Commonwealth of Pennsylvania - Campaign Finance Report

	Wanter Half	(Dono	rt Filed B	v Candida	te IVZ	Committee		Lobbyist
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Name of Filing Cor	mmittee Car	ndidate or							
Lobbyist	mmnttoo, vai		n (Nick	19-21	Culo	10		
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City	_		\underline{x}	[State	0	Zip Code	////	
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Type of Report (Pla	ace x under r	eport type)							
1-6 th Tuesday 2	- 2 nd Friday	3- 30 Day Post	4-6th	Tuesday	5-2 nd Friday	6-30 Day Post	7- Annual	Special 2 nd Friday	Special 30 Day
	re-Primary	Primary	Pre-E	lection	Pre-Election	Election		Pre-Election	Post-Election
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Date Of Election	1.1		Year		n	Amendment		Termination Report	
(MM/DD/YYYY)	Second Sec	105/21/201	9		2019	Report		and the second second	
Summary of Recei	ipts and	From Date		To Date)	advise in some	For	Office Use Only	
Expenditures		Thic	-	5)	> 1+2	a seguration of the			
				5/	3/17				
A. Amount Broug	ht Forward F	rom Last Report	\$	15	(
B. Total Monetary	, Contributio	ns and Receipts	8						
(From Schedule I)				0					
C. Total Funds Ava	and the second sec		8	Ď)				
(Sum of Lines A at			8						
D. Total Expendito (From Schedule II			•		0				
E. Ending Cash Ba			8		~	l			
(Subtract Line D fi					0				
F. Value of In-Kind	d Contributio	ons Received	8		Û				
(From Schedule II			_		0				
G. Unpaid Debts a		ons	8		ð				
(From Schedule IV	and the second se	and the second s	1.19112	NOT STOL		in	·		
		S. Longerson Street Str	Index Can strategy	CANE A	PURDARA-00	etion			

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)	\$	Û					
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)							
Contributions Received from Political Committees (Part A)	\$	Ø					
All Other Contributions (Part B)	\$	0					
Total for the reporting period (2)	\$	0					
3. Contributions Over \$250.00 (From Part C and Part D)							
Contributions Received from Political Committees (Part C)	\$	\mathcal{D}					
All Other Contributions (Part D)	\$	۲۵					
Total for the reporting period (3)	\$						
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)							
Total for the reporting period (4)	\$	ت					
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)	\$	Õ					

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.

Full Name of Contributing Date [MM/DD/YYY] Image: Contributing Committee House # Street Address State Zip Code Date [MM/DD/YYY] Image: Contributing Committee Full Name of Contributing Committee Date [MM/DD/YYY] Image: Contributing Committee Date [MM/DD/YYY] Image: Contributing Committee House # Street Address State Zip Code Date [MM/DD/YYY] Image: Contributing Committee House # Street Address State Zip Code Date [MM/DD/YYY] Image: Contributing Committee Full Name of Contributing Committee Date [MM/DD/YYY] Image: Contributing Committee Date [MM/DD/YYY] Image: Contributing Committee House # Street Address State Zip Code Date [MM/DD/YYY] Image: Contributing Committee House # Street Address Date [MM/DD/YYY] Image: Contributing Committee Date [MM/DD/YYY] Image: Contributing Committee House # Street Address State Zip Code Date [MM/DD/YYY] Image: Contributing Committee House # Street Address Date [MM/DD/YYY] Image: Contributing Committee Date [MM/DD/YYY] Image: Contributing Committee House # Street Address Date [MM/DD/YYY] Image: Contributing Committee Image: Contributing Committee Image:	Filer Identificatio	n Number	cha.	el Colon			
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	City		State	Zip Code	Date [MM/DD/YYYY]	8	
	3 E					2	$\dot{\mathcal{O}}$

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: Mi	harl	Colun		
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address		200.200	Date [MM/DD/YYYY]	\$
City	可能的现在分	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributor	And the second		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributor	1005005		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address		1999-1999 - 1999-1999 - 1999-1999 - 1999-1999 - 1999-1999 - 1999-1999 - 1999-1999 - 1999-1999 - 1999-1999 - 199 199	Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Cor	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$

