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

Number	Report Filed (Mark X)	By Candida	ite	Committee		Lobbyist
Name of Filing Committee, Candidate	or 10 1	1 /) /	L		
Lobbyist Street Address	Mich	22 (olon	1		
Charles and the Control of the Contr		N. Bros	id st.	Apt 4	- 1920	_
City Bethle	hem	State	PA	Zip Code	18018	
Type of Report (Place x under report typ	oe)					
1-6 th Tuesday 2- 2 nd Friday 3-30 Da Pre-Primary Pre-Primary Primary		Pre- Election	6- 30 Day Post Election	7- Annuai	Special 2 ^{MF} Friday Pre-Election	Special 30 Day Post-Election
Date Of Election (MM/DD/YYYY) 11/3/7	v15 Year	2015	Amendment Report		Termination Report	
Summary of Receipts and From Di Expenditures 6 6 A. Amount Brought Forward From Last	115 10	119/15		For	Office Use Only	
B. Total Monetary Contributions and Re		7				
(From Schedule I) C. Total Funds Available (Sum of Lines A and B)	\$	j j	8			
D. Total Expenditures (From Schedule III)	\$	0				
E. Ending Cash Balance (Subtract Line D from Line C) ⁽²⁾ F. Value of in-Kind Contributions Receiv	s s	0				
(From Schedule II). G. Unpaid Debts and Obligations		D				
(From Schedule IV)	6 £ 4000	D				
Part 1- If this is a Committee report, treasurer	reinn hann if this is a Com	Affidavit Sec	tion			
swear (or affirm) that to the best of my know mended.	ledge and belief this polit	tical committee h	as not violated any	provisions of th	e Act of June 3, 1937 (P	.L. 1333, NO.320) as
mended.	ledge and belief this poli	tical committee h	as not violated any (provisions of th	e Act of June 3, 1937 (P	.L. 1333, NO.320) as
mended.	redge and belief this polit	tical committee h		provisions of th		.L. 1333, NO.320) as
swear (or affirm) that to the best of my know amended. Sworn to and subscribed before me this 20/3 Signature	redge and belief this political	tical committee h	Signa			.L. 1333, NO.320) as

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	Michael Colon	
The second secon		

	_	
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1	H	\$
	l	
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)		\$ D
Total for the reporting period (2))	5 0
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	1	\$ 0
All Other Contributions (Part D)	1	\$ 0
Total for the reporting period (3)	1	\$ 0
4. Other Receipts-Refunds, interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	1	\$ 3
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)	П,	\$ 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 ide	Filer Identification Number Michael Colon								
									Amount
Full Na	me of Contributing						Date [MM/DD/YYYY]	\$	
Commi			7072 W		785-10			1	
House	# Stre	et Address					Date [MM/DD/YYYY]	\$	
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$		
House	Stre	et Address					Date [MM/DD/YYYY]	\$	
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Nar Commi							Date [MM/DD/YYYY]	\$	
House f	Stree	et Address					Date [MM/DD/YYYY]	\$	
City		-	State		Zip Code		Date [MM/DD/YYYY]	\$	
Commit					E-2000		Date [MM/DD/YYYY]	\$	
House #	Stree	et Address					Date [MM/DD/YYYY]	\$	
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$		
House #	Stree	t Address					Date [MM/DD/YYYY]	\$	
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Commit							Date [MM/DD/YYYY]	\$	
House #	Stree	t Address					Date [MM/DD/YYYY]	\$	
City			State		Zip Code		Date [MM/DD/YYYY]	\$	



PART B

All Other Contributions

\$50.01 TO \$250

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

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

Filer identification Number:	lichar	1 Colon		
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address	s		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor	1.25.8	Date [MM/DD/YYYY]	\$	
House # Street Address	5		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor		A 2 02/04	Date [MM/DD/YYYY]	5
House # Street Address	\$	Marine Ma	Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor	478	1	Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor	1797531	-214-21 4-2-301-24	Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor	1 100 2	35000	Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$



