

### Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	-		Report ( Mark		y Candida	te	Committee		Lobbyist
Name of Filing Co Lobbyist	mmittee, Ca	ndidate or	Mi	cha	21 C	olón			
Street Address		- 1 July 30	215	5 4	1. Broa	d st. 1	fp+ 4		
City	Bet	h/ch-en			State	PA	Zip Code	18018	
Type of Report (P	lace x under	report type)							
1- 6 <sup>th</sup> Tuesday 2 Pre-Primary 1	2- 2 <sup>nd</sup> Friday Pre-Primary		4- 6 <sup>th</sup> Tu Pre- Ele		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
				1			X		
Date Of Election (MM/DD/YYYY)			Year	- 1 L		Amendment Report		Termination Report	
Summary of Rece Expenditures	ing of the state o	From Date 11/24/15	-  -	To Date	31/15	THE SECOND STATE	For	Office Use Only	
A. Amount Broug	ht Forward F	rom Last Report	\$	12	/				
B. Total Monetar (From Schedule I		ons and Receipts	\$	0					
C. Total Funds Av (Sum of Lines A a	part of table of the same of t	2012 SER SE	\$	0		<u> </u>			
D. Total Expendit (From Schedule I			\$	0					
E. Ending Cash Ba (Subtract Line D			\$.	0					
F. Value of In-Kin (From Schedule I	Continue to the second	ons Received	\$	O					
G. Unpaid Debts (From Schedule I	CONTRACTOR OF THE PERSON NAMED IN COLUMN TWO	ons	\$	0					
100					Affidavit Se	ction			

### 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)	\$	17
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		,
Contributions Received from Political Committees (Part A)	\$	O
All Other Contributions (Part B)	\$	2
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)	\$	(7)
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.

1	itilication Number	Mic	had	Col	an a		
						· · · · · · · · · · · · · · · · · · ·	Amount
Full Nar Commit	me of Contributing tee					Date [MM/DD/YYYY]	\$
House #	Stree	Address				Date [MM/DD/YYYY]	\$
City			State	Zip Code		Date [MM/DD/YYYY]	\$
Full Nar Commit						Date [MM/DD/YYYY]	\$
House #	Stree	Address				Date [MM/DD/YYYY]	\$
City			State	Zip Code		Date [MM/DD/YYYY]	\$
Full Nar Commit	me of Contributing tee					Date [MM/DD/YYYY]	\$
House #	Stree	Address				Date [MM/DD/YYYY]	\$
City			State	Zip Code		Date [MM/DD/YYYY]	\$
Full Nar Commit	ne of Contributing ttee					Date [MM/DD/YYYY]	\$
House #	Stree	Address				Date [MM/DD/YYYY]	\$
City			State	Zip Code		Date [MM/DD/YYYY]	\$
Full Nar Commit	ne of Contributing tee					Date [MM/DD/YYYY]	\$
House #	Stree	t Address				Date [MM/DD/YYYY]	\$
City			State	Zip Code		Date [MM/DD/YYYY]	\$
Commit						Date [MM/DD/YYYY]	\$
House #	Stree	t Address				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.

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

Filer Identification Number:	Michael	Colon		
Full Name of Contributor		Date [MM/DD/YYYY]	\$	
House # Stree	t Address		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Stree	t Address		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Stree	rt Address		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	\$
House # Stree	et Address		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Stree	t Address		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Stree	t 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 Number:

