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Reset Form Pr

Print Form

## Commonwealth of Pennsylvania - Campaign Finance Report

Filer Identification Number		Report Filed By Candidate ( Mark X)		te X	Committee		Lobbyist
Name of Filing Committee, Candidat Lobbyist	e or V	ni cha.	elc	- alón			
Street Address	2	15 W.	· Brac	A 14.	Apt 4	1	
City R-27h	cher	1	State	PA	Zlp Code	18018	
Type of Report (Place x under report	type)						
1- 6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Friday 3-30 Pre-Primary Pre-Primary Prima		6 <sup>th</sup> Tuesday 5 a-Election 1	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)		ear	2017	Amendment Report		Termination Report	
Summary of Receipts and From Expenditures	Date	To Date	la la com		For	Office Use Only	
A. Amount Brought Forward From La	17 ast Report	\$ 12)	31/17		WHEN WE		
A. Amount Brought Forward From La 8. Total Monetary Contributions and			31/17		Maritania		
A. Amount Brought Forward From La B. Total Monetary Contributions and (From Schedule I) C. Total Funds Available	l Receipts	\$ 7	31/17	<u>()))))))))</u> ())))))))))))))))))))))))))			
A. Amount Brought Forward From La B. Total Monetary Contributions and (From Schedule I)	l Receipts	\$ D \$ D \$ D	31/17	<u> ()))) () () () () () () () () () () () </u>	Manifa Minis		
A. Amount Brought Forward From La B. Total Monetary Contributions and (From Schedule I) C. Total Funds Available (Sum of Lines A and B) D. Total Expenditures	l Receipts	\$ 7 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	31/17		Man Provin		
A. Amount Brought Forward From La B. Total Monetary Contributions and (From Schedule I) C. Total Funds Available (Sum of Lines A and B) D. Total Expenditures (From Schedule III) E. Ending Cash Balance	l Receipts	\$ 7 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			Man Provin		
A. Amount Brought Forward From La B. Total Monetary Contributions and (From Schedule I) C. Total Funds Available (Sum of Lines A and B) D. Total Expenditures (From Schedule III) E. Ending Cash Balance (Subtract Line D from Line C) F. Value of In-Kind Contributions Rec	l Receipts	5 7 5 7 5 7 5 7 5 7 5 7	)				NNSYLVANIA AL Brip Public Brinelon County

## 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)	\$	в
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	_ <b>[</b>	
Contributions Received from Political Committees (Part A)	\$	0
All Other Contributions (Part B)	\$	0
Total for the reporting period (2)	\$	U
3. Contributions Over \$250.00 (From Part C and Part D)	1	
Contributions Received from Political Committees (Part C)	\$	D
All Other Contributions (Part D)	\$	b
Total for the reporting period (3)	\$	D
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		<u></u>
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.

Filer Id	Filer Identification Number									
		mì	hi t	el Colon						
			51100				A	mount		
Full Na	me of Contribu	ting				Date [MM/DD/YYYY]	\$			
Comm		iting				Date [mm/DD/1111]	Y			
House	#	Street Address				Date [MM/DD/YYYY]	\$			
City			State	Zip Code		Date [MM/DD/YYYY]	\$			
Full Na	me of Contribu	ting				Date [MM/DD/YYYY]	\$			
Comm	ittee	-								
House	#	Street Address				Date [MM/DD/YYYY]	\$			
	1									
City	<u>_  </u>		State	Zip Code		Date [MM/DD/YYYY]	\$			
City			State	zip code		Date [IMIM/DD/1111]	>			
Full Na	me of Contribu	ting	i.			Date [MM/DD/YYYY]	•\$			
Comm	ittee									
	- 1									
House	#	Street Address				Date [MM/DD/YYYY]	\$			
City	I	L	State	Zip Code		Date [MM/DD/YYYY]	\$			
uny				Lib cocc		bute [mini/bb/1111]	Ť			
	me of Contribu	ting				Date [MM/DD/YYYY]	\$			
Commi	Itee									
House	#	Street Address				Date [MM/DD/YYYY]	\$			
City			State	Zip Code		Date [MM/DD/YYYY]	\$			
Full Na	me of Contribut	ling	· · · · ·			Date [MM/DD/YYYY]	\$			
Commi		- I								
House	#	Street Address			······	Date [MM/DD/YYYY]	\$			
			1							
City			State	Zip Code		Date [MM/DD/YYYY]	\$			
	me of Contribut	ing				Date [MM/DD/YYYY]	\$			
Commi	ttee									
House	¥ [ 1	Street Address		······		Date [MM/DD/YYYY]	\$			
							Ť			
City		t	State	Zip Code		Date [MM/DD/YYYY]	\$			

