LESEL	FUIII	

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LVANIA

Public County 24, 2018

Commonwealth	of Pennsy	ylvania -	Campaign	Finance	Report

Number	1			ort Filed B	and the second se	and the second se	Committee	the second	Lobbyist
Name of Filing Cor Lobbyist	mmittee, Ca	ndidate or	n	lich	gel	Colón	1		<u> </u>
Street Address	1	1. 1. 1. 1. 1.	21	5 1	1- Bro	1 1 1	Apt	4	
City	Bre	thlehe	n	JA	State	PA	Zip Code	18018	
Type of Report (Pla							1		
	- 2 <sup>nd</sup> Friday re-Primary	3- 30 Day Post Primary		Tuesday lection	5- 2 <sup>nd</sup> Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
	X		Γ						
Date Of Election (MM/DD/YYYY)		5/19/15	Year		2015	Amendment Report		Termination Report	
Summary of Recei	ipts and	From Date		To Date		L. N. P. L. P.	For	Office Use Only	Section 2
Expenditures		1115	-	511	1/15	and the second se			
A. Amount Brough	ht Forward F	rom Last Report	\$	17	10				
B. Total Monetary (From Schedule I)		ons and Receipts		6	)				
C. Total Funds Ava (Sum of Lines A ar			\$		)	le not a	4		
D. Total Expenditu	ures	N - ( ) - (	\$	11	1)				
(From Schedule III E. Ending Cash Ba				110	20				
(Subtract Line D fi	rom Line C)		29	-1	60		1.5		
F. Value of In-Kind (From Schedule II		ons Received	4	1					
G. Unpaid Debts a	and Obligatio	ons	4	0					
(From Schedule IV	1)			0	Affidavit Se				
	mmittae reno	rt trancurar clan-b	ere li						
Ront 1 Kéhis le o Co									
Bast I. if this is a Co									
	hat to the bes	t of my knowledge	and be	elief this po	litical committee	e has not violated a	ny provisions of	the Act of June 3, 1937	(P.L. 1333, NO.320) a
l swear (or affirm) ti			and be	elief this po	litical committee	has not violated a	ny provisions of	the Act of June 3, 1937	(P.L. 1333, NO.320) a
l swear (or affirm) ti amended.			and be	ellef this po	litical committee				(P.L. 1333, NO.320) a
I swear (or affirm) ti amended. Sworn to and subsci		ne this	and be	elief this po	litical committee		ny provisions of gnature of Cano		(P.L. 1333, NO.320) a
I swear (or affirm) th amended. Sworn to and subsci day of		ne this	and be	elief this po	litical committee			lidate	(P.L. 1333, NO.320) a
I swear (or affirm) th amended. Sworn to and subsci day of	ribed before n ignature	ne this	and be	elief this po	-		gnature of Canc Printed Name	lidate	_

# SCHEDULE I Contributions and Receipts Detailed Summary Page

Filer Identification Number Michael Colon	
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	
Total for the reporting period (1)	\$ b
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	
Contributions Received from Political Committees (Part A)	\$ D
All Other Contributions (Part B)	\$ 17
Total for the reporting period (2)	\$ 17
3. Contributions Over \$250.00 (From Part C and Part D)	1
Contributions Received from Political Committees (Part C)	\$ 1)
All Other Contributions (Part D)	\$ D
Total for the reporting period (3)	\$ 12
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	
Total for the reporting period (4)	\$ D
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.

A REAL PROPERTY AND A REAL PROPERTY.	the state of the s		el Colón	ويرب ويعرفون بالمتحمية فالمناهم وتحال المراجع المتلك	Amount
- 11-11 - 1.0					Amount
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	\$
House #	Street Addre	ss	Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	5
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	\$
House #	Street Addre	ess		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ontributing		har and the second s	Date [MM/DD/YYYY]	\$
House #	Street Addre	255		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	\$
House #	Street Addre	:55		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ontributing			Date [MM/Db/YYYY]	\$
House #	Street Addre	255		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	\$
House #	Street Addre	255		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$

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.