80

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: 1) /	Colon		
Station 19	141,2	74-1	C010n		
Full Name of	May (1999)	Children and Child		Date [MM/DD/YYYY]	\$
Contributing Com	mittee			When the of a process in the second s	
House #	Street Address			Date [MM/DD/YYYY]	\$
				The second s	
City	Contract of the second s	State	Zip Code	Date [MM/DD/YYYY]	\$
		The second	State State	Contraction of the last of the	
Full Name of	这些资料			Date [MM/DD/YYYY]	\$
Contributing Com	imittee				
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
		(ALLER)			
Full Name of Contributing Com	imittee			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	学生 使一次考试	State	Zip Code	Date [MM/DD/YYYY]	\$
City		State	Zip code	Date [mm] DD[1111]	3
Full Name of	10MBPS		Parallel and the second second	Date [MM/DD/YYYY]	\$
Contributing Com	mittee				
House #	Street Address			Date [MM/DD/YYYY]	\$
1.1.1					
City	Constraint and the second second	State	Zip Code	Date [MM/DD/YYYY]	\$
		A STATE OF STATE			
Full Name of Contributing Com	mittee			Date [MM/DD/YYYY]	\$
	The second se				
House #	Street Address			Date [MM/DD/YYYY]	\$
8123151					
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of	2/9/2/9/ 24	CREATER		Date [MM/DD/YYYY]	\$
Contributing Com	mittee			CT. LOTING CO. S. C. Market	
House #	Street Address			Date [MM/DD/YYYY]	\$
T. Aller				Contract of the second strategy of the second	
City		State	Zip Code	Date [MM/DD/YYYY]	\$

\$0

PART D All Other Contributions

Over \$250.00

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

(Exclude contributions from political committees reported in Part C)

Filer Identification Number: M;	cherel	Colon	
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			
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		1	Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		61 34.54	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	Consequences of a		Occupation
Employer Mailing Address / Principal Place of Business		······································	

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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: Michael Colon
Full Name	
House #	Street Address
City	State Zip Date [MM/DD/YYYY] \$ Code
Receipt Description	
Full Name	
House #	Street Address
City	State Zip Code Date [MM/DD/YYYY] \$
Receipt Description	I de regeneral l'anna de regen
Full Name	
House #	Street Address
City	State Zip Code Date [MM/DD/YYYY] \$
Receipt Description	2722
Full Name	
House #	Street Address
City	State Zip Date [MM/DD/YYYY] Code \$
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 Date [MM/DD/YYYY] \$ Code Code State State State
Receipt Description	areana orraditer: FERMERINAN

\$'0

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 LE	S PER CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$	0	
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.0	1 TO \$250.00 (FROM	PART F)	
TOTAL for the reporting period	(2)	\$	0	
3. IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$25	0.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$	0	
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 VALUE OF \$50.01 TO \$250

Filer Identification Number:	licher	1 Color)	
The second of the second		_		
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			I	4-10882
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		- And the Conference		Rosen
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	設定			
Full Name of Contributor		2	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		And Strate Strategiest Strate		

\$0

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

Filer Identification Number:		
	Michard	Colon

Full Name of Contrib	utor			Date [MM/DD/YYYY] \$	-
House #	Street Address	an teorie de la companya de la comp		Date [MM/DD/YYYY] \$	
City	38.30.20.2004	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name		1 Star St	16. The 200	Occupation	
				A STATE A CARACTERIA	
Employer Mailing Ac Place of Business	ldress / Principal			Description of Contribution	
Full Name of Contrib	outor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	Charles	State	Zip Code	Date [MM/DD/YYYY] \$	
					2
Employer Name	Serves States and Party	2006-05-050 E		Occupation	
Employer Mailing Ad	Idress / Principal			Description	_
Place of Business	laress / Principar			of	-
				Contribution	
Full Name of Contrib	utor			Date [MM/DD/YYYY] \$	1
House #	Street Address			Date [MM/DD/YYYY] \$	
City	123 01 C 18 0 5 19 10	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name		1919999933 1	ALCONTRACTOR OF	Occupation	-
Employer Mailing Ad	dress / Principal	8		Description	_
Place of Business				of	
Full Name of Contrib				Contribution	
Full Name of Contrib	utor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	_
City	Manager States Science	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name				Occupation	-
Employer Mailing Ad	dress / Principal	50 50		Description	-
Place of Business				of	
	「日本」と言語	Just .		Contribution	

>)

SCHEDULE III Statement of Expenditures

Filer	Identification	Number:	
	帰しい	Sec.	