\$0

### PART B All Other Contributions

\$50.01 TO \$250

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

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

Filer Ide	Filer Identification Number: Michael Colon									
Fuli Na	me of Contributor			Date [MM/DD/YYYY]	\$					
House	# Stre	et Address		·····		Date [MM/DD/YYYY]	\$			
City		Stat	e Zip	Code		Date [MM/DD/YYYY]	\$			
Full Na	me of Contributor					Date [MM/DD/YYYY]	\$			
House	# Stre	et Address		- 1487 - <sup>2</sup> - 148 - 149 - 2014 - 2014		Date [MM/DD/YYYY]	\$			
City		State	z Zip	Code		Date [MM/DD/YYYY]	\$			
Full Na	me of Contributor					Date [MM/DD/YYYY]	\$			
House	# Stre	eet Address			Date [MM/DD/YYYY]	\$				
City	······································	State	Zip	Code		Date [MM/DD/YYYY]	\$			
Full Na	me of Contributor					Date [MM/DD/YYYY]	\$			
House	# Stre	et Address				Date [MM/DD/YYYY]	\$			
City		State	Zip	Code		Date [MM/DD/YYYY]	\$			
Full Nai	ne of Contributor					Date [MM/DD/YYYY]	\$			
House #	Stre	et Address				Date [MM/DD/YYYY]	\$			
City	-	State	Zip (	Code		Date [MM/DD/YYYY]	\$			
	ne of Contributor			· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY]	\$			
House #	Stre	et Address				Date [MM/DD/YYYY]	\$			
City		State	Zip C	Code		Date [MM/DD/YYYY]	\$			

\$0

## PART C Contributions Received From Political Committees

Over \$250.00

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

Filer Ide	Fler Identification Number: Michael Colon									
Full Na	ime of					Date [MM/DD/YYYY]	\$			
Contrii	buting Committee									
House	# S	treet Address				Date [MM/DD/YYYY]	\$			
City			State	Zip Code		Date [MM/DD/YYYY]	\$			
Full Na	me of					Date [MM/DD/YYYY]	\$			
Contrib	outing Committee	2					1			
House	# S	treet Address				Date [MM/DD/YYYY]	\$			
City			State	Zip Code		Date [MM/DD/YYYY]	\$			
Full Na	me of				· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	\$			
Contrib	outing Committee	2								
House	# S	treet Address				Date [MM/DD/YYYY]	\$			
City			State	Zip Code		Date [MM/DD/YYYY]	\$			
Full Na	me of					Date [MM/DD/YYYY]	\$			
Contrib	uting Committee									
House	# S	treet Address				Date [MM/DD/YYYY]	\$			
City	, <u> </u>	1	State	Zip Code	1	Date [MM/DD/YYYY]	\$			
Full Na	me of		•			Date [MM/DD/YYYY]	\$			
Contrib	uting Committee									
House #	‡   Si	reet Address				Date [MM/DD/YYYY]	\$			
City		I	State	Zip Code		Date [MM/DD/YYYY]	\$			
							Ť			
Fuil Nar						Date [MM/DD/YYYY]	\$			
Contrib	uting Committee									
House #	St	reet Address				Date [MM/DD/YYYY]	\$	·		
City	i	L	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: 1

Filer ider	ntification Numbe	" mish	14-21 (	nor loc					
Full Nan	ne of Contribute	or				Date [MM/[	DD/YYYY]	\$	
House #	S	itreet Address				Date [MM/0	<b>)D/YYYY]</b>	\$	
City						Date [MM/I	DD/YYYY]	- \$	
	Employer Name				•	Occupation			
	er Mailing Addr I Place of Busin								
Full Nam	ne of Contributo	or				Date [MM/D	D/YYYY]	\$	
House #	S	itreet Address				Date [MM/D	D/YYYY]	\$	
City		t	State	Zip Code		Date [MM/D	D/YYYY]	\$	
Employer Name					<u>L</u>	Occupation		_11_	
	Employer Mailing Address / Principal Place of Business								
Full Nam	e of Contributo	)r		1 II		Date [MM/D	D/YYYY]	\$	
House #	S	treet Address				Date [MM/D	D/YYYY]	\$	
City			State	Zip Code		Date [MM/D	d/yyyy]	\$	
Employe	r Name		<u> </u>	L	l	Occupation			
	r Mailing Addre Place of Busine								
Full Nam	e of Contributo	r				Date [MM/D	D/YYYY]	\$	
House #	St	reet Address				Date [MM/D	D/YYYY]	\$	
City	··· ··· ··· ··· ··· ··· ···	·····	State	Zip Code		Date [MM/D	D/YYYY]	\$	
Employer			I,			Occupation		LL	
	Mailing Addres					· · · · · · · · · · · · · · · · · · ·			