Filer Identification	n Number: M	ichae	1 Colón		
Full Name of Co	And a second second second			Date [MM/DD/YYYY]	\$
House #	Street Addre	55		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Addre	ss		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Addre	\$\$	Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Addre	SS		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	- San
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Addre	SS		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Addre	55		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
					3.8

#### 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:	Michar	l Colón		
Full Name of			Date [MM/DD/YYYY]	\$
Contributing Committee				
House # Street A	ddress		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$
House # Street A	ddress		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$
House # Street A	Address		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee		Date [MM/DD/YYYY]	\$	
House # Street A	ddress		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$
House # Street #	ddress		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]	\$

### 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)

Full Name of Co	and the second				
on nume of col	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name	1			Occupation	
Employer Mailin Principal Place o					
ull Name of Co	A REAL PROPERTY OF THE REAL PR			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	4
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name	1		and the second second	Occupation	
Employer Mailir Principal Place d					
Full Name of Co	the second s			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
		State	Zip Code	Date [MM/DD/YYYY]	\$
City				Occupation	
City Employer Name	3				
Employer Name Employer Mailin	ng Address /				
	ng Address / of Business		0	Date [MM/DD/YYYY	\$
Employer Name Employer Mailin Principal Place	ng Address / of Business			Date [MM/DD/YYYY Date [MM/DD/YYYY	
Employer Name Employer Mailin Principal Place of Full Name of Co	ng Address / of Business ontributor	State	Zip Code		\$

# PARTE

# **Other Receipts**

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Filer Identification	n Number: Mì	charl.	Colón	
Full Name				
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
City		State	Code	Date [MM/DD/1111] \$
Receipt Descrip	otion			
Full Name				
House #	Street Address			/
The second second		State	Zip	Date [MM/pD/YYY] \$
City		State	Code	Date Initial doi 1111
Receipt Descrip	otion			
Full Name				
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Descrip	otion			
Full Name				
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
	Sec. A.		Code	
Receipt Descrip	otion			
Full Name				/
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Descrip	ption			
Full Name				
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
	and the second second		Code	

#### SCHEDULE II

# IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

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

Filer Identification Number:	n; chq-cl	Colór	)	
1. UNITEMIZED IN-KIND CONTRIE	BUTIONS RECEIVED-VAI	UE OF \$50.00 OR LESS	PER CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$	/	2
2. IN-KIND CONTRIBUTIONS RECO	EIVED-VALUE OF \$50.0	L TO \$250.00 (FROM PA	RT F)	
TOTAL for the reporting period	(2)	\$		
3. IN-KIND CONTRIBUTION RECEI	VED-VALUE OVER \$250	0.00 (FROM PART G)		
FOTAL for the reporting period	(3)	\$		
TOTAL VALUE OF IN-KIND CONTRIBUTIO PERIOD (Add and enter amount totals fr on Page 1, Report Cover Page, Item F)		Alternative service and service and	<	/

SCHEDULE II PART F In-Kind Contributions Received

			VALUE OF \$50.01 TO	\$250	
Filer Identification	Number: Mi	char	1 Colon		
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
run Name or co	in induction			Date [mm/DD/1111]	
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of C	ontribution				/
Full Name of Co	ntributor			Date [MM/DD/YYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
induce a	Street Address				
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of C	ontribution				
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of C	ontribution				
Full Name of Co	ntributor	10		Date [MM/DD/YYY]	\$
run nume or co					
House #	Street Address			Date [MM/DD/YYYY]	y .
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of C	Contribution				
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of C	Contribution				
New Street of Party of Street	And the second se			the second design of the secon	and the second se