Michael Colon

-	dia			
To Whom Paid				Date [MM/DD/YYYY] \$
a and		<u></u>		Description of Europedicium
House #	Street Address			Description of Expenditure
City		State	Zip	
			Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address	1000 AND 2440		Description of Expenditure
2000		Land Street	Lawrencestel	· 在我们的生产的。在这些人的意义,在1997年1月
City		State	Zip Code	
To Whom Paid		CONTRACTOR OF	CONTRACTOR OF	Date [MM/DD/YYYY] \$
				· · · · · · · · · · · · · · · · · · ·
House #	Street Address			Description of Expenditure
	有空气化的名			
City		State	Zip	
D. LL		101 10 10 10 10 10 10 10 10 10 10 10 10	Code	
To Whom Paid				Date [MM/DD/YYYY] \$
	Tage of the second second			Description of Expenditure
House #	Street Address			Description of experimente
City		State	Zip	
			Code	8
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City and	国際教育の主	State	Zip	
City		State	Code	
To Whom Paid	ð.	Contractive sense Contract	And a second second second	Date [MM/DD/YYYY] \$
				Construction Construction Conference on Conf
House #	Street Address			Description of Expenditure
City		State	Zip Code	
		制度的同	Code	
To Whom Paid	1001			Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
nuuse #	Street Auuress			Description of Experiencere
City	The Ander D. Other Westman Str.	State	Zip	
			Code	
To Whom Paid				Date [MM/DD/YYYY] \$
	A PLANE			
House #	Street Address			Description of Expenditure
City	·北京市市市市市市市市市市市市市市市市市市市市市市市市市市市市市市市市市市市市	State	Zip	
city		Jule	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.