\$0

T

#### PART E

## **Other Receipts**

## REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

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

Filer Identification Number	michael	Color	١	
	1			
Full Name				
	treet Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		· · · · · · · · · · · · · · · · · · ·	<u></u>	lare, , , , , , , , , , , , , , , , , , ,
Full Name		······································		
House # 5	treet Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			<u>.</u>	1
Full Name				
House # Si	reet Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		<u> </u>	II	J
Full Name				
House # St	reet Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		- <b>I</b>		
Full Name				
	reet Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		•	ų	t
Full Name			<u> </u>	
House # Str	reet Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		· · · · · · · · · · · · · · · · · · ·	<u></u>	

\$0

## SCHEDULE II IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

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

Filer Identification Number: Michael Colo	/ ^^							
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50								
TOTAL for the reporting period (1)	\$							
2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)								
TOTAL for the reporting period (2)	\$ D							
3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM	/ PART G)							
TOTAL for the reporting period (3)	\$ 0							
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)	s D							

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

Filer (de	Filer Identification Number: Michael Colon									
Full Nar	ne of Contribu	itor					Date [MM/DD/YYYY]	\$		
House #	#	Street A	ddress				Date [MM/DD/YYYY]	\$		
City		L		State	Zip Code	1	Date [MM/DD/YYYY]	\$		
,										
Descrip	tion of Contrib	ution	<u> </u>	l	I	1	1			
Full Nan	ne of Contribu	itor					Date [MM/DD/YYYY]	\$		
House #	1	Street A	ddress				Date [MM/DD/YYYY]	\$		
City		I		State	Zip Code		Date [MM/DD/YYYY]	\$		
Descript	tion of Contrib	ution		l		1	_L	1 1		
Full May	ne of Contribu	4 m m 1					Deter Maha (pp hagad		_	
Full Nan	ne of Contribu	tor					Date [MM/DD/YYYY]	\$	Ì	
House #		Street A	ddress				Date [MM/DD/YYYY]	\$		
City	·			State	Zip Code	[	Date [MM/DD/YYYY]	\$		
Descript	ion of Contrib	ution								
Full Nam	ne of Contribu	tor					Date [MM/DD/YYYY]	\$		
House #	1						Date [MM/DD/YYYY]	\$		
110030 #		Street A	aaress				pare [ranat/pp/1111]	2		
Cin.				Carbo			Data famalina hauna			
City				State	Zip Code		Date [MM/DD/YYYY]	\$		
Descript	ion of Contribu	ution								
Ţ										
Full Nam	e of Contribut	tor					Date [MM/DD/YYYY]	\$		
House #		Street A	ddress				Date [MM/DD/YYYY]	\$		
						1				
City	II		l	State	Zip Code		Date [MM/DD/YYYY]	\$		
								·		
Descripti	on of Contribu	ution		I	l	I	L	I		
								da	Sut	
								\$ D		

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

Filer Ide	Filer Identification Number: Michael Colon									
Full Nar	me of Contribu	utor					Date (MM/DD	/үүүү]	\$	
House #	#	Street Address		· · · · · · · · · · · · · · · · · · ·			Date [MM/DD	/\\\\]	\$	
City		I	State		Zip Code	1	Date [MM/DD	/ / / / / / / / / / / / / / / / / / / /	\$	
Employ	er Name				L		Occupation			****
Employ	er Mailing Add	dress / Principal				<u>_</u>	Description			
	Business						of			
Cull Mar	ne of Contribu						Contribution	40000		
Full Mar	ne or contribu						Date [MM/DD	/****]	\$	
House #	¢	Street Address					Date [MM/DD	/YYYY]	\$	
		I				•				
City			State		Zip Code		Date [MM/DD	(1111)	\$	
								·		
Employe	er Name						Occupation			
	Employer Mailing Address / Principal						Description			
Place of	Business						of Contribution			
Full Nan	ne of Contribu	tor				-	Date [MM/DD/	/YYYY]	\$	
								-		
House #		Street Address					Date [MM/DD/	/	\$	
		Sti eet Audi ess								
City		L	State		Zip Code	T	Date [MM/DD/		\$	
Employe	Blomo						Occupation			
	er Mailing Add Business	ress / Principal					Description of			
	Dagintag						Contribution			
Full Nam	ne of Contribu	tor					Date [MM/DD/	ΥΥΥΥ]	\$	
House #	~	Street Address					Date [MM/DD/	YYYY]	\$	
									1	
City	Ll		State	1	Zip Code	T	Date [MM/DD/	YYYY]	\$	
Employe	r Name			l		L	Occupation		L	·····
Employe	r Mailing Add	ress / Principal					Description		· · · ·	
	Business	····					of			
							Contribution			