#### SCHEDULE II Part G

# **In-Kind Contributions Received**

			VALUE OVER \$250			
Filer Identification	Number: Mic	har	1 Colór	)		
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYY/]	\$	
Employer Name	2			Occupation		
Employer Mailir Place of Busines	ng Address / Principal ss			Description of Contribution		
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name	Employer Name			Occupation		
Employer Mailin Place of Busines	ng Address / Principal ss			Description of Contribution		
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name	e			Occupation		
Employer Maili Place of Busine	ing Address / Principal ss			Description of Contribution		
Full Name of Co	ontributor			Date [MM/DD/YYYY]	5	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Employer Nam	e			Occupation		
	ing Address / Principal			Description of Contribution		

		St	SCHED		res	
Filer Identificatio	n Number: Mi (	har	1 0	lón		
To Whom Paid	Nor themp	by Cour	HyVoter R.	ristation	Date [MM/DD/YYYY] D2/14/2015	\$ 15.00
House # 67	Street Address	JAIF	Ave	5	Description of Expendi	ture
City Ec	ston	State	A Zip Code	18042	Votar L	ist
To Whom Paid	Northanp	ton Cou	in ty Voter R	cristration	Date [MM/DD/YYYY]	\$ 25.00
House # 67	D Street Address	WEIF	Ave	0	Description of Expendit	ure
City EC	ston	State F	A Zip Code	18042	Petition Filli	15 Fees
To Whom Paid		12			Date [MM/DD/YYYY]	\$ 0-
House #	Beth Jahrh Street Address	CityD	Box	Longittee	Description of Expendit	ure 85.20
City B-2	thistom	State Y	A Zip Code	18016	Event ticke	+ with camp = ign
To Whom Paid	Jerry &	r-c-zh-	USWLO	1112599	Date [MM/DD/YYYY]	\$ 125.00
House # 5	Street Address	ミーレー	high 3t	F.	Description of Expendit	
City B-Z	th I-chen	State	A Zip Code	18018	Even t ticke	et with campeign
To Whom Paid					Date [MM/DD/YYYY]	\$
House #	Street Address				Description of Expendit	ture
City		State	Zip Code			
To Whom Paid	1	1			Date [MM/DD/YYYY]	\$
House #	Street Address				Description of Expendit	ture
City		State	Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$
House #	Street Address				Description of Expendit	ture
City		State	Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$
House #	Street Address				Description of Expendi	ture
City		State	Zip Code			

## 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.

The subscription of the second second second		the second s	the second s	
Name of Credito	the second s			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
escription of D	Debt			
lame of Credito	or		/	Outstanding Balance of Debt
louse #	Street Address	-	DATE DEBT INCURRED	\$
lity		State	Zip Code	
Description of D	Debt			
ame of Credito	or			Outstanding Balance of Debt
louse #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	-
Description of D	Debt			
State of the second state of the				
Name of Credit	or		ii -	Outstanding Balance of Debt
	or Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	Outstanding Balance of Debt
House #	Street Address	State	the second se	
louse #	Street Address	State	[MM/DD/YYYY]	
House # City Description of [	Street Address	State	[MM/DD/YYYY]	
House # City Description of D	Street Address	State	[MM/DD/YYYY]	\$
House # City Description of D Name of Credit House # City	Debt Street Address Street Address Street Address Street Address	State	[MM/DD/YYYY] Zip Code DATE DEBT INCURRED	S Outstanding Balance of Debt
House # City Description of D Name of Credit House # City	Debt Street Address Street Address Street Address Street Address		[MM/DD/YYYY] Zip Code DATE DEBT INCURRED [MM/DD/YYYY] Zip	S Outstanding Balance of Debt
House # City Description of D Name of Credit House # City Description of D	Debt Debt		[MM/DD/YYYY] Zip Code DATE DEBT INCURRED [MM/DD/YYYY] Zip	S Outstanding Balance of Debt
Name of Credit House # City Description of D Name of Credit House # City Description of D Name of Credit House #	Debt Debt		[MM/DD/YYYY] Zip Code DATE DEBT INCURRED [MM/DD/YYYY] Zip	S Outstanding Balance of Debt

Reset Form Print Form

L	85	18	1	81	
L	Statement No.	01	1		
L	н	01	L	8	
L	88	Ш	E		
1		ш	18	81	

PUL ....