PART C

Contributions Received From Political Committees

Over \$250.00

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

Filer Identification Number:	chael	Colon		
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$
House # Street Address		424	Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee		Date [MM/DD/YYYY]	\$	
House # Street Address		Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee			Date [MM/DD/YYYY]	
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	- s
Full Name of Contributing Committee		Date [MM/DD/YYYY]	\$	
House # Street Address		110 - 00 110 ac	Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$
House # Street Address		A September 1	Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	54
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$
House # Street Address	VVV	7 11 12 12 12 12 12 12 12 12 12 12 12 12	Date [MM/DD/YYYY]	\$
City	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: M1.	hael C	olon			
CONTROL OF THE PARTY OF THE PAR	1000				
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		-0	6080000		
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	Employer Name		Occupation		
Employer Mailing Address / Principal Place of Business			Tara managara		
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	3283		Occupation		
Employer Mailing Address / Principal Place of Business		——————————————————————————————————————	Manager Cer 2 1		
Full Name of Contributor			Date [MM/DD/YYYY]	\$	
House # Street Address			Date [MM/DD/YYYY]	5	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name			Occupation		
Employer Mailing Address / Principal Place of Business					



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	mber: Mich	ael Col	ĎΝ.	
Full Name				
House #	Street Address			
City	i i	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name	高速			
House #	Street Address			***************************************
City	A de la companya de l	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	169639 26979 43439		MARKET MA	
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		(2487.7)	17009554	131
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			ASSESS NO.	
Full Name				
House #	Street Address			7.00
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
The state of the s	A STATE OF THE PARTY OF THE PAR			

\$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 Colo	n
UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$5	0.00 OR LESS PER CONTRIBUTOR
TOTAL for the reporting period (1)	\$ D
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	M 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)	\$ 0

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Full Name of Contributor			Date [MM/DD/YYYY]	\$
		Date [mm/DJ/111]		
House # Street Addres	ss	Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution	Tarabi			
Full Name of Contributor	26.0		Date [MM/DD/YYYY]	\$
House # Street Addres	s		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution		100000000000000000000000000000000000000		(3)
Full Name of Contributor	- V		Date [MM/DD/YYYY]	\$
House # Street Address	5		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution	HARES	- 252 245432		2
Full Name of Contributor	405105		Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution		542 6		4X
Full Name of Contributor	52 saf 9		Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution				M4



SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	Michael	Colón	
		00.011	

				
Full Name of Contributor			Date [MM/DD/YYYY]	\$
				M.
House # Street Ac	idress		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name			Occupation	
Employer Mailing Address / Prin Place of Business	ncipal		Description of Contribution	
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Ad	dress		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name			Occupation	158
Employer Mailing Address / Prin Place of Business	cipal		Description of Contribution	
Full Name of Contributor		<u> </u>	Date [MM/DD/YYYY]	\$
House # Street Add	iress		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name			Occupation	55
Employer Mailing Address / Prin Place of Business	cipal		Description of Contribution	
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Add	ress		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name	W. P.		Occupation	
Employer Mailing Address / Prine Place of Business	cipal		Description of Contribution	1

80

Statement of Expenditures

Filer Identification Number:	Michael	(2) 20	
	11000	1000	

To Whom Paid	11.2	Silver State		Date [MM/DD/YYYY] \$
				Sate listed/DD/11111
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid	4.8			Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip Code	10050481810055
To Whom Paid			7,000	Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City	7	State	Zip Code	5 7 SaSt 19 74 H 2
To Whom Paid	34			Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City	2987-2943 (103.04)	State	Zip Code	distribution of the contract
To Whom Paid	13			Date [MM/DD/YYYY] \$
House #	Street Address	2		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	The state of the s
o Whom Paid	7			Date [MM/DD/YYYY] \$
louse #	Street Address			Description of Expenditure
ity	Line and the same of the same	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.

