Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	Report Filed By Candidate Committee Lobbyist (Mark X) Image: Committee state				
Name of Filing Committee, Candidate or Lobbyist	M; cha-	el Colon			
Street Address	215 W.	Brzzl 3t		4	1
City Rethly	hem	State PA	Zip Code	18018	
Type of Report (Place x under report type)					
1- 6 th Tuesday2- 2 nd Friday3- 30 Day PostPre-PrimaryPre-PrimaryPrimary	TRANSFORMER STOCK BOOM STOCK	Friday 6- 30 Day Post Election Election	160 March All March 10 March 19 March 1	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
			K		
Date Of Election (MM/DD/YYYY)	Year 2	DIG Amendment Report	153	Termination Report	
Summary of Receipts and From Date	To Date	618	For Of	fice Use Only	
A. Amount Brought Forward From Last Repor					
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 1				
C. Total Funds Available (Sum of Lines A and B)	\$ D				
D. Total Expenditures (From Schedule III)	\$ 0				
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 0				
F. Value of In-Kind Contributions Received (From Schedule II)	\$ 0)			
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0			
Part 1. If this is a Committee report treasurer sign h		fidavit Section		1997 - 19	

I swear for affirm) that this meant in

SCHEDULE I Contributions and Receipts

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Detailed Summary Page

Filer Identification Number Michael Color		
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1)	\$	1)
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)	\$	D
3. Contributions Over \$250.00 (From Part C and Part D)	1	
Contributions Received from Political Committees (Part C)	\$	0
All Other Contributions (Part D)	\$	
Total for the reporting period (3)	\$	
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)	\$	d

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 Identificatio	n Number	the -	1 Colon		
NURSERIE PORTANIA COL		414			Amount
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		The second second second second	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	00013003004	 MSMC 2012 And ARRANGEMENT TO 	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	(de secondo	Lingson 2 memory	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	1809.02		Date [MM/DD/YYYY]	\$
House #	Street Address		<u> </u>	Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ontributing	38.000626		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	5
City		State	Zip Code	Date [MM/DD/YYYY]	\$
1000		1219222	 (1) (1) (1) (2) (3) 		

\$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: M	thart	Colun		
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		a.	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] \$	

\$O

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	er: Main)	10	1		
	1V1/24	19-1 C	0/01		
Full Name of				Date [MM/DD/YYYY]	\$
Contributing Committee	e				
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
		A. S.	新教教		
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$
Service and					
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of	1000			Date [MM/DD/YYYY]	\$
Contributing Committe	e			andre Fuurit and start 1	
House #	Street Address			Date [MM/DD/YYYY]	\$
				[24] Antonio Q. K. Shinaka, "Alignmun Sali and the part start	
City	1. 错误。后往中国	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of				Date [MM/DD/YYYY]	\$
Contributing Committee	10				
House #	Street Address			Date [MM/DD/YYYY]	\$
14 Let				a	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of	50E0A			Date [MM/DD/YYYY]	\$
Contributing Committee	e			Produce Finited and Address	
House #	Street Address			Date [MM/DD/YYYY]	\$
				Westman and the second state of the second sta	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
	18				
Full Name of				Date [MM/DD/YYYY]	\$
Contributing Committe	e				
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
- Farmer			林器总统会议		

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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: Micheel Color)
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	

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PART E

Other Receipts

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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 Num	nber: Michael	Colon		
Full Name	inference)			a and the
a man to the second		en-m		
House #	Street Address			
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Receipt Description				
Füll Name				
House #	Street Address			
City	State	zip	Date [MM/DD/YYYY] \$	
		Code		
Receipt Description				
Full Name				
House #	Street Address			
City	State		Date [MM/DD/YYYY] \$	
		Code		
Receipt Description				
Full Name	3.0h			
House#	Street Address		a duran share an ana - a share a sara a sar	
City	State	e Zip Code	Date [MM/DD/YYYY] \$	
Receipt Description		Coue		
terre and the second				
Full Name				
House #	Street Address			
City	State	zip Code	Date [MM/DD/YYYY] \$	
Receipt Description				
11月1日日日 11日 11日	16 Defense			uur an
Full Name				
House #	Street Address			
City	State	zip Code	Date [MM/DD/YYYY] \$	
Receipt Description		209-209-209-209-209-209-209-209-209-209-		