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)	Candida	te	Committee	P	Lobbyist	1
Name of Filing Com Lobbyist	mittee, Can	didate or	Fridad	10	f min	1	Colór		
Street Address			11 11 22	2 5.	t 12. ·	+ 377	COTO	1	
City	Br	Hal	1-cm	State	PA	Zip Code	18015		
Type of Report (Plac							100.0	1.0.0	
		3- 30 Day Post Primary	A CONTRACTOR OF AN ADDRESS OF A DECK OF A	2 <sup>nd</sup> Friday e- Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election	
	P.								
Date Of Election (MM/DD/YYYY)		5/19/15	Year 17	015	Amendment Report		Termination Report		
Summary of Receip Expenditures A. Amount Brought		From Date	To Date	15		For	Office Use Only		-
B. Total Monetary ( (From Schedule I) C. Total Funds Avail (Sum of Lines A and	able	s and Receipt	\$ 5,3	90 10		,			
D. Total Expenditur (From Schedule III) E. Ending Cash Bala	es		\$ 239	30					
(Subtract Line D fro	m Line C)		\$ 5,15	0.70					Contraction of
F. Value of In-Kind ( (From Schedule II)			\$ 95	9	1.2.1				64 G
G. Unpaid Debts an (From Schedule IV)	d Obligation	15	5-6.	100			COMMONW	EALTH OF PENN	YLVANIA
	a pra A				THE REAL PROPERTY OF			NOTARIAL SEAL	
									iny Public County
									<b>ver 24, 2018</b>
Part II- If this is a repo	rt of a Candid	ate's Authorized	<b>Committee</b> , candidat	e shall sign h	ere.				BYLVANIA
									ry Public n County er 24, 2018
								for the shade	

# SCHEDULE I Contributions and Receipts Detailed Summary Page

Filer Identification Number Frighds of Michan	el Colón
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	
Total for the reporting period (1)	\$ \$1.095
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	1 7 1 0 10
Contributions Received from Political Committees (Part A)	\$ 0
All Other Contributions (Part B)	\$ 7 × 45
Total for the reporting period (2)	\$ 2.845
3. Contributions Over \$250.00 (From Part C and Part D)	
Contributions Received from Political Committees (Part C)	\$ D
All Other Contributions (Part D)	\$ 450
Total for the reporting period (3)	\$ 1.450
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	
Total for the reporting period (4)	5 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)	\$ 5,390

### 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	n Number	rizv	nds of	Michael C	olón
				1	Amount
Full Name of Co Committee	Intributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	- Antibusting			Date [MM/DD/YYYY]	¢.
Committee	intributing				\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	\$
House #	Street Address	2		Date [MM/DD//YYY]	s
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
1.15					

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.