\$ D

# SCHEDULE III Statement of Expenditures

Filer Ide	Filer Identification Number: Michael Colón									
To Who	om Paid				Date [MM/DD/YYYY] \$					
House	#	Street Address			Description of Expenditure					
City			State	Zip Code						
To Who	om Paid				Date [MM/DD/YYYY] \$					
House	#	Street Address			Description of Expenditure					
City	_1		State	Zip Code						
To Who	om Paid				Date [MM/DD/YYYY] \$					
House	#	Street Address		<u> </u>	Description of Expenditure					
City			State	Zip Code						
To Who	om Paid				Date [MM/DD/YYYY] \$					
House	#	Street Address	· · ·		Description of Expenditure					
City			State	Zip Code						
To Who	om Paid				Date [MM/DD/YYYY] \$					
House	ŧ	Street Address			Description of Expenditure					
City		·····	State	Zip Code						
To Who	m Paid			•	Date [MM/DD/YYYY] \$					
House #	*	Street Address			Description of Expenditure					
City			State	Zip Code						
To Who	m Paid				Date [MM/DD/YYYY] \$					
House #		Street Address	· · · · · · · · · · · · · · · · · · ·		Description of Expenditure					
City		<u> </u>	State	Zip Code						
To Who	m Paid				Date [MM/DD/YYYY] \$					
House #		Street Address			Description of Expenditure					
City		· · · · · · · · · · · · · · · · · · ·	State	Zip Code						
					1 -					

\$ D

SCHEDULE IV Statement of Unpaid Debts

			e all unpaid deb	ts and obligatio	ns wh	ich are outstand	ling at the	end of	the reporting period.
Filer Ide	ntification Num	ther:	charl	Colien					
		·							
Name	of Creditor							Outs	tanding Balance of Debt
House	ŧ	Street Addres	s			DATE DEBT IN [MM/DD/		\$	E: 415
City				St	tate	Zip Code			
Descrip	tion of Debt								
Name o	f Creditor							Outs	tanding Balance of Debt
House #	t	Street Addres	S			DATE DEBT IN [MM/DD/		\$	
City	l		l	St	ate	Zip Code			
Describ	tion of Debt								
Name o	f Creditor					······		Outst	tanding Balance of Debt
House #		Street Address				DATE DEBT IN (MM/DD/)		\$	
City	_I	L		Sta	ate	Zlp Code			
Descript	ion of Debt			U	···· ·	I			
Name o	f Creditor			·				Outst	anding Balance of Debt
House #		Street Address				DATE DEBT IN [MM/DD/Y		\$	
City				Sta	ate	Zip Code			
Descript	ion of Debt								·
Name of	Creditor							Outst	anding Balance of Debt
House #		Street Address				DATE DEBT IN [MM/DD/Y		\$	
City				Sta	ate	Zip Code			
Descript	on of Debt					A	_1	I 9	
Name of	Creditor							Outsta	anding Balance of Debt
House #		Street Address				DATE DEBT INC [MM/DD/Y		\$	
City				Sta	ite	Zlp Code			
Descripti	on of Debt		ũ						

\$D



Reset Form Print Form

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

Filer Identification Number		Report F ( Mark X		ldate	Committee		Lobbyist
Name of Filing Committee Lobbyist	, Candidate or	Frie	nds of	f mich.	erl (	t-ulin	
Street Address		11 W	1. 2nd	Streat	Unit	277	
City 13	ath leher	de la companya de la	State	PA-	Zip Code	180/5	
Type of Report (Place x und							
1- 6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Fri Pre-Primary Pre-Prima	day 3-30 Day Pos ry Primary	4- 6 <sup>th</sup> Tue: Pre- Elect		13 (1587) (1587) (1588) (1588) (1	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
					X		
Date Of Election (MM/DD/YYYY)		Year	2017	Amendment Report		Termination Report	
Summary of Receipts and Expenditures	From Date		Date	Sifikansi Alexandra	For	Office Use Only	
A. Amount Brought Forwa	rd From Last Repor	t \$ L	179 84				
B. Total Monetary Contrib (From Schedule I)	utions and Receipt	\$ \$ 7	15.00	1			
C. Total Funds Available (Sum of Lines A and B)		\$ 5	104.84				
D. Total Expenditures (From Schedule III)		\$	68.00				
E. Ending Cash Balance (Subtract Line D from Line	C) Assessed and a second and a second and a second and a second a second a second a second a second a second a	\$ .	336.84	1			,
F. Value of In-Kind Contrib (From Schedule II)		\$	D				<b>₹</b>
G. Unpaid Debts and Obilg (From Schedule IV)	ations	č l	Ò				NNNSYLVANIA EAL brary Public ham pton County
Part 1- If this is a Committee A	oort transurar elen h	ere (f thielde		Section	200		L PL D PL D PL D PL D PL
art 1 in the le committee se	And A of a second line of \$11.51	of of the singline.	a waterene tebel t	and the second second second	44 11 24		

