

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

Filer Identification		Report Filed	By Candi	na legible.	It sho		The second secon		
Number Name of Filing Committee	Candidata	(Mark X)	Calidi	uate	$ \chi $	Committe	e	Lobbyist	T
Lobbyist	Candidate or	Micha-	cl Co	1 .52		L			
Street Address			1. BYOU						
City R			State		14				
Type of Report (Place x und	ethlehym		State	PA		Zip Code	18018		
1-6th Tuesday 2 and 5:11	er report type)						177		
1- 6 th Tuesday 2- 2 nd Frid Pre-Primary Pre-Primar	ay 3- 30 Day Post Y Primary	4- 6 th Tuesday Pre- Election			Post	7- Annual	Special 2 nd Frida	y Special 30 t	Jav
		rie-Election	Pre- Election	Election			Pre-Election	Post-Electic	ou Sala
Date Of Election	X							+	
(MM/DD/YYYY)	5/19/15	Year	0	Amendme	nt		Termination	<u> </u>	
Summary of Receipts and			2015	Report			Report		
Expenditures	From Date	To Date				For (Office Use Only		
	5/4/15	167	8/15						
A. Amount Brought Forward	From Last Report	\$ 1	115	 					
B. Total Monetary Contribut	ons and Receipts	\$ 0							
(From Schedule I) C. Total Funds Available									
(Sum of Lines A and B)		\$ 0							
D. Total Expenditures (From Schedule III)		\$ //.							
E. Ending Cash Balance		160.	w						
Subtract Line D from Line C		\$ - /60	. vv						
F. Value of In-Kind Contribution From Schedule II)	ons Received	\$ D							
5. Unpaid Debts and Obligation	ons	\$ 0							
From Schedule IV)		0							
			Affidavit Sect	ion .					
				44,62	2 4			¥ - 5	
rt II- If this is a report of a Candid wear (or affirm) that to the best of	ate's Authorized Com	mittee, candidat	e shall sign base			U_N_U		크로	
wear (or affirm) that to the best or ended.	f my knowledge and b	elief this politica	I committee has	not violated a	ny prov	visions of the A	Act of lune 2 1037 (n	है र	
orn to and subscribed before me							.e. o. June 3, 1937 (P	.L. 1333, (10.330).	-
	tnis								
day of	20	. 1							
				Sig	nature	of Candidate		-	
Signature		. 1			Printe	ed Name		-	
Commission expires									
MO. [DAY YR.		Area	Code		Davtime T	elephone Number	-	
						~~~~!!!!!!			

### SCHEDULE I

# **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number Mithaul Colon		
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1)	\$	Ď
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)	\$	Ð
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)	\$	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)	\$	ρ
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 Identili	cation Number	1 Mich	ael Col	ón		
						Amount
Full Name Committee	of Contributing			Date [MM	/DD/YYYY] \$	
House #	Street	Address		Date [MN	/DD/YYYY] \$	
City		State	Zip Code	Date [MM	/DD/YYYY] \$	
Full Name	of Contributing			Date [MM	/DD/YYYY]   \$	
Committee					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\
House #	Street	Address		Date [MM	/DD/YYYY/ \$	
City		State	Zip Code	Date [MM	/DD/YY/Y] \$	
Full Name of Committee	of Contributing			Date [MM	/DD/YYYY] \$	
House #	Street	Address		Date [MM	/DD/YYYY] \$	\
City		State	Zip Code	Date [MM,	/DD/YYYY] \$	
	f Contributing			Date [MM,	/DIP/YYYY] \$	
Committee House #	Street	Address		Date [MM)	/DD/YYYY] \$	
City						
City		State	Zip Code	Date [MM/	DD/YYYY] \$	
Full Name o Committee	f Contributing			Date [MM/	DD/Y(YY) \$	
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 A	Address		Date [MM/	DD/YYYY] \$	
City		State	Zip Code	Date [MM/	DD/YYYY] \$	