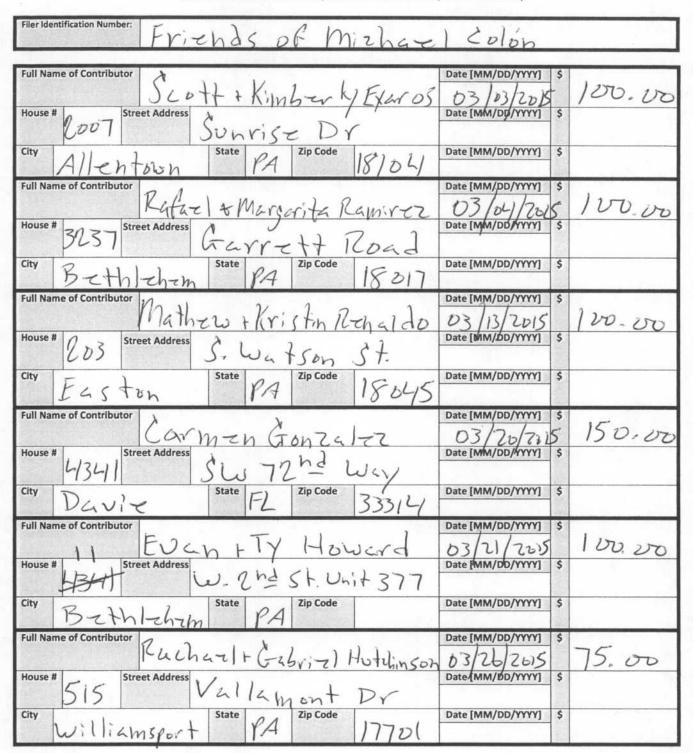
Filer Identification Number:	)		0
Friends of Mic	harl C	0	lón
			and the second
Full Name of Contributor	Date [MM/DD/YYYY]	\$	2
Elizabath Collins-Colon	1/31/15		200.00
House # Street Address A 1	Date [MM/DD/YYYY]	\$	
House # 8713 Street Address Grady Dr		39	
City Breinigsville State PA Zip Code 18031	Date [MM/DD/YYYY]	\$	
Full Name of Contributor	Date [MM/DD/YYYY]	\$	
John + Kim Anderson	02/05/2015	1000	100.00
House # R C Street Address 1/ 21	Date [MM/DD/YYYY]	\$	
House # B864 Street Address Holly Dak Dr	03/15/2015		150.00
City Fayetteville State NC Zip Code 28314	Date [MM/DD/YYYY]	\$	
	Date [MM/DD/YYYY]	\$	
Full Name of Contributor Ryan + Mihaela Smith	02/18/2015	1.000	250.00
House # Street Address 11	Date [MM/DD/YYYY]	\$	60.00
House # 11640 Street Address Charles Boyle PL		-	
Change The Carde	Date [MM/DD/YYYY]	\$	
El Paso State TX 210 Code 79934			
Full Name of Contributor	Date [MM/DD/YYYY]	\$	1
Full Name of Contributor Patrizia + Thomas Lyons	62/22/215		100.00
House # 24/50 Street Address Center St.	Date/[MM/DD/YYYY]	\$	
City Tin Code	Date [MM/DD/YYYY]	\$	
City Bethlehem State PA Zip Code 18017			
Full Name of Contributor	Date [MM/DD/YYYY]	\$	1.2
Bruce + Joann Haines	02/22/2015	128	100.00
House # 15743 Street Address Glehele Way	Date [MM/DD/YYYY]	\$	
City State Zip Code	Date [MM/DD/YYYY]	\$	
		22	
Full Name of Contributor	Date [MM/DD/YYYY]	Ş	1100
Justin Blocki	02/27/2015		100.00
House # 1613 Street Address SE 7th St.	Date [MM/ØD/YYYY]	\$	
City Dezerfizie Brach FL Zip Code 33441	Date [MM/DD/YYYY]	\$	
VERTER Bach FL DO991		1	

# 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.



### 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.

Filer Identification Number: Frichds of Michael Colon						
TITICAS CI MICHAEL	Colori	-				
	Date [MM/DD/YYYY]	\$	100.00			
House # Street Address	Date [MM/DD/YYYY]	\$				
City Philadelphia State PA Zip Code	Date [MM/DD/YYYY]	\$				
Full Name of Contributor	Date [MM/DD/YYYY]	\$				
Ali Nabavian	04/10/2015		60.00			
House # 1732 Street Address Roth St	Date/[MM//DD/YYYY]	\$				
City Bethlehem State PA Zip Code 18017	Date [MM/DD/YYYY]	\$				
Full Name of Contributor	Date [MM/DD/YYYY]	\$				
Jeremy Pildis	04/10/205	100	75.00			
House # 1413 Street Address Shalbourna Dr	Date [MM/DD/YYYY]	\$				
City Bathlaham State PA Zip Code 18018	Date [MM/DD/YYYY]	\$				
Full Name of Contributor Glehnt Sve Ahn Reignah	Date [MM/DD/YYYY]	\$	150.00			
House # 1231 Street Address Lieb Road	Date/[MM/DD/YYYY]	\$				
City Easton State PA Zip Code 18040	Date [MM/DD/YYYY]	\$				
Full Name of Contributor	Date [MM/DD/YYYY]	\$				
Kuth Izzh O'malley + Mishar	04/10/2015		100,00			
House # 703 Street Address 6th AUZ	Date <sup>[</sup> [MM/DD/YYYY]	\$				
City B-cth/ch-ch State PA Zip Code 18018	Date [MM/DD/YYYY]	\$				
Full Name of Contributor	Date [MM/DD/YYYY]	\$				
Jesse Bussey Emily Anderson	64/10/2015		60.00			
House # 1716 Street Address E. Washington Ave	Date [MM//DD/YYYY]	\$				
City Brethtehen State PA Zip Code 18018	Date [MM/DD/YYYY]	\$				