House # Street Address DATE DEBT INCURRED [MM/DD/YYYY] City State Zip Code Outstanding Balance of Debt Name of Creditor Outstanding Balance of Debt House # Street Address State Zip City State Zip Code Outstanding Balance of Debt Name of Creditor Outstanding Balance of Debt Name of Creditor State Zip Code Outstanding Balance of Debt Name of Creditor State Zip Code Outstanding Balance of Debt State Zip Code Outstanding Balance of Debt State Zip Code Outstanding Balance of Debt State Zip Code Outstanding Balance of Debt	and the second			-0 -0	
City State Zip Description of Debt Outstanding Balance of Debt Name of Creditor Outstanding Balance of Debt City State Zip Description of Debt Outstanding Balance of Debt Name of Creditor Outstanding Balance of Debt Name of Creditor DATE DEBT INCURRED [MM/DD/YYYY] \$ City State Zip					
Description of Debt Name of Creditor House # Street Address Date Debt INCURRED IMM/DD/YYY City State City Street Address Date Debt INCURRED IMM/DD/YYY City State Street Address Date Debt INCURRED IMM/DD/YYY State City State Street Address Date Debt INCURRED IMM/DD/YYY State Street Address Date Debt INCURRED IMM/DD/YYYY State Street Address St	House #	Street Address		"Sold in the second state of the	\$
Name of Creditor Name of Creditor Name of Creditor City City City	City [.]		State		
Iouse # Street Address DATE DEBT INCURRED [MM/DD/YYYY] \$ City State Zip Code Date DEBT INCURRED [MM/DD/YYY] \$ Pescription of Debt Date DEBT INCURRED [MM/DD/YYY] \$ Toyse # Street Address Date DEBT INCURRED [MM/DD/YYY] \$ Try State Zip Code \$ Description of Debt Street Address Date DEBT INCURRED [MM/DD/YYY] \$ Try State Zip Code \$ Street Address DATE DEBT INCURRED [MM/DD/YYY] \$	Description of Del	bt	••••••••••••••••••••••••••••••••••••••		a kanan da k
Inty State Zip Description of Debt Zip Outstanding Balance of Debt Vame of Creditor Outstanding Balance of Debt State Yame of Creditor DATE DEBT INCURRED [MM/DD/YYYY] \$ Street Address DATE DEBT INCURRED [MM/DD/YYYY] \$ State Zip Code Outstanding Balance of Debt Street Address DATE DEBT INCURRED [MM/DD/YYYY] \$ State Zip Code Outstanding Balance of Debt State Zip Code \$ State Zip Code \$ Street Address DATE DEBT INCURRED [MM/DD/YYY] \$ Street Address DATE DEBT INCURRED [MM/DD/YYY] \$	Name of Creditor			and an	Outstanding Balance of Debt
Description of Debt Vame of Creditor House # Street Address Code Unit Description of Debt Code C	House #	Street Address			\$
Name of Creditor Outstanding Balance of Debt touse # Street Address DATE DEBT INCURRED [MM//DD/YYYY] \$ ity State Zip Code . Description of Debt . Outstanding Balance of Debt Vame of Creditor Outstanding Balance of Debt . Jarky State Zip Code . Jarky Street Address . . Jarky Street Address . . Jarky State Zip Code . Jarky State Zip Code .			State		
House # Street Address DATE DEBT INCURRED IMM/DD/YYYY] \$ Street Address Zip Code State Zip Code Ame of Creditor Outstanding Balance of Debt House # Street Address DATE DEBT INCURRED IMM/DD/YYYY] \$ Ity State Zip Code Street Address DATE DEBT INCURRED IMM/DD/YYYY] \$ Ity State Zip Code Street Address DATE DEBT INCURRED IMM/DD/YYYY] \$ Street Address DATE DEBT INCURRED IMM/DD/YYYY] \$ Street Address DATE DEBT INCURRED IMM/DD/YYYY] \$ State Zip Code Outstanding Balance of Debt State Zip Code Outstanding Balance of Debt State Zip Outstanding Balance of Debt	Description of Del	bt			
Image:	Name of Creditor		22 - 11		Outstanding Balance of Debt
Description of Debt Code Name of Creditor Outstanding Balance of Debt Iduse # Street Address DATE DEBT INCURRED \$ City State Description of Debt Vame of Creditor Iduse # Street Address DATE DEBT INCURRED Vame of Creditor Iduse # Street Address DATE DEBT INCURRED Vame of Creditor Iduse # Street Address DATE DEBT INCURRED Vame of Creditor Iduse # Street Address DATE DEBT INCURRED Vame of Creditor Outstanding Balance of Debt Vame of Creditor Vame of Creditor Vame of Creditor Vame of Creditor Outstanding Balance of Debt Vame of Creditor Vame of Creditor Vame of Creditor Outstanding Balance of Debt Vame of Creditor Vame of Creditor Vame of Creditor <td>House #</td> <td>Street Address</td> <td></td> <td></td> <td>\$</td>	House #	Street Address			\$
Name of Creditor Outstanding Balance of Debt House # Street Address DATE DEBT INCURRED [MM/DD/YYYY] \$ City State Zip Code Outstanding Balance of Debt Vame of Creditor Outstanding Balance of Debt Outstanding Balance of Debt Vame of Creditor Outstanding Balance of Debt Outstanding Balance of Debt City Street Address DATE DEBT INCURRED [MM/DD/YYY] \$ City Street Address Outstanding Balance of Debt Vame of Creditor Outstanding Balance of Debt \$ City State Zip Code \$ Vame of Creditor Outstanding Balance of Debt \$ Street Address DATE DEBT INCURRED [MM/DD/YYY] \$ City State Zip Vame of Creditor Outstanding Balance of Debt			State		
House # Street Address DATE DEBT INCURRED [MM/DD/YYYY] \$ City State Zip Code Description of Debt Name of Creditor Outstanding Balance of Debt City Street Address DATE DEBT INCURRED [MM/DD/YYYY] \$ City State Zip Code City State Zip City		JT			
Image: State Image: State Zip Code Description of Debt State Zip Code Name of Creditor Outstanding Balance of Debt House # Street Address DATE DEBT INCURRED [MM/DD/YYYY] City State Zip Code Description of Debt State Zip Code Date DEBT INCURRED [MM/DD/YYYY] \$ Description of Debt State Zip Code					
Description of Debt Name of Creditor Outstanding Balance of Debt iouse # Street Address DATE DEBT INCURRED [MM/DD/YYYY] \$ Tity State Zip Code Outstanding Balance of Debt Description of Debt State Zip Code Outstanding Balance of Debt Iame of Creditor Outstanding Balance of Debt State Zip Code Outstanding Balance of Debt Iame of Creditor Outstanding Balance of Debt Street Address DATE DEBT INCURRED [MM/DD/YYYY] \$ ity Street Address DATE DEBT INCURRED \$	louse #	Street Address		The second se	\$
Name of Creditor Outstanding Balance of Debt House # Street Address DATE DEBT INCURRED [MM/DD/YYYY] \$ Tity State Zip Code 2 Description of Debt Street Address Outstanding Balance of Debt Jame of Creditor Outstanding Balance of Debt Outstanding Balance of Debt Jame of Creditor Outstanding Balance of Debt Street Address Jame of Creditor Street Address DATE DEBT INCURRED [MM/DD/YYY] \$ Tity Street Address DATE DEBT INCURRED [MM/DD/YYY] \$			State		
House # Street Address DATE DEBT INCURRED [MM/DD/YYYY] \$ Tity State Zip Code 2ip Description of Debt Outstanding Balance of Debt Name of Creditor fouse # Street Address DATE DEBT INCURRED [MM/DD/YYYY] \$ Tity Street Address DATE DEBT INCURRED [MM/DD/YYYY] \$		JT			
Image: Contract of the second seco	Name of Creditor				Outstanding Balance of Debt
Description of Debt Code Name of Creditor Outstanding Balance of Debt House # Street Address City State	House #	Street Address			\$
Name of Creditor Name of Creditor Outstanding Balance of Debt House # Street Address DATE DEBT INCURRED [MM/DD/YYYY] \$ Tity State Zip			State		
House # Street Address DATE DEBT INCURRED [MM/DD/YYYY] \$ Tity State Zip	Description of Del	ot			
Image: State Image: State	Name of Creditor				Outstanding Balance of Debt
	louse #	Street Address			\$
			1		10003