#### PART B

# **All Other Contributions**

\$50.01 TO \$250

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

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

Filer Identification	Number:	Michan	1 Colón		
Full Name of Cor				Date [MM/DD/YYYY]	\$
		· · · · · · · · · · · · · · · · · · ·	~~~		10
House #	Street Addre	55		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Cor	tributor	26.00	3.03(6),35 (Cut	Date [MM/DD/YYYY]	\$
House #	Street Addres	ss		Date [MM/DD/YYYY]/	\$
City		State	Zip Code	Date [MM/DD/YY/Y]	(\$   A3   A3
Full Name of Con	tributor			Date [MM/DD/YYYY]	\$
House #	Street Addres	is.		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Con	tributor	CAPPING.	Salarino e de care	Date [MM/DD/YYYY]	\$
House #	Street Addres	s	-17-11	Date [MM/DD/YYYY]	\$
City	Secretary and	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Con	tributor	WASHIAND.	2000年起之份4年。	Date [MM/DD/YYYY]	\$
House #	Street Address	\$		Date [MM/DD/YYYY]	\$
City	China Marie And	State	Zip Code	Date [MM/DD/YXYY]	\$
Full Name of Cont	ributor	五新 125	######################################	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
1620		200	Michigan Co.		Maria Maria

#### 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: M	charl	Colon		
Full Name of Contributing Co				Date [MM/DD/YYYY]	\$ · · ·
House #	Street Addres	5		Date [MM/DD/YYYY]	\$
City	and real for	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	mmittee	.246/20.70	#F-6130002018/5022	Date [MM/DD/YYYY]	\$
House #	Street Addres	S		Date [MM/DD/YYYY]	\$
City	й , в	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	mmittee	199-529 -5 -5	0.0000000000000000000000000000000000000	Date [MM/DD/YYYY]	\$
House #	Street Addres	S		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date MM/DD/YYYY]	\$
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	\$
House #	Street Address	5		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	\$
House #	Street Address	5		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/BD/YYYY]	\$ $\overline{\mathcal{I}}$
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	\$ 
House #	Street Address			Date [MM/DD/YYYY]	\$ 
City	1 40.8 / 2005, US 14	State	Zip Code	Date [MM/DD/YYYY]	\$

#### PART D

## **All Other Contributions**

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer Identification Number:

Filer Identification	Number:	icharl	Colón	
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$
House #	Street Address	is		Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
Employer Mailin Principal Place o			and the second s	
Full Name of Co	Market Committee of the			Date [MM/DD/YYYY] \$
House #	Street Address	S	<u> </u>	Date [MM/DD/Y/YY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
Employer Mailin Principal Place o				
Full Name of Co	Charles of the same of the sam			Date [MM/DD/YYYY] \$
House #	Street Address	s		Date [MM/DD/YYYY] \$
City	1 East Notes	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Mala			Occupation
Employer Mailin Principal Place o				4400ang 200 (d
Full Name of Cor	ntributor			Date [MM/\u0/YYYY] \$
House #	Street Address	5		Date [MM/DD/YYYY] \$
City	1	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
Employer Mailin Principal Place o			TOTAL	

#### 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	n Number:	hazl Colo	ท	
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descrip	otion			
Full Name	eligi seki			
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] /\$
Receipt Descrip	tion	·	1	
Full Name				
House #	Street Address			
City	345 2	State	Zip Code	Date [MM/DD//YYYY] \$
Receipt Descrip	tion	580,621	5655480H	1 200
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descrip	tion	Po congrigati	YOURSE MORNIES	1
Full Name				
House #	Street Address		<del></del>	
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descrip	tion	1 0.1000,000	no, convict	
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descrip	tion			

#### 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:	chael Co	olón		
	INITIONS DESCRIVED VA	UE OF ÉFO ÓO OP LES	S DED CONTRIBUTION	
UNITEMIZED IN-KIND CONTR  TOTAL for the reporting period	(1)	\$	S PER CONTRIBUTOR	
TOTAL TO THE TEPOTONIS PETIOD	*/			
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.0	1 TO \$250.00 (FROM F	PART F)	
TOTAL for the reporting period	(2)	\$		
3. IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$250	0.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$	3, 5m² + 54   Sour Personal State & South State 2000	
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals for on Page 1, Report Cover Page, Item F)		1 ' 1		

# SCHEDULE II PART F

# **In-Kind Contributions Received**

			VALUE OF \$50.01 TO	\$250	
Filer Identification	on Number:	hazl	Colón		
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of	Contribution				$\overline{}$
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$	
House #	Street Address	A STATE OF THE STA		Date [MM/DD/YYY/]  \$	
City		State	Zip Code	Date [MM/DD//YYY] \$	
Description of	Contribution				
Full Name of Co	ontributor			Date [MM/PD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	ASSISTS	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of	Contribution	films			
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$	
House #	Street Address		100	Date [MM/DD/YYYY] \$	
City	.#34	State	Zip Code	Date [MM/DD/YYY] \$	$/\!\!\!\!/$
Description of	Contribution		- Son I		
Full Name of Co	ontributor	The state of the s		Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	

