Reset Form

Print Form

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

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Filer Identificati Number				ort Filed I ark X)	By Candida		Committee		Lobbyist	
Name of Filing	Committee Ca	ndidate or					L.,	1		
Lobbyist	communes, Ca		IM	linh	(m) (olon				
Street Address			in	$1 \leq 1 \leq 1 \leq 1$		· · · ·	And 1			
City			1.7	DU	N Brow		Apt 4			
City	13-	chizle	m		State	ρA	Zip Code	18018		
Type of Report (
1- 6 th Tuesday				Tuesday	5- 2 nd Friday	6- 30 Day Post	7- Annual	Special 2 nd Friday	C	
Pre-Primary	2- 2 Friday Pre-Primary			Election	Pre-Election	· ·	7- Annual	Pre-Election	Special 30 Da Post-Election	
			[P				
Date Of Election			Year	r .	12 -	Amendment		Termination		-
(MM/DD/YYYY)		11/3/15			2015	Report		Report		
Summary of Rec	ceipts and	From Date		To Date			For	Office Use Only	L	
Expenditures	-	· · · ·						·····		
		10/20/15			3/15					
A. Amount Brou	-			U	Γ					
B. Total Moneta		ns and Receipts	\$	0						
(From Schedule C. Total Funds A			\$							
(Sum of Lines A				0						
D. Total Expendi			\$							
(From Schedule				0						
E. Ending Cash B			\$	2						
(Subtract Line D			_	0						
F. Value of In-Kin (From Schedule		ns keceived	\$	0						
G. Unpaid Debts		ns	\$							
(From Schedule			1	D					ă c	
					Affidavit Sec				HENDER UPPE	. 6
Part 1- If this is a Co	ommittee report	t, treasurer sign he	ere. If t	his is a Can	didate report, ca	ndidate sign here.			382	
										F
										ii.
										1.6.3
										ĺ
I swear (or affirm) t amended.	that to the best o	of my knowledge a	nd bel	ief this poli	itical committee l	has not violated any	provisions of t	he Act of June 3, 1937 (P.L. 1333, NO.320)) as
Grigindey,										
Sworn to and subsc	ribed before me	this								
day of		20		•						
			-			Signa	ature of Candid	ate	_	
	<u> </u>		-	1 ·					_	
S	ignature			. I		ŝ	Printed Name			
My Commission exp	oires		_							
	MO.	DAY YR.			A	rea Code	Dayti	me Telephone Number		

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)	\$	D
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)	\$	Ũ
Total for the reporting period (2)	\$	D
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	D
All Other Contributions (Part D)	\$	0
Total for the reporting period (3)	\$	0
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)	\$	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 Identification Number Michard Colon								
					Amount			
Full Name of	Contributing			Date [MM/DD/YYYY]	\$			
Committee								
House #	Street Address			Date [MM/DD/YYYY]	\$			
		<u> </u>						
City		State	Zip Code	Date [MM/DD/YYYY]	\$			
	Contributing			Date [MM/DD/YYYY]	\$			
Committee								
House #	Street Address			Date [MM/DD/YYYY]	\$			
City		State	Zip Code	Date [MM/DD/YYYY]	\$			
	Contributing			Date [MM/DD/YYYY]	\$			
Committee								
House #	Street Address			Date [MM/DD/YYYY]	\$			
City	I	State	Zip Code	Date [MM/DD/YYYY]	\$			
	Contributing			Date [MM/DD/YYYY]	\$			
Committee								
House #	Street Address			Date [MM/DD/YYYY]	\$			
City		State	Zip Code	Date [MM/DD/YYYY]	\$			
Full Name of Committee	Contributing			Date [MM/DD/YYYY]	\$			
committee								
House #	Street Address			Date [MM/DD/YYYY]	\$			
City		State	Zip Code	Date [MM/DD/YYYY]	\$			
Full Name of Committee	Contributing			Date [MM/DD/YYYY]	\$			
House #	Street Address			Date [MM/DD/YYYY]	\$			
			· · · · · · · · · · · · · · · · · · ·					
City		State	Zip Code	Date [MM/DD/YYYY]	\$			