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Commonwealth of Pennsylvania - Campaign Finance Report

(Noto: This same	must be clear and legible	In the second second
UNUTE: FUIS LOUALT	must no riear and iodini/	a it chould he huned)
the set the tepole	induce of the and region	5. IL 900000 DE IVOEUT

Filer Identification		Report Filed By Candida	to Trans	- Committee				
Number		(Mark X)	le	Committee	IXI	Lobbyist		
Name of Filing Committee, Ca								
Lobbyist	indicate of	Friznds	ofm	licha	el Col	υn		
Street Address		1262 Sibe	rsville	Rose	1			
City	NL N)		0	Zip Code				
	th Uhr	en	FA		18015			
Type of Report (Place x under	report type)							
1-6th Tuesday 2- 2nd Friday	1- 6th Tuesday 2- 2nd Friday 3- 30 Day Post 4- 6th Tuesday 5- 2nd Friday 6- 30 Day Post 7- Annual Special 2nd Friday Special 30 Day							
Pre-Primary Pre-Primary		re-Election Pre-Election	Election		Pre-Election	Post-Election		
TH								
Date Of Election		/ear	Amendment		Termination			
(MM/DD/YYYY)	Instal h		Report		Termination Report			
and " discharter ?	101	2018	перот		neport			
Summary of Receipts and	From Date	To Date		For C	Office Use Only			
Expenditures	1110	/ /						
	1/1/19	5/2/19						
A. Amount Brought Forward F	rond Last Report	18 the alar						
B. Total Monetary Contributio	ne and Dessints	\$168.84				1		
(From Schedule I)	nis anu neceipts	1º 14 310 00						
C. Total Funds Available		8 1 0 0						
(Sum of Lines A and B)		1 × 4 528.84						
D. Total Expenditures		8 7 8 . 5						
(From Schedule III)		559,09						
E. Ending Cash Balance		8						
(Subtract Line D from Line C)		3919.75						
F. Value of In-Kind Contributio	ns Received	8 7 101-1-						
(From Schedule II)		100						
G. Unpaid Debts and Obligatio	กร	8 1 0						
(From Schedule IV)		11,777,28						
		Affidavit Sec	tion -	22.5 <u>1</u>	-			

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

SCHEDULE I Contributions and Receipts

Detailed Summary Page

Filer Identification Number Frinds of Miche	el Colon
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	
Total for the reporting period (1)	\$ 655.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	
Contributions Received from Political Committees (Part A)	\$ 300,00
All Other Contributions (Part B)	\$ 2,485.00
Total for the reporting period (2)	\$ 2.705.00
3. Contributions Over \$250.00 (From Part C and Part D)	
Contributions Received from Political Committees (Part C)	\$ 1. June ou
All Other Contributions (Part D)	\$ D
Total for the reporting period (3)	5 CER 1 3
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)	\$ 4360,20

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	Frighds	of Micha	-1 Colon	
				Amount
Full Name of Contributing Committee	Fri-nds of Rang	t. William	Date [MM/DD/YYYY] \$	200.00
34	$\alpha_1 = \alpha_2 \equiv 1$	ids com Aure	Date [MM/DD/YYYY] \$	
City B-thle	him State PA	Zip Code 180		
Full Name of Contributing Committee	Mc Nail Ru	- PA	Date [MM/DD/YYYY] \$	100,00
House # Stree	N Front	F 5F.	Date [MM/DD/YYYY] \$	
City white	hall State P.4	Zip Code 180	Date [MM/DD/YYYY] \$ 5 2	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Stree	t Address		Date [MM/DD/YYYY] 8	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Stree	t Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY]	
House # Stree	t Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Stree	t Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	