Filer Ide	ntification Numb	er: Mil	harl (	olon			
		· ·	·				
Full Na						Date [MM/DD/YYYY]	\$
Contrib	uting Committe	ee					
House #	#	Street Address				Date [MM/DD/YYYY]	\$
							<del> </del>
City			State	Zip Code		Date [MM/DD/YYYY]	\$
_							
Full Na	me of					Date [MM/DD/YYYY]	\$
Contrib	uting Committe	ee					1
						n . face den hanne	
House i	*	Street Address				Date [MM/DD/YYYY]	\$
City			State	Zip Code		Date [MM/DD/YYYY]	\$
							1
Full Nar	me of				<u> </u>	Date [MM/DD/YYYY]	\$
	uting Committe	ee				0310 [1111/05/1111]	1 1
	_						
House #	<b>#</b>	Street Address				Date [MM/DD/YYYY]	\$
							- 5
City			State	Zip Code	<u> </u>	Date [MM/DD/YYYY]	\$
							1
Full Nar	me of		l., l	<u> </u>		Date [MM/DD/YYYY]	\$
	uting Committe	ee				Date [WINI/DD/1111]	
House #	<i>‡</i>	Street Address			=.=.	Date [MM/DD/YYYY]	\$
	İ						
City			State	Zip Code	· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	\$
			Jule	Zip code		Date [www/DD/TTT]	*
Full Nar	no of	1			L	Data [BABA/DD 00000]	
	ne or uting Committe	e				Date [MM/DD/YYYY]	\$
001111111111111111111111111111111111111							
House #		Street Address			<del></del>	Date [MM/DD/YYYY]	\$
							]
City			State	Zip Code		Data [BARA/DD /\DDOO)	
City			State	Zip Code		Date [MM/DD/YYYY]	\$
- 45 -					<u> </u>		
Full Nar						Date [MM/DD/YYYY]	\$
Contrib	uting Committe	:e					
House #	<b>F</b>	Street Address				Date [MM/DD/YYYY]	\$
						, , , , , ,	
	1			I			
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:

Filer Iden	ntification Number	Mic	hael	Coloin		
Full Nan	ne of Contributo	1			Date [MM/DD/YYYY]	
FUN Main	PE OF CONTRIBUTO				Date [MIM/DD/1111]	\$
House #	St	treet Address			Date [MM/DD/YYYY]	\$
City	y State Zip Code				Date [MM/DD/YYYY]	\$
Employe					Occupation	
Principal	er Mailing Addre Il Place of Busine	ess				
Full Nam	ne of Contributo	r			Date [MM/DD/YYYY]	\$
House #	St	treet Address			Date [MM/DD/YYYY]	\$
City	<u></u>		State	Zip Code	Date [MM/DD/YYYY]	\$
Employe					Occupation	
Principal	er Mailing Addre I Place of Busine	ess				
Full Nam	ne of Contributor	r			Date [MM/DD/YYYY]	\$
House #	St	treet Address			Date [MM/DD/YYYY]	\$
City			State	Zip Code	Date [MM/DD/YYYY]	\$
Employe					Occupation	
Principal	er Mailing Addres I Place of Busines	ess				
Full Nam	ne of Contributor				Date [MM/DD/YYYY]	\$
House #	St	treet Address			Date [MM/DD/YYYY]	\$
City		,	State	Zip Code	Date [MM/DD/YYYY]	\$
Employe					Occupation	
	er Mailing Addres					



#### 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:	micharl	(0/01	1	
Full Name				
<u> </u>	eet Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
	eet Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		1		
Full Name				
House # Str	eet Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
	eet Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	1			
Full Name				
	eet Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
	eet Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	19 10 to 10 to		1	



#### 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: Michael Color	)
UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50	0.00 OR LESS PER CONTRIBUTOR
TOTAL for the reporting period (1)	5 0
2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.	00 (FROM PART F)
TOTAL for the reporting period (2)	\$ O
3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM	Λ PART G)
TOTAL for the reporting period (3)	\$ D
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 Identifi	fication Number:	Mich	irl Ci	olon		
Full Name	of Contributor			Date [MM/DD/YYYY]	\$	
House #	Stred	eet Address			Date [MM/DD/YYYY]	\$
City			State	Zip Code	Date [MM/DD/YYYY]	\$
	n of Contribution	n				
Full Name o	of Contributor				Date [MM/DD/YYYY]	\$
House #	Stree	eet Address			Date [MM/DD/YYYY]	\$
City			State	Zip Code	Date [MM/DD/YYYY]	\$
Description	n of Contributior	n				
Full Name o	of Contributor				Date [MM/DD/YYYY]	\$
House #	Stree	et Address			Date [MM/DD/YYYY]	\$
City			State	Zip Code	Date [MM/DD/YYYY]	\$
	n of Contribution	1				
Full Name o	of Contributor				Date [MM/DD/YYYY]	\$
House #	Stree	et Address			Date [MM/DD/YYYY]	\$
City			State	Zip Code	Date [MM/DD/YYYY]	\$
	n of Contribution	1				
	of Contributor				Date [MM/DD/YYYY]	\$
House #	Stree	et Address			Date [MM/DD/YYYY]	\$
City			State	Zip Code	Date [MM/DD/YYYY]	\$
Description	of Contribution	1				