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.

Filer Identification Number: Frizhas of Michael	Zolón	
eriter of there a	- 01011	
Full Name of Contributor Misduline + Rodrigo Fontonez House # Street Address Street Address	Date [MM/DD/YYYY]	\$ 75.00
House # 959 Street Address Hilton Street		\$
City Bzthlehem State PA Zip Code 18017	Date [MM/DD/YYYY]	\$
Full Name of Contributor	Date [MM/DD/YYYY]	\$
Aziz Attich	04/11/2015	100.00
House # 1144 Street Address W. Rosemont Dr	Date [MM/DD/YYYY]	\$
City Bethlehem State PA Zip Code 18318	Date [MM/DD/YYYY]	\$
Full Name of Contributor	Date [MM/DD/YYYY]	\$
James Serratelli	04/10/2015	200.00
House # 403 Street Address CEHTER St.	Date [MM/DD/YYYY]	\$
City Bethlehem State PA Zip Code 18018	Date [MM/DD/YYYY]	\$
Full Name of Contributor	Date [MM/DD/YYYY]	\$
Eilech Serratelli House # Street Address	04/11/22/	\$ 200-00
463 Captar St.	Date [WW/DD/TTT]	3
City Bethlehran State PA Zip Code 18018	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]	\$

#### 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 I	Number: Fri	zhds	of mich	arl Zolon	
				the second second	
Full Name of Contributing Com	mittee			Date [MM/DD/YYYY]	\$
House #	Street Address	٨		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
in a fin				Date [MM/DD/YYYY]	s
Full Name of Contributing Com	mittee	1	/	Date [MM/DD/1111]	3
House #	Street Address	$\bigwedge$		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Con	nmittee	1		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
1000					No. 10
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Con	nmittee			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Con	nmittee			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Cor	nmittee			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$

### 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: Frid	chds o	f Micha	al Colón	
			and the second	10121-001
Full Name of Contributor	Thew	Deschle	Date [MM/DD/YYYY] S	500.00
House # 323 Street Address	S. Fron		Date [MM/DD/yhy] \$	150.00
Employer Name	4	zip Code 1801	Date [MM/DD/YYYY] \$	
Employer Name	itther. J	Deschlert	Attor	hel/
Principal Place of Business	12 N. Na	, (t (it)	mer Bathlehum,	1A 1808
Full Name of Contributor	1.	1 +	Date [MM/DD/YYYY]	
House # Street Address	liam O	rtizJr.	04/08/2015 Date [MM/DD/YYYY]	100.00
1219 1	werthu		04/10/2015	200.00
City Bethlehem	State PA	zip code 180	Date [MM//DD/YYYY]	
Employer Name	Pennsylvi	mia State Poli	22 Occupation Trevy	Der
Employer Mailing Address / Principal Place of Business	- construction	Ratira		
Full Name of Contributor	1	,	Date [MM/DD/YYYY]	\$
Lui	s Cola	Dh	64/10/15 Date [MM/DD/YYYY]	200.00
House # 113 D Street Address	N18th	St. Apt 1	04/11/2015	300.00
City All-Entown	State PA	Zip Code 1218	-24 Date [MM/DD/YYYY] 3	\$
Employer Name	11	1-1-1	Occupation Disal	led
Employer Mailing Address / Principal Place of Business	Onzmpl	400		
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	10000		Occupation	
Employer Mailing Address / Principal Place of Business				