Y

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: Mithaul Colon									
	· · · · · · · · · · · · · · · · · · ·								
Full Name of Contributor			Date [MM/DD/YYYY	\$					
House # Stro	eet Address		Date [MM/DD/YYYY]	\$					
City	State	Zip Code	Date [MM/DD/YYYY]	\$					
Full Name of Contributor			Date [MM/DD/YYYY]	\$					
House # Stro	eet Address		Date [MM/DD/YYYY]	\$					
City	State	Zip Code	Date [MM/DD/YYYY]	\$					
Full Name of Contributor			Date [MM/DD/YYYY]	\$					
House # Stro	eet Address		Date [MM/DD/YYYY]	\$					
City	State	Zip Code	Date [MM/DD/YYYY]	\$					
Full Name of Contributor			Date [MM/DD/YYYY]	\$					
House # Stre	eet Address		Date [MM/DD/YYYY]	\$					
City	State	Zip Code	Date [MM/DD/YYYY]	\$					
Full Name of Contributor			Date [MM/DD/YYYY]	\$					
House # Stre	eet Address		Date [MM/DD/YYYY]	- \$					
City	State	Zip Code	Date [MM/DD/YYYY]	\$					
Full Name of Contributor			Date [MM/DD/YYYY]	\$					
	et Address		Date [MM/DD/YYYY]	\$					
City	State	Zip 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 Identification Number: Michael (0100								
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$		
House #	Iouse # Street Address					\$		
City	<u> </u>	State	Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Commit	tee	/		······	Date [MM/DD/YYYY]	\$		
House #	Street Address				Date [MM/DD/YYYY]	\$		
City	1	State	Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Commit	tee				Date [MM/DD/YYYY]	S		
House #	House # Street Address				Date [MM/DD/YYYY]	\$		
City	· · ·	State	Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Commit	tee				Date [MM/DD/YYYY]	\$		
House #	Street Address	P.24			Date [MM/DD/YYYY]	\$		
City		State	Zip Code		Date [MM/DD/YYYY]	S		
Full Name of Contributing Commit	tee				Date [MM/DD/YYYY]	\$		
House #	Street Address				Date [MM/DD/YYYY]	\$		
City		State	Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Commit					Date [MM/DD/YYYY]	\$		
House #	Street Address				Date [MM/DD/YYYY]	\$		
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 I	Number: Mic	hard	Colon					
Full Name of Con	tributor			Date [MM/DD/YYYY]	\$			
House #	Street Address			Date [MM/DD/YYYY]	\$			
City		State	Zip Code	Date [MM/DD/YYYY]	\$			
Employer Name		<u> </u>		Occupation				
Employer Mailing Principal Place of								
Full Name of Cont		<u>,</u>		Date [MM/DD/YYYY]	\$			
House #	Street Address			Date [MM/DD/YYYY]	\$			
City	<u>_</u>	State	Zip Code	Date [MM/DD/YYYY]	\$			
Employer Name		<u> </u>		Occupation				
Employer Mailing Principal Place of	f Business							
Full Name of Cont	tributor			Date [MM/DD/YYYY]	\$			
House #	Street Address	19 2011 I.		Date [MM/DD/YYYY]	\$			
City		State	Zip Code	Date [MM/DD/YYYY]	\$			
Employer Name		<u></u>		Occupation				
Employer Mailing Principal Place of	Business							
Full Name of Cont	tributor			Date [MM/DD/YYYY]	\$			
House #	Street Address			Date [MM/DD/YYYY]	\$			
City	/	State	Zip Code	Date [MM/DD/YYYY]	\$			
Employer Name		L	<u></u>	Occupation				
Employer Mailing Principal Place of I				t				

\$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 Nu	imber: Micha-	7.) (0	lon						
Full Name									
House #	Street Address								
City		State	Zip Code	Date [MM/DD/YYYY] \$					
Receipt Descriptior	Receipt Description								
Full Name									
House #	Street Address								
City		State	Zip Code	Date [MM/DD/YYYY] \$					
Receipt Description	2		ł						
Full Name									
House #	Street Address								
City		State	Zip Code	Date [MM/DD/YYYY] \$					
Receipt Description)	<u> </u>							
Full Name			Example in Second in the						
House #	Street Address								
City		State	Zip Code	Date [MM/DD/YYYY] \$					
Receipt Description			t						
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			I						