**Description of Contribution** 

#### SCHEDULE II Part G

# **In-Kind Contributions Received**

		VALUE OVER \$250	)	
Filer Identification Number:	lichael	Lolón		
Full Name of Contributor			Date [MM/DD/YYYY]	79 I \$ 1 12 3
House # Street Addi	ress		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	
Employer Name			Occupation	
Employer Mailing Address / Princi Place of Business	pal		Description of Contribution	
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Addre	ess		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date/[MM/DD/YYYY]	\$
Employer Name	marks.	705 05 40	Occupation	120
Employer Mailing Address / Princi Place of Business	pal		Description of Contribution	
Full Name of Contributor	9 100.20		Pate [MM/DD/YYYY]	\$
House # Street Addre	ess		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name			Occupation	
Employer Mailing Address / Princip Place of Business	pal		Description of Contribution	
Full Name of Contributor	-		Date [MM/DD/YYYY]	5
House # Street Addre	ess		Date [MM/DD/YYYY]	5
City	State	Zip Code	Date [MM/DD/YYYY]	5
Employer Name			Occupation	
Employer Mailing Address / Princip Place of Business	pal		Description of	

Contribution

# SCHEDULE III Statement of Expenditures

nichael	Colon	

To Whom Paid	1:74:	of Bathla	10~ 200	Clark's	Date [MM/DD/YYYY] 5/12/23	\$ 80.00
House #	Street Address	E. Church	77	017,00	Description of Expend	
City R	1, 1-chim	State PA	Zip Code	1000	F: 1.0	-1 / 1 5. /
	17 /2 /rum	17	Code	18010	111455 104M	+ LLM /ths
To Whom Paid	Northurster	County Water	Ruit	ration	Final Armonia Date [MM/DD/YYY]  5/11/2015  Description of Expendit	\$ 80.00
House # 1570	Street Address	Wolf Ar	رو		Description of Expendit	ture
City Eus	iton	State PA	Zip Code	18042	Finanza Rz	Pur Lon Fees
To Whom Paid					Date [MM/DD/YYYY]	\$
House #	Street Address				Description of Expendit	ture
City		State	Zip Code		· · · · · · · · · · · · · · · · · · ·	
To Whom Paid		antigraha Sire	Plant accounts		Date [MM/DD/YYYY]	\$ 7
House #	Street Address				Description of Expendit	ture
City		State	Zip Code			
To Whom Paid		3 38 28 3	Summer of her call		Date [MM/DD/YYYY]	\$
House #	Street Address				Description of Expendit	ure
City		State	Zip		36.5 E. S.	
			Code			
To Whom Paid					Date [MM/DD/YYYY]	\$
House #	Street Address				Description of Expendit	ure
City		State	Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$
House #	Street Address				Description of Expendit	ure
City	· 2004年19日本学年20日	State	Zip Code			
To Whom Paid			the said said (244)		Date [MM/DD/YYYY]	\$
House #	Street Address				Description of Expendit	ure
Clare		Canan	T Wins 1			
City		State	Zip Code			

\$160,00

### SCHEDULE IV

# **Statement of Unpaid Debts**

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

Filer Identification Number:	Michael	Colon	

Name of Credit	or			Outstanding Balance of Debt
House #	Street Address	9.60	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of [	Debt			
Name of Credit	or			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	<i> </i>
City		State	Zip Code	/
Description of E	Debt		/	
Name of Credit	or			Outstanding Balance of Debt
House #	Street Address	100	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of C	Debt			
Name of Credit	or			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of L	Debt			
Name of Credit	or	···		Outstanding Balance of Debt
House #	Street Address	8	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	60 102	State	Zip Code	
Description of I	Debt	, , , , , , , , , , , , , , , , , , ,		
Name of Credit	or			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of I	Colet (SCING)	16.76.24.31.36.4	Des absolutes and the Park	



# Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification		We look	Report Filed E	By Candida	ite	Committee		Lobbyist	
Number Name of Filing Comm	nittee, Car	ndidate or	( Mark X)	) 1			114		
Lobbyist			Frigne	15 of	Micha-	cl Col	lon		
Street Address	·		11 W 2	nd St.	Unit.	377	<b>,</b>		
City	Bet	blehen	<b>1</b>	State	14	Žip Code	18015		
Type of Report (Place									
1-6 th Tuesday 2- 2 Pre-Primary Pre-	2 nd Friday Primary	3- 30 Day Post Primary	4- 6th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 D Post-Election	- 1
- Inching the	· · · · · · · · · · · · · · · · · · ·		The Election		[	+			
Date Of Election		<del>                                    </del>	Year		Amendment		Tamaia a		
(MM/DD/YYYY)		5/19/2013	_	2015	Report		Termination Report		
Summary of Receipt	s and	From Date	To Date			For	Office Use Only		
Expenditures		5/4/15	16/	\$ 115					1
A. Amount Brought i	Forward F	rom Last Repor		5 1 7 0					
B. Total Monetary Co	ontributio	ns and Receipts	\$ 1,1	50.70					
(From Schedule I) C. Total Funds Availa	ble		1,5	50.00					
(Sum of Lines A and	В)		6.7	00,70					
D. Total Expenditure (From Schedule III)	<b>!</b> S		15 6. LI	83.86					
E. Ending Cash Balan (Subtract Line D from			\$ 7	11 04					
F. Value of In-Kind C		ons Received	5 7	10.001					
(From Schedule II) G. Unpaid Debts and	Obligatio	Was .	\$ 5						
(From Schedule IV)	Obligatio	nia	10						
Part 1- If this is a Comm	nittee repor	t. treasurer sign h	ere. If this is a Car	Affidavit Se				9 3	<u> </u>
I swear (or affirm) that	this report,	including the atta					rue, correct and comple	te.	N N
Sworn to and subscribe	d before m	e this				TWW.			E E
									Notarial Se Rensher A
									- C 1
									al Introv. Duchtic
amended.			- 19		departed violence a	D MARKETINI PENIE	Management and the second of the		as
S									
									3
THE STATE									L d
Melecular								IATO	Notadal Seal er, No
	1655 - 2011 -		0.5 886	100			2.50	SOCIAL NOTES	T Seal
San an inches					-			FOR TOP	AN AN
								0F ₹	Normal Seal er, Normary Public
								Northampton County Sires Nov. 27, 2016 SSOCIATION OF NOTARIES	5

#### SCHEDULE I

# **Contributions and Receipts**

**Detailed Summary Page** 

Colón
250
150
1,150
1,300
•
U
U
٥
0
1,550

#### 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	ntification Number	Fri	th.	65 0	of W	lichar	1 Colon		
4 14 T				100					Amount
Full Na	me of Contributing						Date [MM/DD/YYYY]	\$	
Commi	_	Fri-	en d	50	f Bus	Donchiz	5/11/15		150.00
House	* 377 Str	eet Address	D-		1) 5	D /	Date [MM/DD/YYYY]	\$	
	211		V	oon	Shirz	UY			
City	Bath/	chem	State	PA	Zip Code	Donihaz Dr 18017	Date [MM/DD/YYYY]	\$	
Full Na	me of Contributing						Date [MM/DD/YYYY]	\$	
Commi	ttee								
House	# Str	eet Address					Date [MM/DD/YYYY]	\$	
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Na	me of Contributing			<u> </u>	L		Date [MM/DD/YYYY]	\$	
Commi	_								
House	# Str	eet Address					Date [MM/DD/YYYY]	\$	
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
			<u> </u>						
Full Na	me of Contributing						Date [MM/DD/YYYY]	\$	
Commi									
House	\$ Str	eet Address					Date [MM/DD/YYYY]	\$	
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
								1	
Full Na	ne of Contributing		-l		<u> </u>		Date [MM/DD/YYYY]	\$	
Commi	-								!
House i	\$ Stri	eet Address	<del></del>				Date [MM/DD/YYYY]	\$	
		cet Address							
City		l	State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Na	ne of Contributing						Date [MM/DD/YYYY]	\$	
Commi									
House !	Str	et Address					Date [MM/DD/YYYY]	\$	
City	<u> </u>		State		Zip Code		Date [MM/DD/YYYY]	\$	
[			L						

\$150.00

#### 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.)

Fr. 72 ] ( of my), -1 ( o) .