X°C

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:	lichard	C -0/0,1		
1. UNITEMIZED IN-KIND CONTR	BUTIONS RECEIVED-VA	LUE OF \$50.00 OR L	SS PER CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$	0	
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.0	1 TO \$250.00 (FROM	I PART F)	
TOTAL for the reporting period	(2)	\$	0	
3. IN-KIND CONTRIBUTION RECI	EIVED-VALUE OVER \$250	0.00 (FROM PART G		
TOTAL for the reporting period	(3)	\$	д	
TOTAL VALUE OF IN-KIND CONTRIBUTIO PERIOD (Add and enter amount totals f on Page 1, Report Cover Page, Item F)			0	

SCHEDULE II PART F In-Kind Contributions Received

No. of the American State of the State	•71	LUE OF \$50.01 10 \$			
Filer Identification Number:	lichard	Colon			
Full Name of Contributor			Date [MM/DD/YYYY] \$		
House # Street Address	5		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	5		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 Addres	S		Date [MM/DD/YYYY] \$		
City	State	Zip Code	Date [MM/DD/YYYY] \$		
Description of Contribution					
Full Name of Contributor		3	Date [MM/DD/YYYY] \$		
House # Street Addres			Date [MM/DD/YYYY] \$		
City	State	Zip Code	Date [MM/DD/YYYY] \$		
Description of Contribution					
Full Name of Contributor		(04-12)	Date [MM/DD/YYYY] \$		
House # Street Addres	S		Date [MM/DD/YYYY] \$		
City	State	Zip Code	Date [MM/DD/YYYY] \$		
Description of Contribution		23			

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

Filer Identification Number:	Michael	Col	-, ah
The second s	1111 0119 21	0 01	0.1

Constitution and the second documentary of the index reading.		
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		Description
Place of Business		of Contribution
Füll Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	The second second second	Occupation
Employer Mailing Address / Principal Place of Business		Description of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
run name of contributor		
House # Street Address		Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Contraction of Instances on Annual	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

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SCHEDULE III Statement of Expenditures

Filer Identification I	Number: 121:	cheel	(->1 *	
		1921	CUON	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City	1.	State	Zip	
To Whom Paid	4	國際的	Code	
IO WIIOIII Calu				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City	Construction and the second support of the	State	Zip Code	
To Whom Paid	a de la della d	All and and all and all and all all all all all all all all all al	A STATE AND A STAT	Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid		-Alternation	Couc	Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City	3	State	Zip Code	
To Whom Paid		North approve	(Berner of Carles)	Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid		Seawar any	And a second second second	Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City	[Section Services and the	State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City	Loter mercines (part schellenberger	State	Zip Code	A NEW ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRE
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
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.

Filer Identification Nun	iber: Micharl	Colon		
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		TE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of Debt				
Name of Creditor			10 0. S - 8 - 8 - 8 - 8 - 8 - 8 - 8 - 8 - 8 -	Outstanding Balance of Debt
House #	Street Address		TE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of Debt				
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		TE DEBT INCURRED [MM/DD/YYYY]	\$
City	1	State	Zip Code	
Description of Debt		40.4		
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		TE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of Debt				
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		TE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of Debt	250	- Service (Suites		vi.020
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		TE DEBT INCURRED [MM/DD/YYYY]	\$
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	Report Filed By,	Candidate	Committee	Lobbyist
Number	(Mark X)			
Name of Filing Committee, Candidate Lobbyist	Iriend	s of Mi	charle Ciol	
Street Address	11 0.2	nd 31- L	1n1 377	
City Brth	1-hem	State PA	Zip Code	E 315
Type of Report (Place x under report t	ype)			
1-6 th Tuesday 2-2 nd Friday 3-30 I Pre-Primary Pre-Primary Prima	LANK COMMAND ROOM TO BE AND THE REAL PROPERTY OF	2 nd Friday 6-30 Day Po - Election Election	ost 7- Annual Special 2 Pre-Elec	2 nd Friday Special 30 Day tion Post-Election
			HL	
Date Of Election (MM/DD/YYYY)	Year 2	DIS Amendmen Report	t Termina Report	ition
Summary of Receipts and From Expenditures	Date To Date	/18	For Office Use	e Only
A. Amount Brought Forward From La	st Report \$ 3	84		
B. Total Monetary Contributions and (From Schedule I)	Receipts \$			
C. Total Funds Available (Sum of Lines A and B)	\$ 336	84		
D. Total Expenditures	\$ 168	· W		
(From Schedule III)				
E. Ending Cash Balance (Subtract Line D from Line C)	\$ IbF.	a.li		
(From Schedule III) E. Ending Cash Balance (Subtract Line D from Line C) F. Value of In-Kind Contributions Rec (From Schedule II)	11168.	a.li		
E. Ending Cash Balance (Subtract Line D from Line C) F. Value of In-Kind Contributions Reco	eived S	a.li		