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: Fri.	zhds of	mich	arl Colón
Full Name				
House #	Street Address			
	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	tion			
Full Name		1		
House #	Street Address	(		0
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	tion	X	1	
Full Name			1	
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	tion		1	
Full Name		6	/	
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	tion			1
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	tion			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	tion			

#### SCHEDULE II

## IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

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

Filer Identification Number:	iznds	of Michael Colón
1. UNITEMIZED IN-KIND CONTR	BUTIONS RECEIVED-VA	ALUE OF \$50.00 OR LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$ 0
2. IN-KIND CONTRIBUTIONS REC	CEIVED-VALUE OF \$50.0	01 TO \$250.00 (FROM PART F)
TOTAL for the reporting period	(2)	\$ 38D
3. IN-KIND CONTRIBUTION RECE	EIVED-VALUE OVER \$25	50.00 (FROM PART G)
TOTAL for the reporting period	(3)	\$ 579
TOTAL VALUE OF IN-KIND CONTRIBUTIO PERIOD (Add and enter amount totals f on Page 1, Report Cover Page, Item F)		A A A

SCHEDULE II PART F		
In-Kind Contributions I	Received	
VALUE OF \$50.01 TO \$2	50	
Filer Identification Number: Friends of Mich	azl 2010n	
Full Name of Contributor David Colon	Date [MM/DD/YYY] \$	180.00
House # 1819 Street Address LEVERING Place	Date (MM/bD/YYYY) \$	
City Bethlehem State PA Zip Code 180	Date [MM/DD/YYYY] \$	
Description of Contribution Bear + Soda for	r Campaish Ro	<11Y
Full Name of Contributor Rachel Smith	Date [MM/DD/YYYY] \$	200.00
House # 1819 Street Address Levering Place	Date /MM/DD/VVVVI 5	000.00
City Bethlehem State PA Zip Code 1801	Date [MM/DD/YYYY] \$	
Description of Contribution Food for Lames	ion Rally	
Full Name of Contributor	Date [MM/DD/YV/Y] \$	
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		

SCHEDULE II Part G In-Kind Contributions Received VALUE OVER \$250 Filer Identification Number: Frizh Colon mic harl 0 Full Name of Contributor Date [MM/DD/YYYY] Nim vn er Ò 03 15 D Date [MM/DD/YYYY] \$ House # Street Address 80 12 ()Ó ζ 2 Zip Code City State Date MM/DD \$ NC 8 2117 314 0W 1D bl **Employer Name** Occupation D Employer Mailing Address / Principal Description Bu tons 4 60 p Decerctions for Rally **Place of Business** of 8318 Fai 1 11 2 Contribution Full Name of Contributor Date [MM/DD/YYYY] 25.00 2har 02 Z Date [MM/DD/YYYY] \$ House # Street Address 4 for 5-20 , Broz 03/10 15 Date [MM/DD/YYYY] State City **Zip Code** \$ 18018 Bet Them **Employer Name** Occupation AV bun Northing Whiters **Employer Mailing Address / Principal** Description Up Place of Business of 1 Filing FZT DA 1 Contribution Full Name of Contributor Date [MM/DD/YYYY] \$ DL ç 15 UNI Date [MM/DD/YYYY] Ś House # Street Address 2 St. OL De 15 OT 20 City State Zip Code Date [MM/DD/YYYY] \$ A En Occupation **Employer Name** our line for of Description zht Aduztir **Employer Mailing Address / Principal** EU N Place of Business of 1 vz 27 + tickets Contribution 150 1) Date [MM/DD/YYYY] **Full Name of Contributor** \$ Date [MM/DD/YYYY] \$ House # **Street Address** Date [MM/DD/YYYY] Zip Code \$ City State Occupation **Employer Name** Employer Mailing Address / Principal Description Place of Business of Contribution