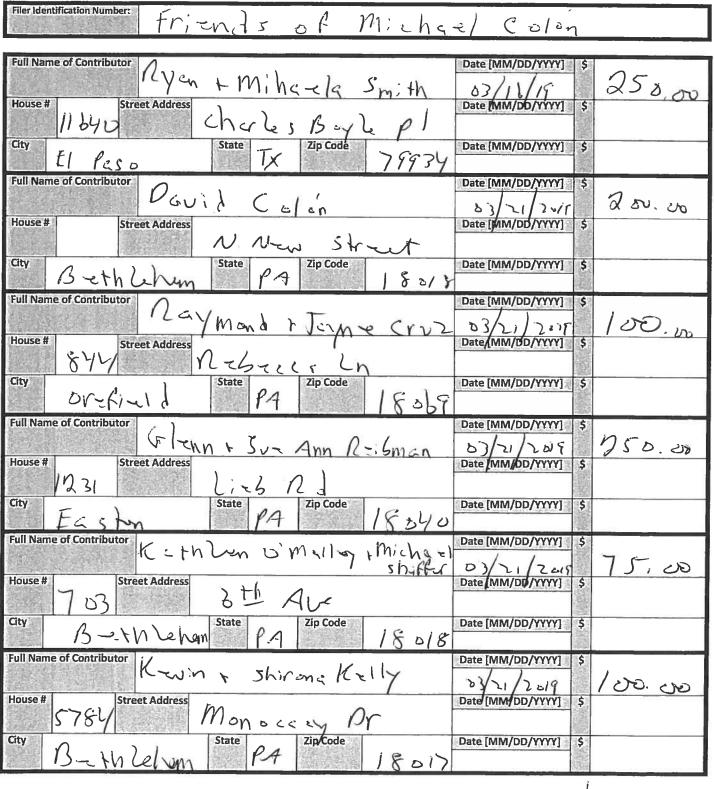
PART B All Other Contributions

\$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.)



PART B

All Other Contributions

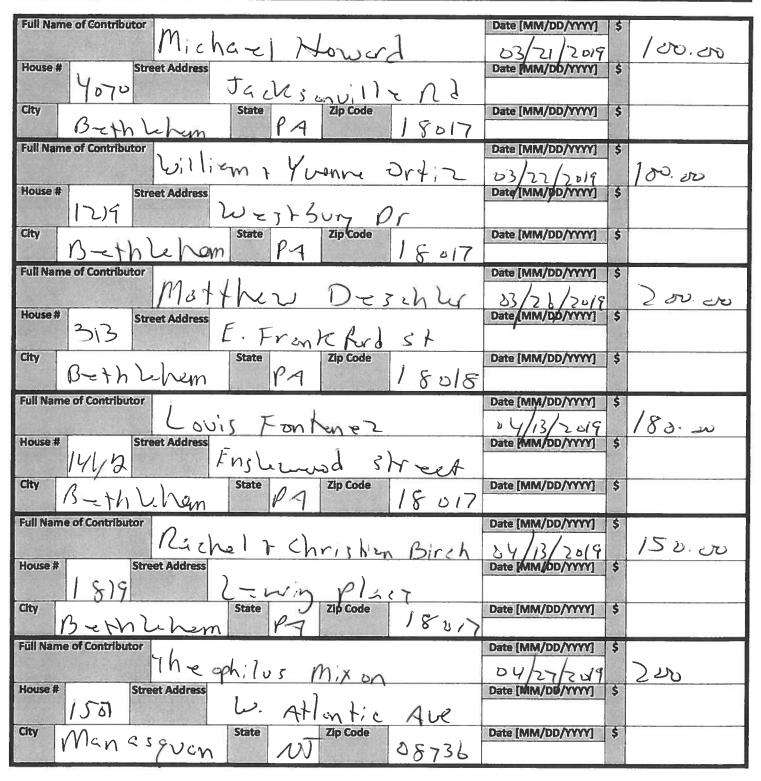
\$50.01 TO \$250

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.)