## SCHEDULE I Contributions and Receipts

Detailed Summary Page

Filer Identification Number Friends of Michael	Colón
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	
Total for the reporting period (1)	\$ 25.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	
Contributions Received from Political Committees (Part A)	\$ D
All Other Contributions (Part B)	\$ P
Total for the reporting period (2)	\$ <b>D</b>
3. Contributions Over \$250.00 (From Part C and Part D)	
Contributions Received from Political Committees (Part C)	\$ D
All Other Contributions (Part D)	\$ i
Total for the reporting period (3)	\$ D
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	-1. [
Total for the reporting period (4)	\$ Э
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)	\$ 27

## 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 Num	iber				
	Fri	ends	of michae	1 Colon	
					Amount
Full Name of Contrib	uting			Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$
nouse #	Sticet Address				
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contrib Committee	uting			Date [MM/DD/YYYY]	\$
Conmuttee					
House #	Street Address			Date [MM/DD/YYYY]	\$
City	_LL	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contribu	uting	I		Date [MM/DD/YYYY]	\$
Committee					-
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
8					
Full Name of Contribu	uting			Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$
City	_ll	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contribu	sting		I I		
Committee	rung			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	<u>}</u>	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contribu	Iting		L	Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
City		Jule	Lih Conc		~

\$ 7

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 Ide	ntification Number:	Frim	dz of	mia	charl c	n.lo-	
Full Na	ne of Contributor					Date [MM/DD/YYYY]	\$
House #	Str	eet Address			· · ·	Date [MM/DD/YYYY]	\$
City	20		State	Zip Code		Date [MM/DD/YYYY]	\$
Full Nar	ne of Contributor					Date [MM/DD/YYYY]	\$
House #	Str	eet Address			<u></u>	Date [MM/DD/YYYY]	\$
City			State	Zip Code		Date [MM/DD/YYYY]	\$
Full Nan	ne of Contributor					Date [MM/DD/YYYY]	\$
House #	Str	eet Address				Date [MM/DD/YYYY]	\$
City	, , L		State	Zip Code		Date [MM/DD/YYYY]	\$ 
Full Nan	ne of Contributor					Date [MM/DD/YYYY]	\$
House #	Str	eet Address	<u></u>		9797-89-1-8 -	Date [MM/DD/YYYY]	\$
City			State	Zip Code		Date [MM/DD/YYYY]	\$
Fuli Nam	e of Contributor					Date [MM/DD/YYYY]	\$
House #	Stre	et Address				Date [MM/DD/YYYY]	\$
City			State	Zip Code		Date [MM/DD/YYYY]	\$
	e of Contributor					Date [MM/DD/YYYY]	\$
House #	Stre	et Address				Date [MM/DD/YYYY]	\$
City	······		State	Zip Code		Date [MM/DD/YYYY]	\$

\$D

## 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 Id	entification Number	Frion	77	of	mid	yel Co	lén	
	ime of buting Committee						Date [MM/DD/YYYY]	\$
House	# S	treet Address					Date [MM/DD/YYYY]	\$
City			State		Zip Code		Date [MM/DD/YYYY]	\$ ä
Full Na Contri	ime of buting Committee						Date [MM/DD/YYYY]	\$
House	# Si	treet Address					Date [MM/DD/YYYY]	\$
City		, <b>k</b>	State		Zip Code		Date [MM/DD/YYYY]	\$
Full Na Contril	me of outing Committee						Date [MM/DD/YYYY]	\$
House	# 51	treet Address					Date [MM/DD/YYYY]	\$
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Full Na Contril	me of outing Committee						Date [MM/DD/YYYY]	\$
House	# St	reet Address					Date [MM/DD/YYYY]	\$
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Full Na Contrib	me of outing Committee						Date [MM/DD/YYYY]	\$
House	# 5t	reet Address					Date [MM/DD/YYYY]	\$
City			State		Zip Code		Date [MM/DD/YYYY]	\$ 5 X97 9
Full Na Contrib	me of uting Committee						Date [MM/DD/YYYY]	\$ 1
House	‡ Sti	reet Address			·····		Date [MM/DD/YYYY]	\$
City			State		Zip Code		Date [MM/DD/YYYY]	\$ 9