L

chro

**Statement of Expenditures** Filer Identification Number: ith 1 D Dh 21 4 To Whom Paid Date [MM/DD/YYYY] 130.20 5 118 221 62 8 Street Address Description of Expenditure House # 1 Union BLUD B State Zip City Portier Labels, Enverores 8018 1 zhan Code Date [MM/DD/YYYY] To Whom Paid U. 18. 5 L 0 14 02 2215 7 7 House # Street Address **Description of Expenditure** 5 **†**-12 City State Zip Post 18018 4 4 chem Code 05 Date [MM/DD/YYYY] To Whom Paid Ś 7 Da 03 on 50 2015 Oh House # Street Address Description of Expenditure State City Zip 125 C Code Date [MM/DD/YYYY] To Whom Paid \$ 35 03 JD e 5 6. d d om D 20 D Description of Expenditure House # Street Address City State Zip Code To Whom Paid Date [MM/DD/YYYY] 0.5 Da SL. FO 201 nn 10 **Description of Expenditure** House # Street Address City State Zip Code Date [MM/QD/YYYY] To Whom Paid \$ 1 NL 00 35 2015 CI 101 **Description of Expenditure** House # Street Address State Zip City 2 Code EVUI 27 0 Date [MM/DD/YYYY] To Whom Paid \$ 0.59 XO C. 05/04 2615 6m Description of Expenditure House # **Street Address** City State Zip eb 5 C Code To Whom Paid Date [MM/DD/YYYY] \$ **Description of Expenditure** House # Street Address State Zip City Code

SCHEDULE III

# 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.

	Number: Frizh 201	of mich	105 1-11	'n
	III Ches c		a cr con	310
Name of Credito House # 53	Street Address E. L-2h B-2th 1-2h-2	ish State	DATE DEBT INCURRED [MM/DD/YYYY] D4/10/2315 PA Code 1828	1 Outstanding Balance of Debt 5 1 UO, 20
Description of De	Hall Rent.	=   for con	paish Ral	ly
Name of Credito	" Bathlzhzh	2	Forms	Outstanding Balance of Debt
House # 197	28 Street Address Uhion	BLUD State	DATE DEBT INCURRED [MM/DD/YYYY] 28/15-5/4/15 Zip	· b, vero (Estimate)
Description of D	Pebt Campaich flic	rs.m.i)-r.ch	vittens, Posta	
Name of Credito		- mail of 5,0		Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	_
Description of D	Debt			
Name of Credito				
vanie or creditt	Dr			Outstanding Balance of Debt
	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	Outstanding Balance of Debt
House #	Street Address	State		
House #	Street Address	State	[MM/DD/YYYY]	
House #	Street Address	State	[MM/DD/YYYY]	
House # City Description of D Name of Credito	Street Address	State	[MM/DD/YYYY]	\$
House # City Description of D Name of Credito House #	Street Address	State	[MM/DD/YYYY] Zip Code DATE DEBT INCURRED	\$       Outstanding Balance of Debt
House # City Description of D Name of Credito House # City	Street Address		[MM/DD/YYYY] Zip Code DATE DEBT INCURRED [MM/DD/YYYY] Zip	\$       Outstanding Balance of Debt
House # City Description of D Name of Credito House # City	Debt Debt Debt		[MM/DD/YYYY] Zip Code DATE DEBT INCURRED [MM/DD/YYYY] Zip	\$       Outstanding Balance of Debt
House # City Description of D Name of Credito House # City Description of D	Debt Debt Debt		[MM/DD/YYYY] Zip Code DATE DEBT INCURRED [MM/DD/YYYY] Zip	\$       Outstanding Balance of Debt       \$
House # City Description of D Name of Credito House # City Description of D Name of Credito	Street Address       Debt       Or       Street Address		[MM/DD/YYYY] Zip Code DATE DEBT INCURRED [MM/DD/YYYY] Zip Code DATE DEBT INCURRED	\$         Outstanding Balance of Debt         \$         Outstanding Balance of Debt