Filer Identification Number:

**Full Name of Contributor** 

House #

City

Street Address

I I VI ON CS DO ITTO CHACT C	olun		
Full Name of Contributor	Date [MM/DD/YYYY]	\$	
May Stahlin- Sarev +2	5/5/2015		100 00
House # Street Address	Date [MM/DD/YYYY]	\$	
3166 Apollo Drive		207	
City Bathlaham State PA Zip Code 18017	Date [MM/DD/YYYY]	\$ 12.4	
Full Name of Contributor	Date [MM/DD/YYYY]	\$	/ 1-0
John + Kim Anderson	5/8/15	8	100.00
House # 3804 Street Address Hully Oak Dy	Daté [MM/DD/YYYY]	\$	
	D	Ů.	[ 
City Fayz truilz State NC Zip Code 28314	Date [MM/DD/YYYY]	\$	
Full Name of Contributor	Date [MM/DD/YYYY]	\$	n
Devin Derrico	5/9/15		200.00
House # 512 Street Address W. Union BLUD	Date [MM/DD/YYYY]	\$	
City State Zin Code	Date [MM/DD/YYYY]	Ś	
Buthliham PA 18018			
Full Name of Contributor	Date [MM/DD/YYYY]	\$	12.
Pedro + Luzy Ramos	5/4/15	\$5	30000
House # 1916 Street Address Prach Trzz Lane	Dave [MM/DD/YYYY]	5	
City Bethlehan State PA Zip Code 18015	Date [MM/DD/YYYY]	\$	
Full Name of Contributor	Date [MM/DD/YYYY]	\$	0-
Ryan Smith	5/4/15	95	250.00
House # 11640 Street Address Charzz Boylz Pl	Date (MM//DD/YYYY)	\$	
AREA (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (1971) (197		42%	

Juho enersuile 12 State Zip Code

\$1,050.00

Date [MM/DD/YYYY]

Date [MM/DD/YYYY]

Date [MM/DD/YYYY] \$

#### PART B

# **All Other Contributions**

\$50.01 TO \$250

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

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

Filer Identification Number:	Frim dz	of Min	charl Col	ุ่ บท
Full Name of Contributor	ng=1 /	10.1	Date [MM/DD/YYY	
House # Street Add	Iress	" LIA	5/21/2×1	vi s
18012	Prairie	Wolf Gla	h	
City Parish	State F	Wolf Gle Wolf Gle Zip Code 34	Date [MM/DD/YYY	<u>vj</u> \$
Full Name of Contributor			Date [MM/DD/YYYY	v] \$
				20
House # Street Add	Iress		Date [MM/DD/YYYY	1 \$
City	State	Zip Code	Date [MM/DD/YYYY	1 \$
Full Name of Contributor	Pales		Date [MM/DD/YYYY	n is
Pull Name of Continuotor			Date [MM/DD/1111	' <u>'</u>
House # Street Add	Iress		Date [MM/DD/YYYY	1 \$
City	State	Zip Code	Date [MM/DD/YYYY	1 \$
Full Name of Contributor			Date [MM/DD/YYYY	1 \$
House # Street Add	ress		Date [MM/DD/YYYY	1 \$
City	State	Zip Code	Date [MM/DD/YYYY	1 \$
Full Name of Contributor	ather days to	and the second second	Date [MM/DD/YYYY	1 \$
House # Street Addi	ress		Date [MM/DD/YYYY	1 \$
City	State	Zip Code	Date [MM/DD/YYYY	1 \$
Full Name of Contributor	3023	1-11-11-11	Date [MM/DD/YYYY	1 \$
project with				
House # Street Addr	ress		Date [MM/DD/YYYY	1 5
City	State	Zip Code	Date [MM/DD/YYYY	1 \$
STATE OF THE STATE	200			36 m

