>	\$	0
---	----	---

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number	Michael Colon
-----------------------------	---------------

							Amount
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zip Code		Date [MM/DD/YYYY]	\$		

\$0

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	Michael Colon
------------------------------	---------------

Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$

\$0

PART C

Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number:	Michael Colón
------------------------------	---------------

Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code		Date [MM/DD/YYYY]	\$

\$ 0

PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C)

Filer Identification Number:	Michael Colón
------------------------------	---------------

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State		Zip Code		Date [MM/DD/YYYY]		\$
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State		Zip Code		Date [MM/DD/YYYY]		\$
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State		Zip Code		Date [MM/DD/YYYY]		\$
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State		Zip Code		Date [MM/DD/YYYY]		\$
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							

\$0

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:	Michael Colon
------------------------------	---------------

Full Name							
House #	Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							
Full Name							
House #	Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							
Full Name							
House #	Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							
Full Name							
House #	Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							
Full Name							
House #	Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							
Full Name							
House #	Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							

\$0

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD
 DETAILED SUMMARY PAGE

Filer Identification Number: Michael Colón

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the reporting period	(1)	\$	0
--------------------------------	-----	----	---

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)

TOTAL for the reporting period	(2)	\$	0
--------------------------------	-----	----	---

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)

TOTAL for the reporting period	(3)	\$	0
--------------------------------	-----	----	---

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$	0
---	--	----	---

SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

Filer Identification Number:	<i>Michael Colón</i>
------------------------------	----------------------

Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #	Street Address		Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
Description of Contribution						
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #	Street Address		Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
Description of Contribution						
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #	Street Address		Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
Description of Contribution						
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #	Street Address		Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
Description of Contribution						

\$ 0

SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$250

Filer Identification Number: Michael Colon

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business					Description of Contribution		
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business					Description of Contribution		
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business					Description of Contribution		
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business					Description of Contribution		

80

SCHEDULE III
Statement of Expenditures

Filer Identification Number: Michael Colon

To Whom Paid						Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure			
City			State		Zip Code			
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure			
City			State		Zip Code			
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure			
City			State		Zip Code			
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure			
City			State		Zip Code			
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure			
City			State		Zip Code			
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure			
City			State		Zip Code			
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure			
City			State		Zip Code			

SP

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number: Michael Colón

Name of Creditor						Outstanding Balance of Debt		
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		City	State	Zip Code	\$
City		State		Zip Code				
Description of Debt								
Name of Creditor						Outstanding Balance of Debt		
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		City	State	Zip Code	\$
City		State		Zip Code				
Description of Debt								
Name of Creditor						Outstanding Balance of Debt		
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		City	State	Zip Code	\$
City		State		Zip Code				
Description of Debt								
Name of Creditor						Outstanding Balance of Debt		
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		City	State	Zip Code	\$
City		State		Zip Code				
Description of Debt								
Name of Creditor						Outstanding Balance of Debt		
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		City	State	Zip Code	\$
City		State		Zip Code				
Description of Debt								
Name of Creditor						Outstanding Balance of Debt		
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		City	State	Zip Code	\$
City		State		Zip Code				
Description of Debt								
Name of Creditor						Outstanding Balance of Debt		
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		City	State	Zip Code	\$
City		State		Zip Code				
Description of Debt								

\$0

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By (Mark X)	Candidate	Committee	<input checked="" type="checkbox"/>	Lobbyist
Name of Filing Committee, Candidate or Lobbyist Friends of Michael Colon					
Street Address 11 W. 2 nd St. Unit 377					
City	Bethlehem	State	PA	Zip Code	18015

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		11/3/2015		Year	2015		Amendment Report	Termination Report

Summary of Receipts and Expenditures	From Date	To Date
		6/9/15
A. Amount Brought Forward From Last Report	\$	216.84
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0
C. Total Funds Available (Sum of Lines A and B)	\$	216.84
D. Total Expenditures (From Schedule III)	\$	44.00
E. Ending Cash Balance (Subtract Line D from Line C)	\$	172.84
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0

For Office Use Only

Affidavit Section

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I, _____, certify that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Part II- If this is a report of a candidate...

[Redacted Signature Area]

SCHEDULE I
Contributions and Receipts

Detailed Summary Page

Filer Identification Number	Friends of Michael Colon
------------------------------------	--------------------------

1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor

Total for the reporting period (1)	\$	0
------------------------------------	----	---

2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)

Contributions Received from Political Committees (Part A)	\$	0
---	----	---

All Other Contributions (Part B)	\$	0
----------------------------------	----	---

Total for the reporting period (2)	\$	0
------------------------------------	----	---

3. Contributions Over \$250.00 (From Part C and Part D)
--

Contributions Received from Political Committees (Part C)	\$	0
---	----	---

All Other Contributions (Part D)	\$	0
----------------------------------	----	---

Total for the reporting period (3)	\$	0
------------------------------------	----	---