\$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 Ider	ntification Numb	ver: E.C.		As of mi	Jan 1	ר א	1		
			ang	AC DE INI	214-01	6010	247		
Euli Man	ne of Contribu	tar				Data INANA/D		1 ¢	
-Puir tear	ne or concrise	tor				Date [MM/D	וזיזיעט	\$	
House #	)	Street Address				Date [MM/D	D/YYYY]	\$	
								7	
City		L	State	Zip Code		Date [MM/D		\$	
City			51014	cip coue		Date fianal o		- "	
Employe	er Name		_ <u></u>	I I		Occupation			
Fmplove	er Mailing Add						l		
	I Place of Busi								
Full Nam	ne of Contribu	tor				Date [MM/D	D/YYYY]	\$	
					1	· · · · · · · · · · · · · · · · · · ·		1	Į
House #	· · · · · · · · · · · · · · · · · · ·					Data TRANA /D	- honor		
House #		Street Address	*			Date [MM/D	<b>Β/ΥΥΥΥΙ</b>	\$	
					1				
City		····· · ···· · ····	State	Zip Code		Date [MM/D	D/YYYY]	\$	
					[			1	
Employe	r Name		1	I		Occupation		-l	
Employe	r Mailing Add				<u>,                                     </u>				
	Place of Busir								
	e of Contribut					Date [MM/D	D/YYYY]	\$	
					1		· · · · · · · · · · · · · · · · · · ·	1	
House #		Courses & datument					hanan		
House #		Street Address			ŀ	Date [MM/D	D/ΥΥΥΥ]	\$	
City	·	I	State	Zip Code		Date [MM/D	D/YYYY]	\$	
								1	
Employe	r Name					Occupation		11	
Employe	r Malling Addr				l				
	Place of Busin								
	e of Contribut					Date [MM/DI	D/YYYY]	\$	
					F				
	r								
House #		Street Address			F	Date [MM/DI	D/YYYY]	\$	
City	<i>I</i>	I	State	Zip Code		Date [MM/DI	)/YYYY]	\$	
					F				
Employer	Name					Occupation			
						Occupation			
	Mailing Addro								
Principal	Place of Busin	ess							

\$0

PART E

## **Other Receipts**

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC. Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number	Friznds	of m	icharl de	bin
Full Name				
House # St	reet Address			
City	I	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		.I	I	
Full Name				
House # St	reet Address	<u> </u>		<u></u>
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		J,	I	I
Fuil Name				
House # Sti	eet Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		L	I	
Full Name			·····	
House # Str	eet Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		<u> </u>	L	
Full Name				
House # Str	eet Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		LI		·
Full Name				
House # Stre	eet Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		ttt-		

\$ 2

## 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	michael Colon
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$5	0.00 OR LESS PER CONTRIBUTOR
TOTAL for the reporting period (1)	S D
2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.	.00 (FROM PART F)
TOTAL for the reporting period (2)	\$ D
3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM	/ 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)	\$ D

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

		Friz	nds	of Mich	. zl Colón	
Full Nam	ne of Contribu	tor			Date [MM/DD/YYYY]	\$
House #		Street Address			Date [MM/DD/YYYY]	\$
City	1	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$
Descript	ion of Contrib	ution		I I		
Full Nam	ne of Contribu	tor			Date [MM/DD/YYYY]	\$
House #		Street Address			Date [MM/DD/YYYY]	\$
City		. <u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$
Descripti	ion of Contrib	ution		Ł		LL
Full Nam	ie of Contribu	tor			Date [MM/DD/YYYY]	\$
House #		Street Address			Date [MM/DD/YYYY]	\$
City	LL		State	Zip Code	Date [MM/DD/YYYY]	\$
	ion of Contribi					
Full Nam	e of Contribut	tor			Date [MM/DD/YYYY]	\$
House #		Street Address			Date [MM/DD/YYYY]	\$
City			State	Zip Code	Date [MM/DD/YYYY]	\$
Descriptio	on of Contribu	Ition				
Full Name	e of Contribut	or			Date [MM/DD/YYYY]	\$
House #	S	Street Address			Date [MM/DD/YYYY]	\$
City			State	Zip Code	Date [MM/DD/YYYY]	\$
Descriptio	on of Contribu	tion		•		

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

I TENAS DI MICHAEL COTORS	Filer Identification Number:	Friznds	oP	Michael	Colin	
---------------------------	------------------------------	---------	----	---------	-------	--