# SCHEDULE II Part G

### **In-Kind Contributions Received**

VALUE OVER \$250

Filer Identification Number:	Michael	Colón		
		( ) ( ) ( )	 	

	me of Contribu	utor					Date [MM/DD/	/YYYY]	\$	-
į										
House i	#	Street Address					Date [MM/DD/	/YYYY]	\$	
City	State Zip Code					Date [MM/DD/	<b>/</b> YYYY]	\$	,	
						· · · · · · · · · · · · · · · · · · ·				
	er Name						Occupation			
	er Mailing Add	dress / Principal					Description of			
Fidue O	I Dusilless						Contribution			
Full Na	me of Contribu	utor					Date [MM/DD/	<b>/</b> YYYY]	\$	
									]	
House #	#	Street Address				<del></del> .	Date [MM/DD/	/YYYY]	\$	
City		ł I .	State		Zip Code	}	Date [MM/DD/	<b>YYYY</b> ]	\$	
Employ	er Name					1	Occupation			
		dress / Principal	G.	B. 10. 1			Description			
Place of	f Business						of Contribution			
							Continuation			
Full Nar	me of Contribu	ıtor					Date [MM/DD/	<b>YYYY</b> ]	Ś	
Full Nar	me of Contribu	itor					Date [MM/DD/	<b>YYYY</b> ]	\$	
Full Nar		Street Address					Date [MM/DD/		\$	
			State		Zip Code			<b>'YYYY</b> ]		
House #			State		Zip Code		Date [MM/DD/	<b>'YYYY</b> ]	\$	
House #			State		Zip Code		Date [MM/DD/	<b>'YYYY</b> ]	\$	
House #  City  Employe	# er Name er Mailing Add		State		Zip Code		Date [MM/DD/ Date [MM/DD/ Occupation Description	<b>'YYYY</b> ]	\$	
House #  City  Employe	‡ er Name	Street Address	State		Zip Code		Date [MM/DD/ Date [MM/DD/ Occupation Description of	<b>'YYYY</b> ]	\$	
City Employee	# er Name er Mailing Add	Street Address	State		Zip Code		Date [MM/DD/ Date [MM/DD/ Occupation Description	/YYYY] /YYYY]	\$	
City Employee	er Name er Mailing Ado f Business	Street Address	State		Zip Code		Date [MM/DD/ Date [MM/DD/ Occupation Description of Contribution	/YYYY] /YYYY]	\$	
City Employee	er Name er Mailing Ado f Business me of Contribu	Street Address	State		Zip Code		Date [MM/DD/ Date [MM/DD/ Occupation Description of Contribution	YYYYY]     YYYYY]	\$	
City  Employe Employe Place of	er Name er Mailing Ado f Business me of Contribu	Street Address dress / Principal	State		Zip Code		Date [MM/DD/ Date [MM/DD/ Occupation Description of Contribution Date [MM/DD/	YYYYY]     YYYYY]	\$	
City  Employe Employe Place of	er Name er Mailing Ado f Business me of Contribu	Street Address dress / Principal	State		Zip Code		Date [MM/DD/ Date [MM/DD/ Occupation Description of Contribution Date [MM/DD/	YYYYY]   YYYYY]   YYYYY]	\$	
City  Employe Employe Place of Full Nan House #	er Name er Mailing Add f Business me of Contribu	Street Address dress / Principal					Date [MM/DD/ Date [MM/DD/ Occupation Description of Contribution Date [MM/DD/	YYYYY]   YYYYY]   YYYYY]	\$	
Employer Place of Full Name	er Name er Mailing Ado f Business me of Contribu	dress / Principal					Date [MM/DD/ Date [MM/DD/ Occupation Description of Contribution Date [MM/DD/	YYYYY]   YYYYY]   YYYYY]	\$	
Employer Full Nam House # City Employer Employer	er Name er Mailing Ado f Business me of Contribu	Street Address dress / Principal					Date [MM/DD/  Date [MM/DD/  Occupation  Description of Contribution  Date [MM/DD/  Date [MM/DD/	YYYYY]   YYYYY]   YYYYY]	\$	



