Commonwealth of Pennsylvania - Campaign Finance Report

Number Name of Filing Committee, Candidate or Lobbyist Street Address City Type of Report (Place x under report type) 1-6th Tuesday 2-2nd Friday 3-30 Day Post 4-6th Tuesday 5-2nd Friday 6-30 Day Post 7-Annual Special 2nd Friday Special 30 Day Post 7-Annual Special 30 Day Post		(Note: This report mus	st be clear and	legible. It sho	uld be typed	d)	
State Part Stat		(Mark X)	By Candidat	te	Committee		Lobbyist
Type of Report (Place x under report type) 1-6th Tuesday 2-2nd Friday 3-30 Day Post 4-6th Tuesday 5-2nd Friday 6-30 Day Post 7-Annual Special 2th Friday Pre-Primary Printed	Lobbyist	didate or Mi L	ra-el	Colo	'n		
Type of Report (Place x under report type) 1-6 th Tuesday 2-2 th Friday 3-30 Day Post 4-6 th Tuesday 5-2 th Friday 6-30 Day Post 7-Annual Special 2 th Friday Pre-Primary Pre-	Street Address	1956	11:11-	la en A	1 1		
Tell Timesday 2-2 2mf Friday 3-30 Day Post 4-6m Tuesday 5-2mf Friday Pre-Election	City BZ+1	hlehzm	State	PA	Zip Code	19018	, x
Pre-Primary Pre-Primary Pre-Election Pre-Ele							
Summary of Receipts and From Date To Date For Office Use Only Summary of Receipts and Expenditures A. Amount Brought Forward From last Report 3			The second secon		7- Annual		Special 30 Day Post-Election
Summary of Receipts and Expenditures A Amount Brought Forward From last Report B. Total Monetary Contributions and Receipts (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 Received From Schedule IV) G. Unpaid Debts and Obligations F. Value of In-Kind Contributions Received From Schedule IV) G. Unpaid Debts and Obligations F. Value of In-Kind Contributions Received From Schedule IV) G. Unpaid Debts and Obligations F. Value of In-Kind Contributions Received From Schedule IV) G. Unpaid Debts and Obligations F. Value of In-Kind Contributions Received From Schedule IV) G. Unpaid Debts and Obligations F. Value of In-Kind Contributions Received From Schedule IV) G. Unpaid Debts and Obligations F. Value of In-Kind Contributions Received From Schedule IV) G. Unpaid Debts and Obligations F. Value of In-Kind Contributions Received From Schedule IV) G. Unpaid Debts and Obligations F. Value of In-Kind Contributions Received From Schedule IV) G. Unpaid Debts and Obligations F. Value of In-Kind Contributions Received From Schedule IV) G. Unpaid Debts and Obligations F. Value of In-Kind Contributions Received From Schedule IV) G. Unpaid Debts and Obligations F. Value of In-Kind Contributions Received From Schedule IV) G. Unpaid Debts and Obligations F. Value of In-Kind Contributions Received From Schedule IV) G. Unpaid Debts and Obligations F. Value of In-Kind Contributions Received From Schedule IV) G. Unpaid Debts and Obligations From Schedule IV) G. Unpaid Debts and Obliga							
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Sweet (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete. Signature of Person Submitting report Signature of Person Submitting report Printed Name Printed Name Printed Name Parea Code Daytime relephone Number Signature of Candidate shall sign here. I sweet (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320 amended. Sworn to and subscribed before me this	(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 (From Schedule II) G. Unpaid Debts and Obligations (From Schedule IV)	\$ -1, 5 \$ 7 \$ -1, 2 \$ Received \$ 1	0 568.46 50.00 313.46 0	оп			
Signature of Person Submitting report Signature of Person Submitting report Printed Name Printed Name Output Daytime Telephone Number Partial If this is a report of a Candidate's Authorized Committee, candidate shall sign here. I sweet (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320 amended. Sworn to and subscribed before me this	Part I I this is a Committee report, to	reasurer sign here. If this is a Cand cluding the attached schedules on r	lidate report, cand	lidate sign here. st of my knowledg	e and belief tru	e. correct and complet	te
I sweet (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320 amended. Sworn to and subscribed before me this day of	Swort to and subscribed before me the day of day of Signature Signature Signature Signature MO.	13, 2029 DAY YR.		Signature of Code	Person Submi	tting report	- - 357
day of	I swear (or affirm) that to the best of m	e's Authorized Committee, candida ny knowledge and belief this politic	ate shall sign here cal committee has	s not violated any p	provisions of th	e Act of June 3, 1937 (F	P.L. 1333, NO.320) as
Signature of Candidate Printed Name My Commission expires	Sworn to and subscribed before me thi	is					
Signature Printed Name My Commission expires	day of	_20		Signat	ure of Candida	te	_
	Signature	j,	-				_
						3	_
•	MO. DAY	YR.	Area	Code	Daytim	ne Telephone Number	