\$ 100,00

#### 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 N	F	riends	of Mich	hazl Colon		
Full Name of	0.00 × 10.40			Date [MM/DD/YYYY]	9 5	
Contributing Com	mittee				200 A	:
House #	Street Address			Date [MM/DD/YYYY]	\$	
	STATE THEY					
City	=371((171(12=3)X)	State	Zip Code	Date [MM/DD/YYYY]	\$	$\leftarrow$
		44-4				+
Full Name of	7.2			Date [MM/DD/YYYY]	\$	
Contributing Com	mittee					
House #	Street Address			Date [MM/DD/YYYY]	\$	
					/-	
City		State	Zip Code	Date [MM/DD/YYYY]	\$ /	
dicated		action.	Add to the second			
Full Name of				Date [MM/DD/YYYY]	4	
Contributing Com	mittee					
House #	Street Address			Date [MM/DD/YYYY]	\$	
MALO TO						
City		State	Zip Code	Date [MM/DD/YYYY]	<b>[ \$</b> ]	1
经基础基		#Sixting	A STATE OF THE STA	Date [MM/DD/YYYY]		$\dashv$
Full Name of Contributing Com	mittee			Date [MM/DD/1111]		
				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [telled DO] 1111]	-	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [www/DD/1111]		
Fuil Name of		Las ecodado	06068/1655ac(6/3004)	Date [MM/DD/YYYY]	\$	
Contributing Com	mittee					
House #	Street Address			Date [MM/DD/YYYY]	\\$	
					7	
City	1,4 1,000 7,100,100,100	State	Zip Code	Date [MM/DD/YYYY]	3	+
Full Name of	52015			Date [MM/DD/YYYY]	\$	$\Box$
Contributing Com	mittee					
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	100 100 100	State	Zip Code	Date [MM/DD/YYYY]	\$	
			RAZIO			
		S1015216	APPLICATION OF THE PARTY OF THE		136-134	- 1

#### 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)

				Date [MM/DD/YYYY] \$
ull Name of C	ontributor			Date [wiw/DD/TTTT] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Nam	ne			Occupation
Employer Mail Principal Place				
Full Name of C	ontributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Nam	ne		Occupation	
Employer Mai Principal Place				
Full Name of C	Contributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YY/Y] \$
City		State	Zip Code	Date [MM/DD/YYY] \$
Employer Nan	10	efe 1		Occupation
Employer Mai Principal Place	ling Address /			Ching and policy cultivation
Full Name of C				Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
8113				Occupation

#### **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: **Full Name** Street Address House # Date [MM/DD/YYYY] City State Zip Code Receipt Description **Full Name** House # Street Address Date [MM/DD/YYYY] \$ City State Zip Code **Receipt Description Full Name** House # Street Address Date [MM/D/YYYY] City State Zip Code Receipt Description Full Name House # Street Address State Zip Date [MM/DD/YYYY] City Code **Receipt Description Full Name** House # Street Address Date [MM/DD/YYYY] State Zip City Code **Receipt Description Full Name** House # Street Address Date [MM/DD/YXYY] City State Zip Code 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: F(, ZIN & D &	Michael Colon
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50	0.00 OR LESS PER CONTRIBUTOR
TOTAL for the reporting period (1)	\$ 0
2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.	00 (FROM PART F)
TOTAL for the reporting period (2)	\$ 0
3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM	1 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)	5

#### SCHEDULE II PART F

# **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer Identification	n Number: Friz	inds	of Mich	nael Colon	
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
					2
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of C	Contribution	20			/
Full Name of Co	entributor	***		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/Y/YY]	\$
City	_a= 80- 300* =	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of C	Contribution				
Full Name of Co	entributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	200000000000000000000000000000000000000	State	Zip Code	Date [NM/DD/YYYY]	\$
Description of C	Contribution	8			
Full Name of Co	entributor			Date [MM/DD/YYYY]	\$
House #	Street Address	<u></u>		Date [MM/DD/YYYY]	\$
City	1.55 No. 110	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of C	Contribution	1000			
Full Name of Co	entributor			Date [MM/DD/YYYX]	5
House #	Street Address			Date [MM/DD/YYYY]	\$
City	488.28	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of C	Contribution				=

# SCHEDULE II

Part G

## **In-Kind Contributions Received**

		VALUE OVER \$250	
Filer Identification Number:	Friends	of Mir	harl Colón
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		100 (M) 20	Occupation
Employer Mailing Address / Place of Business	rincipal	Description of Contribution	
Full Name of Contributor			Date [MM/DD/YYYY] / \$
House # Street A	ddress		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YY/YY] \$
Employer Name	À COLOR	College College College	Occupation
Employer Mailing Address / P Place of Business	rincipal		Description of Contribution
Full Name of Contributor			Date [MM/ØD/YYYY] \$
House # Street A	ddress		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			Description of Contribution
Full Name of Contributor	CROSS TO A REAL PROPERTY.	Date [MM/DD/YYYY] \$	

Zip Code

House #

City

**Employer Name** 

Place of Business

**Employer Mailing Address / Principal** 

Street Address

State

Date [MM/DD/YYY]