# Statement of Expenditures

Filer 10	Filer Identification Number: Muhar Colon								
To Wi	hom Paid			Date [MM/DD/YYYY] \$					
		1							
House	#	Street Address		Description of Expenditure					
City			State	Zip					
	l			Code					
To W	nom Paid			<del></del>	Date [MM/DD/YYYY] \$				
	ļ	1							
House	#	Street Address			Description of Expenditure				
				· · · · · · · · · · · · · · · · · · ·					
City	f		State	Zip					
7: 14/1	5 14	<del></del>		Code					
To Wi	nom Paid	1			Date [MM/DD/YYYY] \$				
11	<del></del> !	<u></u>							
House	#	Street Address			Description of Expenditure				
City	<u> </u>		State	Zip					
	<u></u>			Code					
To Wh	nom Paid	1			Date [MM/DD/YYYY] \$				
	!	1							
House	#	Street Address			Description of Expenditure				
			<del></del>						
City	ı		State	Zip Code					
To Wh	nom Paid				Date [MM/DD/YYYY]   \$				
House	#	Street Address			Description of Expenditure				
City		<u> </u>	State	Zip					
				Code					
To Wh	om Paid	1			Date [MM/DD/YYYY] \$				
		<u> </u>							
House	#	Street Address			Description of Expenditure				
miane			T-4-1						
City			State	Zip Code					
To Wh	om Paid				Date [MM/DD/YYYY]   \$				
10	JIII Fais	I			Date [MM/DD/YYYY] \$				
House	#1	Street Address			Description of Expenditure				
		JUECL MAN		<del></del>	Description of expenditure				
City			State	Zip					
- :				Code					
To Wn	om Paid	l .			Date [MM/DD/YYYY] \$				
**									
House	#	Street Address			Description of Expenditure				
City		*	State	Zip					
			1 1	n - 1 -	l ,				



### **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 Ident	tification Number:	lichazl	Colon		
•					
	Creditor				Outstanding Balance of Debt
House #	Street Addi	ess		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City			State	Zip Code	
Descripti	ion of Debt				
Name of	Creditor				Outstanding Balance of Debt
House #	Street Addr	ess		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	l i		State	Zip Code	
Descripti	ion of Debt			1 1	
Name of	Creditor				Outstanding Balance of Debt
House #	Street Addr	ess		DATE DEBT INCURRED [MM/DD/YYYY]	\$
ete.			Santo		
City		1-11	State	Zip Code	
1111	ion of Debt	··			
Name of					Outstanding Balance of Debt
House #	Street Addr	ess		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City			State	Zip Code	
Description	ion of Debt				
Name of	Creditor				Outstanding Balance of Debt
House #	Street Addr	ess		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City			State	Zip Code	-
Description	on of Debt				
Name of	Creditor		·		Outstanding Balance of Debt
House #	Street Addr	ess		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	}		State	Zip Code	
Description	on of Debt				



VC9CTI OTHI	7.0097671	HILL WHITE

# Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Filer Identification Number		Report Filed B ( Mark X)	y Candida	te	Committee		Lobbyist
Name of Filing Committee, Lobbyist	Candidate or	Friend	s of	mi cha		ne lo,	
Street Address		11 10. 1	Ind St	- Uni	+ 3	77	
City B-	ethl-ch-ch	0	State	PA	Zip Code	18015	
Type of Report (Place x und	er report type)						
1- 6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Frid Pre-Primary Pre-Primar		լ_ 6 <sup>th</sup> Tuesday Pre- Election	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		
Date Of Election (MM/DD/YYYY)	0.4	Year		Amendment Report		Termination Report	
Summary of Receipts and Expenditures	From Date	To Date	31/15	Bresha W	For	Office Use Only	
A. Amount Brought Forwar		\$ 16	8.84				
B. Total Monetary Contribu (From Schedule I)	rtions and Receipts	\$	0				
C. Total Funds Available (Sum of Lines A and B)		\$ 1.5	8.84				
D. Total Expenditures (From Schedule III)		\$ 1	4.00				
E. Ending Cash Balance (Subtract Line D from Line		\$ 14	1-84				
F. Value of In-Kind Contribution (From Schedule II)	utions Received	\$	0				
G. Unpaid Debts and Obliga (From Schedule IV)	ations	\$	6				