Commonwealth of Pennsylvania - Notary Seal Bettina Bubba, Notary Public Northampton County My commission expires March 13, 2029 Commission number 1019361

Member, Pennsylvania Association of Notaries

SCHEDULE I Contributions and Receipts Detailed Summary Page

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3 0
\$ D
8 0
8

PART A **Contributions Received From Political Committees**

 $\$\,50.01\,\text{TO}\,\$\,250.00$ 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	m	icharl	Colon		
					Amount
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	*
House #	Street Addres	s		Date [MM/DD/YYYY]	8
					.*
City	1	State	Zip Code	Date [MM/DD/YYYY]	8
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	8
House #	Street Address	B		Date [MM/DD/YYYY]	8
City		State	Zip Gode	Date [MM/DD/YYYY]	8
Full Name of Co Committee	ntributing	· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY]	3
House #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	
City	The section is as	State	Zip Code	Date [MM/DD/YYYY] 8	
Full Name of Cor Committee	ntributing			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	<u> </u>
Full Name of Con Committee				Date [MM/DD/YYYY] 8	
House #	Street Address			Date [MM/DD/YYYY] 3	
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:				
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Full Name of C	ontributór :			Date [MM/DD/YYYY]	
				Mar than American in the water sees	
House #	Street Address			Date [MM/DD/YYYY]	
				A State Commence of the State Commence of th	
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of C	ontributor			Date [MM/DD/YYYY]	
					Art Art and Ar
House #	Street Address			Date [MM/DD/YYYY]	
City	P Section 2, 1997 To State State State Section Annual Section Conference on the Section Sectio	State	Zip Code	Date [MM/DD/YYYY]	
				THE PERSON (MVVVI)	
Full Name of C	ontributor			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	
					W. W.
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Co	ontributor			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	
					CTATAL Widelah
City		State	Zip Code	Date [MM/DD/YYYY]	
AND AND AFOR		See See		Date [MM/DD/YYYY]	
Full Name of Go	ntributor			DS(c liamaton) 11113	L
				Data TEALS (DD (VVVV)	
House #	Street Address			Date [MM/DD/YYYY]	. 3
				D 1 - FEET (DD 00000	
City		State	Zip Code	Date [MM/DD/YYYY]	* \$ ** :
Full Name of Co	manihitan	artistic participation	North Control	Date [MM/DD/YYYY]	(disc) [88]
Pull Name or oo	Mindutor			Date Laurin Date Coll	() () () () () () () () () ()
••••••••••••••••••••••••••••••••••••••	Internal Address of			Date [MM/DD/YYYY]	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
House #	Street Address			Date [MIM(DD(11:11]	
		Ma .a.	I. W. A. Jay	Data MANA/DD/WWW	
City		State	Zip Gode		
	ľ	8 854			816

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 Colon	
Full Name of Contributing Committee	Date [MM/DD/YYYY] \$

Full Name of Contributing C			Date [MM/DD/YYYY		
House #	Street Addre	SS		Date [MM/DD/YYYY	
City		State	Zip Code	Date [MM/DD/YYYY	
Full Name of			Date [MM/DD/YYYY]		
Contributing C	ommittee				
House #	Street Addre	SS	THE PARTY OF THE P	Date [MM/DD/YYYY]	
					A AV
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of		(Salat myd s	[· 相称的 12 20 20 20 20 20 20 20 20 20 20 20 20 20	Date [MM/DD/YYYY]	
Contributing Co	ommittee				
House #	Street Addres	SS		Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	2
Full Name of Contributing Co	mmittee	In the second	[3] 31. Series 39.36	Date [MM/DD/YYYY]	
				D-1- (1414 IDD 00000	
House #	Street Addres	8 		Date [MM/DD/YYYY]	
City			Zip Code	Date [MM/DD/YYYY]	(1) (1)
			210 GOOG	Date [MIMI/DD/1111]	
Full Name of			18. 33.33. 7.33.31	Date [MM/DD/YYYY]	
Contributing Co	mmittee				
House #	Street Address	8		Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	* (\$ 13) - (x (x)
Full Name of				D-1-11414/DD 00000	Military S. Military S. Military
Contributing Co	mmittee			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	
					100 B - 100 B
City		State	Zip Code	Date [MM/DD/YYYY]	
					M23 202

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:		. ,			
	Michial	calors			
	121140.	Convo			