Fler Identification Number: Friznas of Michael Colon



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 o	f michael	Colon	
Full Name of Contributor	Elizabeth	Collin 3-Colan	24/27/2015	\$ 720.00
8713	er Address Grady	Dr		\$
City Breinig	Svillz State Pr	7 Zip Code 1803	Date [MM/DD/YYYY]	\$
Full Name of Contributor	Lince A et Address	deliberter	Date [MM/DD/YYY]	\$ 100.00
5036	et Address Summe	ZipCode	Date [MM/DD/YYYY]	\$
City B-ethle	hem State p.A	Zip Code 18217		\$
Full Name of Contributor	Brucz+J	o con Haines	04/24/19	\$ 100.00
15742	et Address Glen;	sle var		\$
Ft My-		Zip Code 33912		\$
Full Name of Contributor		cbath Gellagher	04/21/2019	\$ /20,00
House # Yg Stre	et Address	Zip Code	Date [MM/DÓ/YYYY]	\$
City BathL	cham State P2	A Zip Code 18518		\$
Full Name of Contributor				\$
	et Address			\$
City	State	Zip Code		\$
Full Name of Contributor				\$
	et Address			\$
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:	Mnls	of Mich	arel Colon	
Full Name of Contributing Committee	ends of	Bub Donchez	PAC DZ/16/2019 1, 2000	· ch
House # Street Addre	Pwa	inshirt D		
City B-thleha	m State P.	A Zip Code 18	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] 8	
House # Street Addre	55	<u></u>	Date [MM/DD/YYYY] 8	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Addre	53		Date [MM/DD/YYYY]	
City	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Addres	55		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] 8	ator p
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Addres	33		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] 8	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Addres	1000 610		Date [MM/DD/YYYY] 8	
City	State	Zip Code	Date [MM/DD/YYYY] 3	

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: Fri	rudi	of Mic	ha-l Colon	
Full Name of Co	ntributor		<u></u>	Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name				Occupation	
Employer Mailir Principal Place c				1000000	
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name	A.411			Occupation	<u> </u>
Employer Mailir Principal Place o					
Full Name of Co				Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	·
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name			I	Occupation	I
Employer Mailin Principal Place o					
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name			<u> </u>	Occupation	1
Employer Mailin Principal Place o					

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: Triends	of n	lichael	colon
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY]
Receipt Description				
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		1,2010,004,000	- 41-48 - 49 - 49 - 49 - 49 - 49 - 49 - 49 -	1987-4 1947-4
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name		a la companya da companya d		
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				176.5
Full Name				
House #	Street Address	<u></u>		<u></u>
City	астан 2014 —	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		100000		
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:	Frizids	ofr	Nichael	Culón	
	CONTRIBUTIONS RECEIVED-V			D	
1. UNITEMIZED IN-KIND (LON I RIBOTIONS RECEIVED-V	ALUE OF \$50.00 0	R LESS PER CONTRIBUTO	n	
TOTAL for the reporting period	(1)	\$	D		
2. IN-KIND CONTRIBUTIO	NS RECEIVED-VALUE OF \$50.	01 TO \$250.00 (FR	OM PART F)		
TOTAL for the reporting period	(2)	\$	100.00		
3. IN-KIND CONTRIBUTIO	N RECEIVED-VALUE OVER \$2	50.00 (FROM PART	ſG)		
TOTAL for the reporting period	(3)	\$	D	· 	
TOTAL VALUE OF IN-KIND CONT PERIOD (Add and enter amount on Page 1, Report Cover Page, It	totals from boxes 1, 2, and 3;	1 . 1	100.00	c	

		SCHEDULE II PART F		
	In-Kind	Contributions Red	ceived	
		VALUE OF \$ 50.01 TO \$ 250		
Filer Identification Number:	Ends	of Micha-	el Culun	
			D	
Full Name of Contributor	stel	~ Low3 Lue 21 2599	Date [MM/DD/YYYY]	100,00
House # Street Address	E. L-L	hish 3+	Date [MM/DD/YYYY]	
City Bath Lehem	State P-	Zip Code 18 2/F	Date [MM/DD/YYYY]	
Description of Contribution	1250	of hall for		692
Full Name of Contributor		01 11 10	Date [MM/DD/YYYY]	
House # Street Address			Date [MM/DD/YYYY]	
City	State	Zip Code	Date [MM/DD/YYYY]	8
Description of Contribution	1.125.126			
Full Name of Contributor	_		Date [MM/DD/YYYY]	
House # Street Address			Date [MM/DD/YYYY]	8
City	State	Zip Code	Date [MM/DD/YYYY]	8
Description of Contribution			<u> </u>	64798
Full Name of Contributor	10.1		Date [MM/DD/YYYY]	1
House # Street Address			Date [MM/DD/YYYY]	8
City	State	Zip Code	Date [MM/DD/YYYY]	8
Description of Contribution			<u></u>	
	22164			
Full Name of Contributor			Date [MM/DD/YYYY]	
House # Street Address	·		Date [MM/DD/YYYY]	8
City	State	Zip Code	Date [MM/DD/YYYY]	
Description of Contribution			1	