#### SCHEDULE I

### **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number	4			
riler identification number	Friends of Michan		C	0 01
		:		
1.Unitemized Contributions an	d Receipts-\$50.00 or Less per Contributor			
		101	121	
	Total for the reporting period	(1)	\$	0
2. Contributions of \$50.01 to	\$250.00 (From		*	
Part A and Part B)				
Contributions Received from Po	olitical Committees (Part A)		\$	2
				0
All Other Contributions (Part B)			\$	
.11	Total for the reporting period	(2)	\$	<i>δ</i>
	rotarior the reporting period	(2)	٦	U
3. Contributions Over \$250.00	(From Part C and Part D)			
Contributions Received from Po	olitical Committees (Part C)		\$	
				0
All Other Contributions (Part D)			\$	<i>5</i>
	Total for the reporting period	(3)	\$	()
				O
4. Other Receipts-Refunds, Int	erest Earned, Returned Checks, ETC. (From Part E			
	Total for the reporting period	(4)	\$ 1	
	, 0,	٠,		$\mathcal{O}$

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)

#### 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	iznds	of mich.	azl 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]	\$
City	State	Zip Code	Date [MM/DD/1111]	
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$
House # Street Address		to to	Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$
House # Street Address		61	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]	\$



### 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 Michi	arl Colon	
Full Name of Contributor			Date [MM/DD/YYYY]	\$
				10
House # Str	reet Address		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor		2000	Date [MM/DD/YYYY]	\$
House # Sti	reet Address		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor	and the second		Date [MM/DD/YYYY]	\$
House # St	reet Address		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor	a de la constante de la consta	SEARCH DI	Date [MM/DD/YYYY]	\$
House # Str	reet Address		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor		12025387	Date [MM/DD/YYYY]	\$
House # Str	reet Address		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor	Street	Comments and	Date [MM/DD/YYYY]	\$
House # Str	reet Address		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Altaure	4.4		!	



#### 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 Nu	mber:	unds	of much	az) Colón	
Full Name of Contributing Comm	nittee			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Comm	nittee	3133012	Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Comm	nittee	ATTEC.	7.2.7.4.4.4	Date [MM/DD/YYYY]	\$
House # Street Address				Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Comm	iittee	38.49502		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Comm	iittee	1.00		Date [MM/DD/YYYY]	\$
House #	Street Address	<del></del>		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Comm	ittee	3.7		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
127		100000			And the second



#### 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:	T . ) .	/	la a tradi	0 1 7	
	rrichas	Ot	M, Charl	Colon	

Full Name of Contribu	utor			Date [MM/DD/YYYY]	\$
All Marines and Assessment				Andrew State of the State of th	
House #	- 44			Total Inn hannel	*
House #	Street Address			Date [MM/DD/YYYY]	\$
	34.00				* :
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$
		- 27			7
Employer Name		<u> </u>		Occupation	
Employer Mailing Add Principal Place of Busi	siness				
Full Name of Contribu	itor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
12 e				<u> </u>	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name	40.00	17,133	177 200	Occupation	15.
Employer Mailing Add Principal Place of Busin				N.S.C. OMAGON	
Full Name of Contribut				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
	<b>推手等</b> 公告				
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Mailing Adda Principal Place of Busin	iness			z-Octube:	
Full Name of Contribut	or			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Mailing Addr Principal Place of Busin					



### 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.

	Fri.	ends of	Michae	Colon
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	ion		<u></u>	
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	ion			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	ion			
Full Name				
House #	Street Address	<u> </u>		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	ion			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descripti	on			
Full Name				
House #	Street Address		•	
City	espe.	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descripti	on			



#### 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: Frithds of	Michael Colon
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 on Page 1, Report Cover Page, Item F)	· · · · · · · · · · · · · · · · · · ·

## SCHEDULE II PART F

### **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer Identification	Number:	nds	of Micha	arl Colon	
Full Name of Cor	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Co	ontribution				
Full Name of Cor	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Co	ontribution		III — EIF XI		
Full Name of Con	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Co	ontribution	3	1504.004.0		
Full Name of Con	atributor		v	Date [MM/DD/YYYY]	\$
House #	Street Address		·	Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Co	ontribution				
Full Name of Con	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Co	ontribution				