Full Name of C	Sontributor			Date [MM/DD/YYYY] \$
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House #	Street Address		**************************************	Date [MM/DD/YYYY] \$
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City	1.27.00 A. Maria Santa Co. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	State	Zip Gode	Date [MM/DD/YYYY] 8
- Invar Nam				
Employer Nam				Occupation
Employer Mail Principal Place				Kelly-research
Full Name of Co				Date [MM/DD/YYYY] \$
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House #	Street Address	-		Date [MM/DD/YYYY] 3.
City	Part set et test le L	State	Zip Code	Date [MM/DD/YYYY] \$
		The second secon		
Employer Name				Occupation
Employer Maili Principal Place	ng Address /			linearing at the second
Full Name of Co	A Committee of the Comm			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
Charles and Charle				
City	Manager and American	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		www.kis.is.us	L	Occupation
Employer Mailin Principal Place o				Ecotte, 1970 octor)
Full Name of Co	TO A CASE OF THE PROPERTY OF THE PARTY OF TH			Date [MM/DD/YYYY]
House #	Street Address			Date [MM/DD/YYYY] \$
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY] \$
ALAN CALL		let be a second	P". «". «"	111111111111111111111111111111111111111
Employer Name	Company of the compan			Occupation
Employer Name Employer Mailin Principal Place of	ng Address /			Occupation

PART E

Other Receipts

REFUNDS, INTEREST 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:

Filer Identification I	Number: $ ho_{0}$	hazl Colon		
Full Name				
House #	Street Address	A CONTRACTOR OF THE CONTRACTOR		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descripti	on	[*************************************	18888888	(808)
Full Name		The state of the s	THE RESERVE OF THE RE	
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	on		2. 233	1 551
Full Name		***	<u> </u>	
House #	Street Address			And the second s
City		State	Zip Code	Date [MM/DD/YYYY] 8
Receipt Description	on		[* ; slide [h es sh	
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	in		1.033.22.03.64	
Full Name				
House #	Street Address			The state of the s
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descriptio	n.	P. A. Amazon		
Full Name				
House #	Street Address			
City	Alfred Anna Carlot	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descriptio	0			

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

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

Filer Identification Number:	Michael Co	olon	
1. UNITEMIZED IN-KIND CONTRII	BUTIONS RECEIVED-VALUE (OF \$50.00 O	OR LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	8	0
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.01 TO 1	\$ 250.00 (FR	ROM PART F)
TOTAL for the reporting period	(2)	8	0
3. IN-KIND CONTRIBUTION RECEI	EIVED-VALUE OVER \$ 250.00 (F	FROM PART	ΓG)
TOTAL for the reporting period	(3)	\$	0
TOTAL VALUE OF IN-KIND CONTRIBUTIO PERIOD (Add and enter amount totals fro on Page 1, Report Cover Page, Item F)		1 1	J.

SCHEDULE II PART F

In-Kind Contributions Received

			VALUE OF \$ 50.01 TO \$	\$ 25U	
Filer Identificatio	on Number:	nichar	Lolon		
Full Name of G	Contributor			Date [MM/DD/YYYY]	The state of the s
				,	
House #	Street Address	.\$		Date [MM/DD/YYYY]	
			· · · · · · · · · · · · · · · · · · ·		
City		State	Zip Code	Date [MM/DD/YYYY]	8
Description of	f Contribution				[32]
Full Name of Co				Date [MM/DD/YYYY]	
				CONTRACTOR	
House #	Street Address	s		Date [MM/DD/YYYY]	1833
City		State	Zip Code	Date [MM/DD/YYYY]	
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Description of (Contribution				
Full Name of Co	ontributor			Date [MM/DD/YYYY]	3
# 1				Deta (MAA/IND/VVVV)	1.446 1.446
House #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Gode	Date [MM/DD/YYYY]	
			The State State of the Commence of the Commenc	4.34, 17, 6, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4,	ras.
Description of C	Contribution				
Full Name of Co	ontributor.			Date [MM/DD/YYYY]	8
House #	Street Address			Date [MM/DD/YYYY]	
		1	1 - A 1- 01	THE PROPERTY OF THE PROPERTY O	
City	_	State	Zip Code	Date [MM/DD/YYYY]	
Description of C	Contribution	10 10 10 10 10 10 10 10 10 10 10 10 10 1		E	<u> </u>
Full Name of Co	ontributor	<u> </u>		Date [MM/DD/YYYY]	Mg .
					2.3 2.3 2.4 2.4 3.4
House #	Street Address	,	Actions	Date [MM/DD/YYYY]	<u></u>
				Y	
City	Post Minds	State	Zip Code	Date [MM/DD/YYYY]	
Description of Co	Sontribution		[100 of \$1 [37] and		<u></u>
ું કુંગું કું કુંગું કુંગુ	。跨越教练进的"GERGERSON"。1949—194	2007 100			