Full Na	ame of Contrib	utor				Date [MM/DD	/үүүү]	\$	
House	4			 ·		Data Internation	hand		
House	#	Street Address				Date [MM/DD	/ Y Y Y Y ]	\$	
City	1	- E	State	Zip Code	1	Date [MM/DD	//////	\$	
city			51000	Lip code		Date [Initial DD	, i i i j	1 2	
Employ	yer Name			 		Occupation	1		· · · · · · · · · · · · · · · · · · ·
			_	 			[		
		Idress / Principal	1			Description			
Place o	of Business					of			
				 		Contribution			
Full Na	me of Contrib	utor				Date [MM/DD	/	\$	
								1 1	
			_						
House	#	Street Address				Date [MM/DD,	(YYYY]	\$	
								1	
City			State	Zip Code		Date [MM/DD/	/YYYY]	\$	
								1 [	
				1	1				
Employ	yer Name					Occupation			
Employ	or Malling Ad	dress / Principal	-	 		Description		·····	
	of Business	uressy rinicipal				of			
Fiace U	n Dusiness					Contribution			
Full Na	me of Contribu	utor				Date [MM/DD/	<u> </u>	\$	
						1			
Hausa	и Г			 			hand		
House	#	Street Address		 		Date [MM/DD/	YYYY]	\$	
House #	#	Street Address		 		Date [MM/DD/	YYYY]	\$	3
	#	Street Address	State	 Zin Codo	T				j.
House f	#	Street Address	State	Zip Code		Date (MM/DD/		\$ \$	
	#	Street Address	State	Zip Code					
City		Street Address	State	Zip Code		Date [MM/DD/			
City	# ////////////////////////////////////	Street Address	State	Zip Code					
City Employ	/er Name	Street Address	State	Zip Code		Date [MM/DD/ Occupation			
City Employ Employ	/er Name		State	Zip Code		Date [MM/DD/			
City Employ Employ	/er Name /er Mailing Add		State	Zip Code		Date [MM/DD/ Occupation Description of			
City Employ Employ Place of	ver Name ver Mailing Add f Business	dress / Principal	State	Zip Code		Date [MM/DD/ Occupation Description of Contribution	YYYY]	\$	•
City Employ Employ Place of	/er Name /er Mailing Add	dress / Principal	State	Zip Code		Date [MM/DD/ Occupation Description of	YYYY]		•
City Employ Employ Place of	ver Name ver Mailing Add f Business	dress / Principal	State	Zip Code		Date [MM/DD/ Occupation Description of Contribution	YYYY]	\$	
City Employ Employ Place of Full Nar	rer Name rer Mailing Ado f Business me of Contribu	dress / Principal	State	Zip Code		Date [MM/DD/ Occupation Description of Contribution Date [MM/DD/	YYYY] YYYY]	\$	•
City Employ Employ Place of	rer Name rer Mailing Ado f Business me of Contribu	dress / Principal	State	Zip Code		Date [MM/DD/ Occupation Description of Contribution	YYYY] YYYY]	\$	•
City Employ Employ Place of Full Nar	rer Name rer Mailing Ado f Business me of Contribu	dress / Principal	State	Zip Code		Date [MM/DD/ Occupation Description of Contribution Date [MM/DD/	YYYY] YYYY]	\$	
City Employ Employ Place of Full Nar	rer Name rer Mailing Ado f Business me of Contribu	dress / Principal	State			Date [MM/DD/ Occupation Description of Contribution Date [MM/DD/ Date [MM/DD/	YYYY] YYYY]	\$	
City Employ Employ Place of Full Nar House #	rer Name rer Mailing Ado f Business me of Contribu	dress / Principal		Zip Code		Date [MM/DD/ Occupation Description of Contribution Date [MM/DD/	YYYY] YYYY]	\$	•
City Employ Employ Place of Full Narr House # City	rer Name rer Mailing Add f Business me of Contribu	dress / Principal				Date [MM/DD/ Occupation Description of Contribution Date [MM/DD/ Date [MM/DD/	YYYY] YYYY]	\$	,
City Employ Employ Place of Full Narr House # City	rer Name rer Mailing Ado f Business me of Contribu	dress / Principal				Date [MM/DD/ Occupation Description of Contribution Date [MM/DD/ Date [MM/DD/	YYYY] YYYY]	\$	,
City Employ Employ Place of Full Nar House # City Employe	rer Name rer Mailing Add f Business me of Contribu # er Name	dress / Principal Itor				Date [MM/DD/ Occupation Of Contribution Date [MM/DD/ Date [MM/DD/ Date [MM/DD/ Occupation	YYYY] YYYY]	\$	
City Employ Employ Place of Full Nar House # City Employe	rer Name rer Mailing Add f Business me of Contribu # er Name er Mailing Add	dress / Principal				Date [MM/DD/ Occupation Of Contribution Date [MM/DD/ Date [MM/DD/ Date [MM/DD/ Occupation Description	YYYY] YYYY]	\$	
City Employ Employ Place of Full Nar House # City Employe	rer Name rer Mailing Add f Business me of Contribu # er Name	dress / Principal Itor				Date [MM/DD/ Occupation Of Contribution Date [MM/DD/ Date [MM/DD/ Date [MM/DD/ Occupation	YYYY] YYYY]	\$	