## SCHEDULE II Part G

### **In-Kind Contributions Received**

VALUE OVER \$250

Filer Identification Number:	Frizhds	of	Michael	Colon	

				The state of the state of	
Full Name of C	ontributor			Date [MM/DD/YYYY]	\$
				1	
House #	9	Г		Date [MM/DD/YYYY]	\$
nouse #	Street Address			Date [www/DD/1111]	*
				İ	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
City		Julie	Zip code	Date [Mini/DD/1111]	<b>- </b> *
(A)					
Employer Nam	e			Occupation	
30 mm 10 mm					
Employer Maili	ing Address / Principal			Description	
Place of Busine	ess	1		of	
				Contribution	
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
					*
				İ	
House #	Street Address			Date [MM/DD/YYYY]	\$
	Street Address				<b>⊣</b> *
	1				
City		State	Zip Code	Date [MM/DD/YYYY]	\$
					<b>⊣</b>
Street					
<b>Employer Nam</b>	е		1,	Occupation	
	ing Address / Principal	5-		Description	
Place of Busine	SS	h 1		of	
And the same	A STATE OF THE STA	+		Contribution	
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
VE-VI CO.					
City		State	Zip Code	Date [MM/DD/YYYY]	\$
300					
145			1		
<b>Employer Name</b>	е			Occupation	1,12
	Lax etc. Telephone				
	ng Address / Principal			Description	
Place of Busine	SS			of	
				Contribution	
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
				Bate [mm/pb/111]	-  <b>*</b>
House #	Street Address			Date [MM/DD/YYYY]	\$
19	Sticet Address				~
- ^					
City		State	Zip Code	Date [MM/DD/YYYY]	\$
					-  *
. 58					
<b>Employer Name</b>	2			Occupation	
334337					
	ng Address / Principal			Description	
Place of Busine	SS			of	
	The Netherland			Contribution	



# SCHEDULE III Statement of Expenditures

Filer Identification Number:	1	A	.00.1	N 1 '	
	Triand	50+	Michael	Colon	

To Whom Paid	PNE Bank			Date [MM/DD/YYYY]	\$ 14.00
House #	Street Address	1	<u> </u>	Description of Expendi	ture
City	<u> </u>	State	Zip : Code	Bank Str	vice the
To Whom Paid				Date [MM/DD/YYYY]	\$
House #	Street Address			 Description of Expendit	ure
City		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY]	\$
House #	Street Address			 Description of Expendit	ure
City		State	Zip Code		
To Whom Paid		<del>``````</del>		Date [MM/DD/YYYY]	\$
House #	Street Address			Description of Expendit	ture
City		State	Zip Code		
To Whom Paid		•	<u>'</u>	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 Expendit	ture
City		State	Zip Code		
To Whom Paid				 Date [MM/DD/YYYY]	\$
House #	Street Address			Description of Expendit	ture
City		State	Zip Code		•

\$14

### 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:

		of Mich		
Fig. 15				
Name of Credito				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of D	Pebt			
Name of Credito	or			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of D	Pebt			
Name of Credito	or			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	-
Description of D	ebt			
Name of Credito	or .			Outstanding Balance of Debt
Name of Credito	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]	
City  Description of	Street Address	State	[MM/DD/YYYY]	\$
City  Description of Do  Name of Credito  House #	ebt  Street Address  Street Address	State	Zip Code  DATE DEBT INCURRED	Outstanding Balance of Debt
City  Description of Do  Name of Credito  House #	ebt  Street Address  Street Address		Zip Code  DATE DEBT INCURRED [MM/DD/YYYY]  Zip	Outstanding Balance of Debt
City  Description of Do  Name of Credito  House #	Street Address  ebt  Street Address		Zip Code  DATE DEBT INCURRED [MM/DD/YYYY]  Zip	Outstanding Balance of Debt
City  Description of	Street Address  ebt  Street Address		Zip Code  DATE DEBT INCURRED [MM/DD/YYYY]  Zip	Outstanding Balance of Debt
City  Description of Do  Name of Credito  House #  City  Description of Do  Name of Credito	Street Address  ebt  Street Address  ebt  Street Address		Zip Code  DATE DEBT INCURRED [MM/DD/YYYY]  Zip Code  DATE DEBT INCURRED	Outstanding Balance of Debt  \$ Outstanding Balance of Debt