\$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: Michael Color	μ <u>η</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$	50.00 OR LESS PER CONTRIBUTOR
TOTAL for the reporting period (1)	\$ D
2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250	D.00 (FROM PART F)
TOTAL for the reporting period (2)	\$ U
3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FRO	M 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

Filer Identification Number:	hard (, illon		
Full Name of Contributor			Date [MM/DD/YYYY]	[\$]
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address	(1. 25-68).	- 40-5-00 63 (T	Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution		I I		

\$0

SCHEDULE II Part G In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:								
Filer Identification Number: Michael Colón								
(505 Steve 44	A ML A MARKAN						
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					
Full Name of Contributor			Date [MM/DD/YYYY]	\$				
House # Street Address	10 J.		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					
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	· · · · · · · · · · · · · · · · · · ·				
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					

\$0

SCHEDULE III Statement of Expenditures

Filer Identification Number:	M	charl	Ĉo	lón	
					-

To Whom Paid		10-2-20		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		<u></u>		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	6			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	I I I I	State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City	<u>I</u>	State	Zip Code	
To Whom Paid		hanna an dhan an an		Date [MM/DD/YYYY] \$
House #	Street Address		12.17	Description of Expenditure
City		State	Zip Code	

\$0

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.

		Colón		
Name of Credit	tor			Outstanding Balance of Deb
louse #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of	Debt			
lame of Credit	or		· · · · · · · · · · · · · · · · · · ·	Outstanding Balance of Deb
louse #	Street Address	-	DATE DEBT INCURRED [MM/DD/YYYY]	\$
lity		State	Zip Code	
escription of l	Debt			
lame of Credit	or			Outstanding Balance of Deb
louse #	Street Address	-	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of I	Share Shar			
Name of Credit	or			Outstanding Balance of Deb
louse #	Street Address	-	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of I	Debt			
lame of Credit	or			Outstanding Balance of Deb
louse #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
Lity		State	Zip Code	
Description of E	Jebt			
ame of Credit	or			Outstanding Balance of Deb
louse #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
				1 1

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Commonwealth of Pennsylvania - Campaign Finance Report

		(NOTE	e: Inis	і гер	port mus	tDe	clear and	a legible.	. it shou	ild be typed	Contraction of the second				
Filer Identification Number					ort Filed E rk X)	bý -	Candida	te		Committee		R	Lobi	oyist	
Name of Filing Co	ommittee, Ca	andidate or		E.	<u>^`</u>)		1 V	n · . '	harl	01	,			
Lobbyist Street Address					121	2	S O	-, ⁻			001	61			
					W.	21	1 5	t. L	2nit	377					
City	Br	the	net	n			State	PA		Zip Code	180	015			
Type of Report (Pl	lace x under	report type)					-								
1- 6 th Tuesday 2 Pre-Primary P	2- 2 nd Friday Pre-Primary	3- 30 Day f Primary		-	Tuesday lection		nd Friday - Election	6- 30 Da Election	•	7- Annual	Special 2 Pre-Elect	•		ial 30 -Electi	
								X]						
Date Of Election (MM/DD/YYYY)		11/3/1	15	(ear		2	015	Amend Report			Terminat Report	tion			
Summary of Rece	ipts and	From Date		T	To Date	2				For	Office Use	Only			
Expenditures		10/201	115-	-	11/2	23	/15								12 - 70/72
A. Amount Broug				\$	1172	- 8	44								
B. Total Monetary (From Schedule I)		ons and Rece	eipts	\$	0			- 398							
C. Total Funds Ava (Sum of Lines A a				\$	17	1.	84								
D. Total Expendit (From Schedule II	ures			\$	14	U	$\overline{\upsilon}$								
E. Ending Cash Ba	lance			\$	10	C	011								
(Subtract Line D fi F. Value of In-Kine		ons Pacaivas	4	\$	μ,	<u>ð</u> .	87								
(From Schedule II		UIIS NECEIVEL			D									Ą	<u>c</u>
G. Unpaid Debts a	and Obligati	ons		\$	~	10 - 10 - S								My Cou	Ърек –
(From Schedule I)	V)				0			l <u></u>							Jennie R. Repsher, Notary Pu Upper Nazareth Twp.,
Part 1- If this is a Co	mmittee repo	ort, treasurer s	ign here	e. lf t	his is a Ca		Affidavit Se e report, ca		gn here.						
I swear (or affirm) th										lge and belief to	rue, correct	and comple	te.		Notarial Seal Repsher, Notary Pu h Twp.,
								- Town		E C					larial Seal Scher, No Vp.,
															Nota
															ĨΥΡ
ME WERE															
															blic
I swear (or affirm) th	hat to the bes	t of my knowle	ldga on	d bet	rechiston)	Ricalf	tonin them	in not via	lated an	PROVISIONE AL		1.7.) as Q
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														D16	Notarial Seal
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SCHEDULE I Contributions and Receipts