4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)
--

Total for the reporting period (4)	\$	0
------------------------------------	----	---

Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	\$	0
--	----	---

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number	Friends of Michael Colón
-----------------------------	--------------------------

							Amount	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$		
House #	Street Address					Date [MM/DD/YYYY]	\$	
City	State		Zip Code				Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$		
House #	Street Address					Date [MM/DD/YYYY]	\$	
City	State		Zip Code				Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$		
House #	Street Address					Date [MM/DD/YYYY]	\$	
City	State		Zip Code				Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$		
House #	Street Address					Date [MM/DD/YYYY]	\$	
City	State		Zip Code				Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$		
House #	Street Address					Date [MM/DD/YYYY]	\$	
City	State		Zip Code				Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$		
House #	Street Address					Date [MM/DD/YYYY]	\$	
City	State		Zip Code				Date [MM/DD/YYYY]	\$

\$ 0

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	Friends of Michael Colón
------------------------------	--------------------------

Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$

\$ 0

PART C

Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number:	Friends of Michael Colón
------------------------------	--------------------------

Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]		
City	State	Zip Code		Date [MM/DD/YYYY]		
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]		
City	State	Zip Code		Date [MM/DD/YYYY]		
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]		
City	State	Zip Code		Date [MM/DD/YYYY]		
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]		
City	State	Zip Code		Date [MM/DD/YYYY]		
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]		
City	State	Zip Code		Date [MM/DD/YYYY]		
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]		
City	State	Zip Code		Date [MM/DD/YYYY]		
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]		
City	State	Zip Code		Date [MM/DD/YYYY]		

\$0

PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C)

Filer Identification Number:	Friends of Michael Colón
------------------------------	--------------------------

Full Name of Contributor					Date [MM/DD/YYYY]	\$		
House #					Street Address	Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$			
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business								
Full Name of Contributor					Date [MM/DD/YYYY]	\$		
House #					Street Address	Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$			
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business								
Full Name of Contributor					Date [MM/DD/YYYY]	\$		
House #					Street Address	Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$			
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business								
Full Name of Contributor					Date [MM/DD/YYYY]	\$		
House #					Street Address	Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$			
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business								

\$0

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:	Friends of Michael Colón
------------------------------	--------------------------

Full Name									
House #	Street Address								
City		State		Zip Code		Date [MM/DD/YYYY]	\$		
Receipt Description									
Full Name									
House #	Street Address								
City		State		Zip Code		Date [MM/DD/YYYY]	\$		
Receipt Description									
Full Name									
House #	Street Address								
City		State		Zip Code		Date [MM/DD/YYYY]	\$		
Receipt Description									
Full Name									
House #	Street Address								
City		State		Zip Code		Date [MM/DD/YYYY]	\$		
Receipt Description									
Full Name									
House #	Street Address								
City		State		Zip Code		Date [MM/DD/YYYY]	\$		
Receipt Description									

\$0

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD
DETAILED SUMMARY PAGE

Filer Identification Number:	Friends of Michael Colón
------------------------------	--------------------------

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the reporting period	(1)	\$	0
--------------------------------	-----	----	---

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)

TOTAL for the reporting period	(2)	\$	0
--------------------------------	-----	----	---

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)

TOTAL for the reporting period	(3)	\$	0
--------------------------------	-----	----	---

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$	0
---	--	----	---

SCHEDULE II
PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	Friends of Michael Colón
------------------------------	--------------------------

Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution					
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution					
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution					
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution					
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution					

\$0

SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$250

Filer Identification Number: Friends of Michael Colón

Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$		
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$		
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$		
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$		
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		

\$0

SCHEDULE III
Statement of Expenditures

Filer Identification Number: Friends of Michael Colón

To Whom Paid		<u>PNC Bank</u>			Date [MM/DD/YYYY]	\$	<u>2.00</u>
House #	Street Address			Description of Expenditure			
City	State		Zip Code	<u>Bank Service Charge</u>			
To Whom Paid		<u>PNC Bank</u>			Date [MM/DD/YYYY]	\$	<u>14.00</u>
House #	Street Address			Description of Expenditure			
City	State		Zip Code	<u>Bank Service Charge</u>			
To Whom Paid		<u>PNC Bank</u>			Date [MM/DD/YYYY]	\$	<u>14.00</u>
House #	Street Address			Description of Expenditure			
City	State		Zip Code	<u>Bank Service Charge</u>			
To Whom Paid		<u>PNC Bank</u>			Date [MM/DD/YYYY]	\$	<u>14.00</u>
House #	Street Address			Description of Expenditure			
City	State		Zip Code	<u>Bank Service Charge</u>			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address			Description of Expenditure			
City	State		Zip Code				
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address			Description of Expenditure			
City	State		Zip Code				
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address			Description of Expenditure			
City	State		Zip Code				
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address			Description of Expenditure			
City	State		Zip Code				

\$ 44