	SCHEDULE II	
	Part G	
In-Kind	Contributions	Received

Filer Identification	Number: Fri	2nd1	of Mi, a	charl Cole	, re
	, <u> </u>				
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Mailin Place of Busines	ng Address / Principal Is			Description of Contribution	
Full Name of Cor	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address		<u> </u>	Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Mailin Place of Busines	ng Address / Principal ss			Description of Contribution	
Full Name of Cor	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Mailin Place of Busines	ng Address / Principal Is			Description of Contribution	<u></u>
Full Name of Cor	ntributor		<u></u>	Date [MM/DD/YYYY]	S
House #	Street Address			Date [MM/DD/YYYY]	5
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Mailin Place of Busines	ng Address / Principal s			Description of Contribution	

KO

SCHEDULE III Statement of Expenditures

Filer Identification Number: Frizner of Michael C	20/01
To Whom Paid	Date [MM/DD/YYYY] \$
PNC BCNK	01 01/2019 \$14.00
House # Street Address	Descylption of Expenditure
City State Zip Code	Bank Bervice Fre
To Whom Paid	Date [MM/DD/YYYY] \$
House # Street Address	D 2/ U/ 2 V/ 2 V/ V/ VO Description of Expenditure
City State Zip Code	Bark SErvice Fer
To Whom Paid	Date [MM/DD/YYYY] \$
House # Street Address	D3/01/2019 112. 00 Description of Expenditure
City State Zip Code	Bank Service Fee
To Whom Paid	Date [MM/DD/WW1 8
House # Street Address F	03/21/2-19 64.63 Description of Expenditure
House # 2330 Street Address Jackson ille Ad City Bathuhum State PA Code 16017	and the second second second second second second second
City Brithuhun State PA Code 16017	Brunges for compains
To Whom Paid	Date [MM/DD/YYYY] \$
House # 2124 Street Address W. Univer Blud	63/21/2019 27.52 Description of Expenditure
L'ID/	2
	Supping for event
Fine wine + Good spinits	Date [MM/DD/YYY] \$ 57.19
House # Street Address Lahish Shopping (antar	Description of Expenditure
City Bathlichm State PA Code 18318	vine for event
To Whom Paid Gi Cont	Date [MM/DD/YYY] : 3)21/204 56.21
House # BITY Street Address W. Union Blud	Description of Expenditure
City Bathlehem P7 Code 18018	Shacks for event
To Whom Paid	Date [MM/DD/YYYY]
House # Street Address	Description of Expenditure
City Britchem State PA Zip Code	Band for event

SCHEDULE III Statement of Expenditures

Filer identificatio	n Nümber:	Frizner	of m	licharl Colon
		Montestan States		
To Whom Paid	PNI	Bark		Date [MM/DD/YYYY] \$ DY/0/2019 12.00
House #	Street Addres	55		Description of Expenditure
Gity		State	Zip Code	BONK SERVICE Fre
To Whom Paid	Pale	Benk		Benk Service Free Date [MM/DD/YYYY] \$ 1.50 Description of Expenditure
House #	Street Addres	s s		Description of Expenditure
City		State	Zip Code	Counter check Fee
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address	5		Description of Expenditure
City		State	Zip Code	
To Whom Paid		and water the second		Date [MM/DD/YYYY] \$
House#	Street Address	S		Description of Expenditure
City		State	Zip Code	
To Whom Paid			este	Date [MM/DD/YYYY] \$
House #	Street Address	5		Description of Expenditure
City		State	Zip Code	
To Whom Paid			code	Date [MM/DD/YYYY] \$
House #	Street Address	6		Description of Expenditure
Gity		State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address	5		Description of Expenditure
Gity		State	Zip Code	
To Whom Paid			uuue	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 Nur	iber: Fringland 12	1, charl Colz	20
Name of Creditor	Brithlehem Brizin	TTO FROMS	Outstanding Balance of Debt
House #	Street Address Po Box 4250	DATE DEBT INCURRED [MM/DD/YYYY] 03/30/2019	\$ 1,577.28
City Description of Debt	Brithlehem State Campaisn Pard Sis	PA Code 18 ol 8	
Description of Dest	Campaisn Yard Sis	ns + Palm Co	ards
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City Description of Debt	State	z Zip Code	
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	State	Zip Code	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City Description of Debt	State	Zip Code	
Description of Debt	- 19 F		
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	State	Zip Code	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	State	Zip Code	
Description of Debt			

\$0