Filer Identification Number:

	or			Outstanding Balance of De
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of C	Debt			
Name of Credite	OF HIS SERVICE			Outstanding Balance of Del
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	179
Description of D	ebt			
Name of Credito	or .			Outstanding Balance of Deb
louse #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	3
City		State	Zip Code	
Description of D	ebt			
Name of Credito	er .			Outstanding Balance of Deb
louse #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
ity		State	Zip Code	
escription of D	eDt			•
ame of Credito	r			Outstanding Balance of Debt
louse #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
ity		State	Zip Code	65
escription of De	ebt			
ame of Credito				Outstanding Balance of Debt
	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	5
ouse #	F-70 25 37 3			

Print Form

Commonwealth of Pennsylvania - Campaign Finance Report

Filer Identification	n	(Hotel 1	Report Filed		d legible. It sho	Committee		Lobbyist
Number Name of Filing Co	mmittee C	adidata sa	(Mark X)					2007136
Lobbyist Street Address	липисее, Са	indigate of	Friang		nichae	1 000	n	
City				1/2 St.	Unit 3	377		
		thlehe	h	State	PA	Zip Code	18015	
Type of Report (P	-		× .					
1- 6 th Tuesday 7 Pre-Primary 1	!- 2 nd Friday Pre-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 ^{ne} Friday Pre-Election	Special 30 Day Post-Election
Date Of Election (MM/DD/YYYY)		[] N/3/2015	Year	2015	Amendment Report		Termination Report	
Summary of Rece Expenditures	ipts and	From Date	To Dat	1 1		For C	Office Use Only	
A. Amount Broug	ht Forward F	rom Last Report	1 1 / / / /	19/15				-
B. Total Monetary (From Schedule !)	Main and a	ns and Receipts	\$					
C. Total Funds Ava (Sum of Lines A ar D. Total Expendit	nd B)		\$ 216	. 84				
From Schedule III E. Ending Cash Bal) ance		\$ 40	1.00				
Subtract Line D fr F. Value of In-Kind From Schedule II)	Contribution	ns Received	\$ 72	54				
3. Unpaid Debts a From Schedule IV	nd Obligation	MEN SECTION	\$	$\frac{2}{2}$				
Part 1- if this is a Con	nmittee report	. treasurer sign he	re, if this is a Can	Affidavit Sect	didata clas bass			
4 -40 14	Ablamart I	ocluding the attac	hed schedules on	paper, is to the b	est of my knowledg	e and belief true	e, correct and complete	e. ·
art II- if this is a repo								
			at his negative		violated any	ancentalis en est	Potentini (III) (de ser e o cença	35

SCHEDULE 1

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	is of Michae	1 Colon
1.Unitemized Contributions and Receipts-\$50.00	or Less per Contributor	
.00	Total for the reporting period (1) \$	\mathcal{O}
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committee	s (Part A) \$	D
All Other Contributions (Part B)	ė	

\$

0

Ü

0

Total for the reporting period

Total for the reporting period

Total for the reporting period

3. Contributions Over \$250.00 (From Part C and Part D)

Contributions Received from Political Committees (Part C)

4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)

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

All Other Contributions (Part D)

Cover Page, Item B)

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 I	Fr.	iends	of Ki	hichae	1 Colon		
						Amount	
Full Name of Cont Committee						\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Cont Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Cont Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State	Zip Code		Date [MM/DD/YYYY]	\$	
Fuil Name of Control Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contr Committee				-	Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State	Zip Code		Date [MM/DD/YYYY]	\$	