Date [MM/DD/YYYY]

Occupation

Description

Contribution

of

# SCHEDULE III Statement of Expenditures

					كنفي ويسودون
Filer Identification Number:	Friend	s of	Michael	1 Colon	

				,	
To Whom Paid	1/22.7	7-11-2	Local 2599	Date [MM/DD/YYYY]	\$ 100,00
House #	Street Address -	- 1 )	10661 2377	Description of Expendi	36,769
House # 53	Street Address E	Elzhigh	Street		
City Bet	hlzhan	State PA	Zip Code 18018	Hall Noutel	For Zumpenh Na 111/
To Whom Paid	R	. 0	,- ,, a	Date [MM/DD/YYYY]	\$
	Dathlah	em Busines	7 Forms, LLC	Description of Expendit	1442.49
House # 1928	Street Address	Union BL	ンD	Description of Expendit	
City All-	ntown	State PA	7in	Mailing Servi	ers + Postere
To Whom Paid	Du 1	) . 1/		Date [MM/DD/YYYY]	\$ 2.00
Street Ac		oin K		Description of Expendit	363.0
House #	Street Address			Description of Expendit	
City		State	Zip Code	Servicz	Charge
To Whom Paid	1 D	)) / :		Date [MM/DD/YYYY]	\$ 0
	(0 Da	224-Con	1	6/4/15	10.59
House #	Street Address	l		Description of Expendit	ure
City		State	Zip Code	Webcil	anfaigh TEEC
To Whom Paid		30638/953		Date [MM/DD/YYYY]	
	Brthleh	un Business	Forms, LLC	6/6/15	2986.02
House # 1918	Street Address	Union BL	UD	Description of Expendit	ure
City	intown	State PA	Zip Code 18109	Compaign Flyers,	sishs, Sulfans
To Whom Paid	Bal	1 /		Date [MM/DD/YYYY]	\$ 1 (11) 7)
	Dathla	ham Bush	2)3 Furm, LLC	Description of Expendit	
House # 191.8	Street Address	Inion Bl	UD	· 为是我们的国际对抗。	
City	entown	State PA	Zip Code /8)09	Confash Ada	whising + posteg.
To Whom Paid				Date [MM/DD/YYYY]	\$
House #	Street Address			Description of Expendit	ure
City					
		State	Zip Code		
To Whom Paid		State		Date [MM/DD/YYYY]	[ <b>5</b> ]
	Street Address	State		Date [MM/DD/YYYY]  Description of Expendit	
To Whom Paid	Street Address	State			

### SCHEDULE IV

# **Statement of Unpaid Debts**

	is Section to itemize all unpaid del	ots and obligations which	are outstanding at the	ena of the reporting period.
Filer Identification	on Number:	1 m.)	1 10 1	
1	trichas	of Mich	azl Colon	
Name of Credi	tor			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	\$
			[MM/DD/YYYY]	
City	C. CALLE	State	Zip	
	3,5at-1		Code	
Description of	Debt			
Name of Credi	tor			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	
12			[MM/DD/YYYY]	
1 (%)	1867			- F
City		State	Zip /	85 E
			Code /	26,
Description of	Debt		/	
STATE STATE	Amin All And			<u>.</u>
Name of Credit	or			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	\$
louse #	Street Address		[MM/DD/YYYY]	1 / 1
				181
City	ASABOVE STAND	State *	Zip	- 1
-ity		100	Code	
Description of	Debt			
Name of Credit	tor		1	Outstanding Balance of Debt
House #	Street Address	100	DATE DEBT INCURRED	\$
			[MM/DD/YYYY]	
City		State	Zip	20
18974		TRITINI	Code	(32)
Description of	Debt			
	2/07/8/05/18/		<del></del>	To a diameter of Date
Name of Credit	or		\	Outstanding Balance of Debt
House #	Street Address	191	DATE DEBT INCURRED	\$
		3.0	[MM/DD/YYYY]	·
121115				
City		State	Zip	
	278-X513	10 ² x ¹²	Code	4354
Description of	Debt			
				Daniel St.
Name of Credit	OF			Outstanding Balance of Debt
louse # Street Address		I light	DATE DEBT INCURRED	\$
	777		[MM/DD/YYYY]	7 ZA
	435			<b>53</b>
City	7000 PA	State	Zip	
		100	Code	0.2

Description of Debt