Detailed Summary Page

	-										
Filer Identification Number Frizhds of Michazl Colon											
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor											
Total for the reporting period (1)	\$	0									
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)	\$	4									
Total for the reporting period (2)	\$	U									
3. Contributions Over \$250.00 (From Part C and Part D)											
Contributions Received from Political Committees (Part C)	\$	'n									
All Other Contributions (Part D)	\$	0									
Total for the reporting period (3)	\$	U									
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)	\$	0									
	-	and the second se									

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 Ide	Filer Identification Number Friends of Michael Colon							
							Amount	
Full Na	me of Contribu	ting				Date [MM/DD/YYYY]	\$	
Committee								
House	#	Street Address				Date [MM/DD/YYYY]	\$	
City		I	State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Na Commi	me of Contribu ttee	ting				Date [MM/DD/YYYY]	\$	
House	#	Street Address				Date [MM/DD/YYYY]	\$	
City		I	State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Na Commi	me of Contribu ttee	ting				Date [MM/DD/YYYY]	\$	
House	#	Street Address				Date [MM/DD/YYYY]	\$	
City		I	State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Na Commi	me of Contribu ttee	ting				Date [MM/DD/YYYY]	\$	
House	#	Street Address				Date [MM/DD/YYYY]	\$	
City			State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Nai Commi	me of Contribut ttee	ting				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

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: Frighds of Michael Colon

Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Addres	SS		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Addres	ss		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Addre	55		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Addres	ss		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Addres	55		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Addres	5		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
		1.1.2			

\$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 identification Number: Fritudes of Michael Colon								
		Contraction of the second						
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	\$			
House #	Street Addre	ss		Date [MM/DD/YYYY]	\$			
City		State	Zip Code	Date [MM/DD/YYYY]	\$			
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	\$			
House #	Street Addre	55		Date [MM/DD/YYYY]	\$			
City		State	Zip Code	Date [MM/DD/YYYY]	\$			
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	\$			
House #	Street Addre	ss	Date [MM/DD/YYYY]	\$				
City		State	Zip Code	Date [MM/DD/YYYY]	\$			
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	\$			
House #	Street Addres	55		Date [MM/DD/YYYY]	\$			
City		State	Zip Code	Date [MM/DD/YYYY]	\$			
Full Name of Contributing Cor	nmittee			Date [MM/DD/YYYY]	\$			
House #	Street Addres	35		Date [MM/DD/YYYY]	\$			
City		State	Zip Code	Date [MM/DD/YYYY]	\$			
Full Name of Contributing Cor	nmittee	10000		Date [MM/DD/YYYY]	\$			
House #	Street Addres	s		Date [MM/DD/YYYY]	\$			
City		State	Zip Code	Date [MM/DD/YYYY]	\$			
1		-						

\$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.