\$0

Statement of Expenditures								
Flier Identification Number: Frichds of Michael Colon								
To Whom Paid PN2 House # Street Address	Sun K		Date [MM/DD/YYYY] \$ U  23/20/7 14.00 Description of Expenditure					
City	State	Zip Code	Bonk scruize Fee					
To Whom Paid PNとう House # Street Address	3 in K		Date [MM/DD/YYY] \$ D 2) 0] / 2517 14, 153 Description of Expenditure					
City	State	Zip Code	Bunk Sarvice Fee					
To Whom Paid PNZ Bank House # Street Address			Date [MM/DD/YYYY] \$ 03/v1 2017 14. 30 Description of Expenditure					
City	State	Zip Code	Bank Service Fee					
To Whom Paid PNL Bank. House # Street Address			Date [MM/DD/YYYY] \$ 34/28/2017 14.00 Description of Expenditure					
City	State	Zip Code	Bonk Service Fee					
To Whom Paid	BayK		Date [MM/DD/YYYY]     \$       D5     0(12±1)     14,05       Description of Expenditure     14,05					
House # Street Address City	State	Zip						
To Whom Paid	Bank	Code	Benk S=rvize F=Z Date [MM/DD/YYYY] \$ Db/v1/2017 14.000					
House # Street Address			Description of Expenditure					
City	State	Zip Code	Bunk service Fee					
To Whom Paid PNZ Bank			Date [MM/DD/YYYY] \$ D7/ 201/2017 14.00 Description of Expenditure					
House # Street Address City -	State	Zip	Description of Expenditure					
To Whom Paid	State	Code	Bank Stervice Fee					
House # Street Address			$\frac{5}{28}$ $\frac{14}{21}$ $\frac{14}{25}$ $\frac{14}{25}$ $\frac{14}{25}$					
City	State	Zip Code	Renk Service Fee					

SCHEDULE III

Statement of Expenditures								
Filer Ia	dentification I	Number: Fy)-	ends or	* Michael	Colon			
To Whom Paid PNZ Bank					Date [MM/DD/YYYY] \$ シークノクリンシレン リーク・ショー Description of Expenditure			
House	e #	Street Address		80 C	Description of Expenditure			
City			State	Zip Code	Bank Service Fee			
To WI	hom Paid	PNZ	Rank		Bent Service Fee Date [MM/DD/YYY] \$ 10702/2117 14.00 Description of Expenditure			
House	House # Street Address				Description of Expenditure			
City			State	Zip Code	Bank Sarvier Fee			
To WI	hom Pald	PNZ B.	to K		Date [MM/DD/YYYY] \$ 11/21/2017 14.00 Description of Expenditure			
House	•#	Street Address Description of Expenditure		Description of Expenditure				
City			State	Zip Code	Ball Service Fee			
To Whom Paid PNZ Bank			cnK		Date [MM/DD/YYYY] \$ 12/31/2217 14.50 Description of Expenditure			
House	*	Street Address			Description of Expenditure			
City			State	Zip Code	Bank Service Fee			
To Wh	iom Paid	0			Date [MM/DD/YYYY] \$			
House	#	Street Address			Description of Expenditure			
City			State	Zip Code				
To Wh	iom Paid				Date [MM/DD/YYYY] \$			
House		Street Address			Description of Expenditure			
City			State	Zip Code				
To Whom Paid		Date [MM/DD/YYYY] \$						
House	#	Street Address		Description of Expenditure				
City			State	Zip Code				
To Whom Paid			Date [MM/DD/YYYY] \$					
House	e # Street Address			Description of Expenditure				
City		· · · · · ·	State	Zip Code				

SCHEDULE III Statement of Expenditures

## 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.

	s section to iterinize an unpaid			ene of the reporting period.
Filer Identificatio	n Number: Frized.	s of mich	notos la	
· · · · ·				
Name of Credit	or			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	-
Description of D	Debt	III	Code	
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		\$	
		et Address DATE DEBT INCURRED [MM/DD/YYYY]		
City		State	Zip Code	
Description of D	Debt	- <del> </del>		-l. l
Name of Credito	pr			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
			·····	-
City	l	State	Zip Code	
Description of D	ebt	I I		
Name of Credito		· · · · · · · · · · · · · · · · · · ·		Outstanding Balance of Debt
House #	Street Address	et Address DATE DEBT INCURRED [MM/DD/YYYY]		\$
City		State	Zip Code	-
Description of D	ebt		tt	
Name of Credito	r		2	Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of De	ebt			
Name of Creditor			Outstanding Balance of Debt	
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of De	1	<u></u>		1l.

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