I swear (or affirm) that this cenort including the attached schedules on paper is to the best of my knowledge and belief true correct and complete

SCHEDULE I Contributions and Receipts

Detailed Summary Page

Filer Identification Number Frinds of Mich	۱५ -	el Colon
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1)	\$	XO
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)	\$	<u>ک</u>
Total for the reporting period (2)	\$	ò
3. Contributions Over \$250.00 (From Part C and Part D)		and the second second
Contributions Received from Political Committees (Part C)	\$	Ó
All Other Contributions (Part D)	\$	
Total for the reporting period (3)	\$	<u>ව</u>
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	\$	2
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)	\$	6

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	Frind	s of m;	chard 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	ő	Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$

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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 Mic	hael Colon	
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 # Stre	et Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Stre	et Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Stre	et Address	99	Date [MM/DD/YYYY] \$	· · · · · · · · · · · · · · · · · · ·
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
1.4	et 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] \$	

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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:		1		
fr fr	inds	of Mich.	<-1 (D/01	1
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	- Contraction	Partetiningdowead	Date [MM/DD/YYYY]	\$
House # Street Address	•	an a	Date [MM/DD/YYYY]	5
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

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	d in Part C)
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Filer Identification Number:	Friend	r of m;	cherl Colin
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street A	ddress		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 Ar	ddress		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 Ad	ddress		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	5.5	Q.	Occupation
Employer Mailing Address / Principal Place of Business			Consideration of the Party and
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Ac	ldress		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Contraction Provide Story	Occupation
Employer Mailing Address / Principal Place of Business			I demanativen with a high wei

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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 Num	ber: Frimds	r of	Michael	Colon
Füll Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		SHERING SHERING		Niger
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		ACTIVATE A	(PEDERDARIAN)	Eventse a
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				



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:	Friends	of	Micherl	Colon	
--	------------------------------	---------	----	---------	-------	--

1. UNITEMIZED IN-KIND CONTRI	BUTIONS RECEIVED-VALU	E ⁱ OF \$50.00 OR L	LESS PER CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$	0	(Colored Hellowed H
2. IN-KIND [*] CONTRIBUTIONS RECI	EIVED-VALUE OF \$50.01 T	O \$250.00 (FROM	IM PART F)	
TOTAL for the reporting period	(2)	\$	0	
3. IN-KIND CONTRIBUTION RECEI	VED-VALUE OVER \$250.0	0 (FROM PART G	G)	
TOTAL for the reporting period	(3)	\$	8	NUMBER OF STREET, STREE
TOTAL VALUE OF IN-KIND CONTRIBUTIO PERIOD (Add and enter amount totals fr on Page 1, Report Cover Page, Item F)			6	

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

		VALUE 01 \$50.01 10 \$250	<u> </u>	
Filer Identification Number:	en 23	of Micha	~1 Colo	n
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	A			
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address				\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution		Adiri 11 oddreseni		
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address	<u> </u>		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution				201
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address				\$
City Description of Contribution	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution	A	-1674		
Full Name of Contributor	1			\$
House # Street Address				\$
City	State	Zip Code	Date [MM/DD/YYYY]	5
Description of Contribution				

\$0

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

 $\sim 10^{-10}$

Filer Identification Number: Fr, 7	inds of	Michar	1 Colon
Full Name of Contributor			Date [MM/DD/YYYY] \$
House# Street Address			Date [MM/DD/YYYY] \$
City	State Z	ĩp Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			Description of Contribution
Füll Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City	State Z	ïp Code	Date [MM/DD/YYYY] \$
Employer Name		and the second se	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 Z	ip 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		<u> </u>	Date [MM/DD/YYYY] \$
City	State Z	ip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			Description of Contribution

2 5

SCHEDULE III **Statement of Expenditures**

Bonk Forvier Free

Filer Identification Number:

City

Filer Identification Number:	ubs of	e micha-	el Colon
Tô Whom Paid			
	Bark		Date [MM/DD/YYYY] \$ 14.20
	Dente		Description of Expenditure
House # Street Address			Description of Expenditure
City	*State	Zip	
		Code	Back Jenvizz Faz
To Whom Paid	<u>،</u>		Date [MM/DD/YYYY] \$
PNC)	Bink		Date [MM/DD/YYYY] \$ 14.200
House # Street Address	<u> </u>		Description of Expenditure
City	State	Zip	Benk 3 TVILL Fac
7-14	ALL	Code	
To Whom Paid PN	Bonk		Date [MM/DD/YYYY] \$ 14.000
ACCOUNTS AND	DONK		03/01/2018 14.00
House # Street Address			Description of Expenditure
City	State	Zip	2
12.00	A state	Code	But Strvin Fer
To Whom Paid	1		Date [MM/DD/YYYY] \$
PN25	Bak		Date [MM/DD/YYYY] \$ 14. 20
House # Street Address			Description of Expenditure
		1	
City	State	Zip Code	Bent Strvice Fre
To Whom Paid	129.04	Cour	
PACE	Bink		Date [MM/DD/YYY] \$ 0 5/ 41/ 2018 14.00
House # Street Address	link		C 5/ 6// 26/ 5/ 79. 00
Street Address			Description of expenditure
City	State	Zip	2
		Code	Ban jerviza Free
To Whom Paid	2		Date [MM/DD/YYY] \$ 14.00
	Sank		06/01/2018 17.00
House # Street Address			Description of Expenditure
City	State	1.7:	
City	State	Zip Code	Book Jervie Fre
To Whom Paid		Service and Post Str.	
PNES	Bink		Date [MM/DD/YYYY] \$ 07/02/2018 14.20
House # Street Address	Junio		Description of Expenditure
City	State	Zip	12 10 7 -
		Code	Bink Jewin Fre
To Whom Paid PN_{F}			Date [MM/DD/YYYY] \$
	Bank		08/21/2017 19.00
House # Street Address			Description of Expenditure

Zip Code

State

Filer Identificati	on Number:	end z	of mich	and Colin
To Whom Paid		2		Date [MM/DD/YYYY] \$
	1/12	13:04	۲	Date [MM/DD/YYYY] \$ し 9 /04/201 子 / /, みい Description of Expenditure
House #	Street Address			Description of Expenditure
City	(dated) and have been a	State	Zip Code	Bink Saria Fa
To Whom Paid	Dala -	10000000000000000000000000000000000000	- Therest Reserves	
1	PN2 13	in U		Date [MM/DD/YYYY] \$ 127.50
House #	Street Address			Description of Expenditure
City		State	Zip Code	13 abl Service Fre
To Whom Paid		1	The set of	Date [MM/DD/YYY] \$
	PN2 1	Sink		Date [MM/DD/YYYY] \$ 11 12 21 8 Destription of Expenditure
House #	Street/Address			Destription of Expenditure
City		State	Zip Code	Bente Barroi in France
To Whom Paid	Cala I			Date [MM/DD/YYYY] \$
House #	Street Address	Jun		12/03/2018 14.00 Description of Expenditure
4	的建立设计划			Description of Expenditure
City		State	Zip Code	Bank Forvin Fre
To Whom Paid		- Shere been a	- and the second	Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
				Description of ExperiorMile
City	1	State	Zip Code	
To Whom Paid		All and the second s	Character attants	Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid		No.	Second With	Date [MM/DD/YYYY] \$
11	Letter a state of			
House #	Street Address			Description of Expenditure
City	1	State	Zip Code	
To Whom Paid			Concerner of the Concerner	Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City	1	State	Zip Code	

SCHEDULE III

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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 Nun	Ber Frinds of Micha-	100/00	
Name of Creditor		0	utstanding Balance of Debt
House #	CONTRACTOR AND A DESCRIPTION OF A DESCRI	EBT INCURRED \$	
City	State Z	p ode	
Description of Debt			
Name of Creditor		0	utstanding Balance of Debt
House #		EBT INCURRED \$	
City		p ode	
Description of Debt			
Name of Creditor		0	utstanding Balance of Debt
House #		BT INCURRED \$ /DD/YYYY]	and the second design of the second
City	State Zi Ca	p ode	
Description of Debt			
Name of Creditor		01	utstanding Balance of Debt
House #		BT INCURRED \$	
City	State Zi	p ode	
Description of Debt			
Name of Creditor		01	utstanding Balance of Debt
House #		BT INCURRED \$ /DD/YYYY]	
City	State Zi	p ode	
Description of Debt			
Name of Creditor		Ou	itstanding Balance of Debt
House #		BT INCURRED \$ /DD/YYYY]	an carpan and submitted of sold and an angle for a sold and a sold
City	State Zi	p xde	
Description of Debt			

\$0