	and the second s	a second second second second	tions from political commit	And a second	
Filer Identificatio	on Number: Friz	nds	of Michar	el Colón	
Full Name of Co	Contributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Maili Principal Place					
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name	ie			Occupation	
Employer Mailin Principal Place o	of Business				
Full Name of Co	and the second se			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name		10 million		Occupation	
Employer Mailin Principal Place o			····		
Full Name of Co	and the second s			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name	3			Occupation	13
Employer Mailin Principal Place of					

\$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: Frin	unds of	Michar	Colon
				a a second
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	ion			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	ion			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	ion			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	ion			
Fuli Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	ion			
Fuli Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	ion	L		

\$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:	rizhds a	of Mic	harl	Colón	
1. UNITEMIZED IN-KIND CONTI					
TOTAL for the reporting period	(1)	\$			
2. IN-KIND CONTRIBUTIONS RE	CEIVED-VALUE OF \$50.	01 TO \$250.00 (FRO	M PART F)		
TOTAL for the reporting period	(2)	\$	D		
3. IN-KIND CONTRIBUTION REC	EIVED-VALUE OVER \$2	50.00 (FROM PART (G)		
TOTAL for the reporting period	(3)	\$	Д		
TOTAL VALUE OF IN-KIND CONTRIBUT PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F)		1.1	Ü		

SCHEDULE II PART F In-Kind Contributions Received

VALUE	OF \$50.0	D1 TO \$250
-------	-----------	-------------

Filer Identification	n Number: Fr	ends	of Mich.	ard Colon	
	store we what the			and the second	
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address	s		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of C	Contribution				
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address	s		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of C	Contribution				
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address	s		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Co	ontribution	State -			
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address	s		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Co	ontribution				
Full Name of Cor	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address	5		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Co	ontribution				

\$0

SCHEDULE II Part G In-Kind Contributions Received

VALUE	OVER	\$250
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Filer Identification	on Number: Fri	thds_	of Micha	zl Colon	
Full Name of C	ontributor	16 X.111		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Nam	e			Occupation	
Employer Mail Place of Busine	ing Address / Principal ess			Description of Contribution	
Full Name of C	ontributor		And a second	Date [MM/DD/YYYY]	\$
House #	Street Address		1. ((hora, 10, etc.))	Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Nam	e			Occupation	1 A A
Employer Maili Place of Busine	ing Address / Principal Iss			Description of Contribution	
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name	e. Ali Sectoria			Occupation	
Employer Maili Place of Busine	ng Address / Principał ss			Description of Contribution	
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	565.[047254]	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Mailin Place of Busines	ng Address / Principal ss			Description of Contribution	

\$0

SCHEDULE III				
Statement of	Expenditures			

Filer Identificatio	n Number: Fr	izhas	of Mich	and Colon
To Whom Paid		Bank		Date [MM/DD/YYYY] \$ 14.00
House #	Street Address			Description of Expenditure
City		State	Zip Code	Bank Service Unge
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 #	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 #	Street Address		- YEAR BOUR PIC	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] \$
louse #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid		MERCE CLASSE		Date [MM/DD/YYYY] \$
louse #	Street Address			Description of Expenditure
City		State	Zip Code	

\$14

SCHEDULE IV Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identificatio	on Number: Frizuda	of Mil	hael Colo	์ ท
Name of Credit	tor			Outstanding Balance of Deb
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of	Debt			
lame of Credit	tor			Outstanding Balance of Deb
louse #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	-
Description of	Debt			
lame of Credit	or		*****	Outstanding Balance of Deb
louse #	Street Address	-	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	All sector and an all sector and all sectors are all sectors and all sectors are all sectors and all sectors are all sectors a	State	Zip Code	
Description of I				
lame of Credit				Outstanding Balance of Deb
louse #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
lity		State	Zip Code	
escription of [Debt			
lame of Credit	or			Outstanding Balance of Debt
louse #	Street Address	-	DATE DEBT INCURRED [MM/DD/YYYY]	\$
ity		State	Zip Code	
Description of D	Debt			
ame of Credit	or			Outstanding Balance of Debt
ouse #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
ity		State	Zip Code	- 23
Description of D	ebt			

\$0