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:				
Fr.	iznds	of Mich	nael Colón	
Full Name of Contributor		** **********	Date [MM/DD/YYYY]	T\$ T
			Sate (MIM/SS/1111)	
louse # Street Addre	ss		Date [MM/DD/YYYY]	\$
ity	State	Zip Code	Date [MM/DD/YYYY]	\$
uli Name of Contributor	p254.25	Date [MM/DD/YYYY]	\$	
Ouse # Street Addres	ss	<u> </u>	Date [MM/DD/YYYY]	\$
ity	State	Zip Code	Date [MM/DD/YYYY]	\$
ull Name of Contributor		Date [MM/DD/YYYY]	\$	
ouse # Street Addres	st SS		Date [MM/DD/YYYY]	<u> </u>
ity	State	Zip Code	Date [MM/DD/YYYY]	
ull Name of Contributor	25.60	96 TE (\$22)	Date [MM/DD/YYYY]	\$
ouse # Street Addres	S		Date [MM/DD/YYYY]	5
ty	State	Zip Code	Date [MM/DD/YYYY]	\$
II Name of Contributor	172/793	USV 出版記録を2.7	Date [MM/DD/YYYY]	\$
ouse # Street Address		****	Date [MM/DD/YYYY]	\$1
Y	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor			Date [MM/DD/YYYY]	\$
ouse # Street Address	•		Date [MM/DD/YYYY]	\$
ty	State	Zip Code	Date [MM/DD/YYYY]	\$



PART C

Contributions Received From Political Committees

Over \$250.00

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

Piter Identification Number:	rends	of Mich	ael Colon	
Full Name of Contributing Committee	S	***	Date [MM/DD/YYYY]	\$
House # Street Add	ress		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$
House # Street Add	ress		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	<u> </u>
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$
House # Street Add	ess	1 V 9 V	Date [MM/DD/YYYY]	\$ 1
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$
House # Street Addr	ess		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee			Date [MM/DD/YYYY]	5
House # Street Addr	253		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$
House # Street Addre			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
N. 1912	SPIT	344530		2



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:	-hds	of Michae	1 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	10° 10°	Albani Insac	Occupation	
Employer Mailing Address / Principal Place of Business			新元司公司 2 · 1	
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		10 mm	Occupation	
Employer Mailing Address / Principal Place of Business				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Address		The same of the sa	Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name	A STEVE	- Ac-36 - 27 - 474	Occupation	
Employer Mailing Address / Principal Place of Business			60-920380503-0081	
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		* 1575	Occupation	
Employer Mailing Address / Principal Place of Business			and take out I make	



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	Fris	ends of	Micha	ael Colon	
Full Name	420033				
House #	Street Address				
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Receipt Descrip	ption	L	1.87.1		
Full Name	144.2				
House #	Street Address				***************************************
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Receipt Descrip	otion				
Full Name	199				* *
House #	Street Address			·	1
City	100	State	Zip Code	Date [MM/DD/YYYY] \$	
Receipt Descrip	ition	2,46,48	. # <u># 100 % %</u>		
Full Name					
House #	Street Address				
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Receipt Descrip	tion	/20187	Laborect		L
full Name					
House #	Street Address	**************************************			
City	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	State	Zip Code	Date [MM/DD/YYYY] \$	
Receipt Descript	tion				
uli Name	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
louse#	Street Address				
lity	La (Graf)	State	Zip Code	Date [MM/DD/YYYY] \$	
leceipt Descript	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:	riends	of Mic	hael Colon	
UNITEMIZED IN-KIND CONTRI	BUTIONS RECEIVED-VAL	UE OF \$50.00 OR LESS	S PER CONTRIBUTOR	da -6.5
TOTAL for the reporting period	(1)	\$	0	
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.01	. TO \$250.00 (FROM P	ART F)	
TOTAL for the reporting period	(2)	\$	U	
3. IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$250	.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$	0	
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals from Page 1, Report Cover Page, Item F)		*	0	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	Friends	of mi	charl Coló	n
Full Name of Contributor			Date [MM/DD/YYYY]	\$
			Date [MINI/DD/1111]	
House # Street Ad	ldress		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution				
Full Name of Contributor	5公益的三年的		Date [MM/DD/YYYY]	\$
House # Street Ad	dress		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution		1200		
Full Name of Contributor	1000000000		Date [MM/DD/YYYY]	\$
House # Street Add	dress		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution		2 3050c2c1		200
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Add	dress	· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution		27-98-9-20-48-0-1	(F)	拉得
Full Name of Contributor			Date [MM/DD/YYYY]	5
House # Street Add	iress		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution				<u> </u>



SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	T I	(1 0 1)	4 1 /
	Friendso	F Michael	Colon

Full Name of Co	entributor			Date [MM/DD/YYYY]	\$
House #	Street Addre	ss		Date [MM/DD/YYYY]	\$
City	City St		Zip Code	Date [MM/DD/YYYY]	5
Employer Name		4		Occupation	
Employer Mailin Place of Busines	ng Address / Principa is	1		Description of Contribution	
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	5
Employer Name		OTY,		Occupation	
Employer Mailin Place of Busines	ig Address / Principa s		-	Description of Contribution	19.11
Full Name of Co	ntributor			Date [MM/DD/YYYY]	14.9 14.9
House #	Street Address		-1915.	Date [MM/DD/YYYY]	5
City	1 000 000000	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	107-72		Occupation	
Employer Mailin Place of Business	g Address / Principal i	777 777 15. 7		Description of Contribution	
Full Name of Cor	tributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
mployer Name				Occupation	
Employer Mailing Place of Business	g Address / Principal	7.4		Description of Contribution	

Statement of Expenditures

3,77	F	riends	of Mich	nael Colón
To Whom Pai	PNZ	Bunk		Date [MM/DD/YYYY] \$ 2.00
City	Street Addres	State	Zip Code	Bink Servez Chirge
To Whom Paid	PNC	Bank	code	Date [MM/DD/YYYY] \$ 14.50 Description of Expenditure
House #	Street Address	State	75	
- 8.6		State	Zip Code	Bak Service Charge
To Whom Paid	PNC Street Address	Bank		Date [MM/DD/YYYY] \$ 141. 00 Description of Expenditure
City		State	Zip Code	Bank Saviz Chare
To Whom Paid	PNC	Bank		Bak S-vicz Chare Date [MM/DD/YYY] \$ 14. 00
	Street Address			Description of Expenditure
City		State	Zip Code	Bank Savice Charge
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	
ro Whom Paid				Date [MM/DD/YYYY] \$
louse #	Street Address		· · · · · · · · · · · · · · · · · · ·	Description of Expenditure
City		State	Zip Code	The Second Section of Section 1997 and
o Whom Paid	d.			Date [MM/DD/YYYY] \$
iouse #	Street Address	70.		Description of Expenditure
lity	3 1872-116	State	Zip Code	

\$44

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.

*# 0 mg 5 % 12	Friends	of Micha	el Colon	
Name of Cred	itor			Outstanding Balance of Deb
louse #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
lity	100 A 100 A	State	Zip Code	
escription of	Debt			
lame of Credi	tor			Outstanding Balance of Debi
louse #	Street Address	\$		
İty		State	Zip Code	
escription of				
ame of Credit	tor			Outstanding Balance of Debt
ouse #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
ity		State	Zip Code	25 10 20 20 20
escription of I				
ame of Credit				Outstanding Balance of Debt
ouse#	Street Address	\$5 0	DATE DEBT INCURRED [MM/DD/YYYY]	\$
ty escription of C) abt	State	Zip Code	- 75 53 53
me of Credit	ór			Outstanding Balance of Debt
ouse #	Street Address	and the second	DATE DEBT INCURRED [MM/DD/YYYY]	\$
scription of D		State	Zip Code	
scription of D	Jeot			
me of Credito	or .			Outstanding Balance of Debt
use #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
y	2	State	Zip Code	
scription of D	ebt		- 5/5-WE-1	