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$ 250

Filer Identification Number:	Wila 1 (120		
等等。中国的特别的一种企业。 1985年(1985年)	1.114421	0 (00)		

Full Name of C	ontributor			Date [MM/DD/YYYY]		
				<u> </u>		
House #	Street Address			Date [MM/DD/YYYY] \$		
City		State	Zip Code	Date [MM/DD/YYYY] \$		
Employer Nam	e			Occupation		
Employer Mail	ing Address / Principal	, and the same of		Description of		
Place of Busine	55			Contribution		
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$		
	vinus vis					
House #	Street Address	,	A SECTION OF THE PROPERTY OF T	Date [MM/DD/YYYY] \$		
City		State	Zip Code	Date [MM/DD/YYYY] \$		
			A Secretary			
Employer Name				Occupation		
Employer Maili Place of Busine	ng Address / Principal			Description of		
rite or Dusine				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] \$		
			# 1			
Employer Name	grafia (1941), "Maria (1965), "Color (1966), "Salah (1966), "Alah (1966)			Occupation		
Employer Mailir Place of Busines	ng Address / Principal			Description of		
				Contribution		
Full Name of Co	ntributor		***************************************	Date [MM/DD/YYYY] \$		
House #	Street Address			Date [MM/DD/YYYY] \$		
City	. [5]	State	Zip Code	Date [MM/DD/YYYY] \$		
Employer Name		% CM	EVSAVSSEE	Occupation		
	g Address / Principal			Description		
Place of Busines				of		
				Contribution		

Statement of Expenditures

Filer Identification Number:			
	Michigan	ماما	
	- 5	CP OVI	

To Whom P	aid r			Date [MM/DD/YYYY]
	trize	jas of To	~~4	Description of Expenditure
House #	341 Street Addres	Linden	4	Description of Expenditure
City	2th Lh 24		Zip L 8	1019 (compaign contribution
To Whom P				Date [MM/DD/YYYY] \$
House #	Street Address	\$ [Description of Expenditure
City		State	Zip Code	
To Whom Pa	aid)			Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip Code	provident State & Charles and the stay of the Charles and the control of the state
To Whom Pa	10			Date [MM/DD/YYYY] \$
House #	Street Address		MARKATAN AND AND AND AND AND AND AND AND AND A	Description of Expenditure
City	Partie des Press	State	Zip Code	
To Whom Pa	id A	14 - 14/4 - 14 - 14	D. B. West Security	Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip Gode	
To Whom Pa	id 5			Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Pai	d y	13, 55, 5, 5, 5, 5, 1	and the second second	Date [MM/DD/YYYY] \$
House #	Street Address	The state of the s		Description of Expenditure
City	1.00 Max (1) (1 / A)	State	Zip Gode	
To Whom Paid	d d	Lating to the Lating		Date [MM/DD/YYYY]
House #	Street Address		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Description of Expenditure
City	157 AUG 6 (408)	State	Zip Code	

SCHEDULE IV

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

Filer Identification Number:	milhazi	Colon	
(4) おりかりを持ち込みという。 (2) (4) (2) (4) (4) (4) (4)	1.0.00	- (01)	

Name of Credite	or			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
Gity		State	Zip Code	
Description of D	Jebt		Lindininini + 1	233
Name of Credito	Or	·		Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip Code	
De s cription of D	Jebt			
Name of Gredito	or			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	•
City		State	Zip Code	
Description of D	iebt			
Name of Credito	TO CASE OF THE CAS			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City Passintion of D		State	Zip Code	
Description of D	601			
Name of Credito	ARCHIONIAN AND AND AND AND AND AND AND AND AND A			Outstanding Balance of Debt
House #	Street Address	P	DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip Code	
Description of De	abt			
Name of Credito				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	Marie Transit Communication Co
City		State	Zip Code	
Description of De	abt			
碧山區 网络福德雷德西亚人姓氏亚	a MSD NAM Set 1			

UC9eff Oill	T THEFT	

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

Filer Identification Number	Report Filed (ate Silv	Committee	•	Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Friz	nde o	ϵm	12 21	Colon	
Street Address	1956	12id4-	7) Mily 1	907	Cojon	
City Bzthleh	~m	State	PA	Zip Code	10018	
Type of Report (Place x under report type)						
1-6 th Tuesday 2- 2 nd Friday 3-30 Day Post Pre-Primary Pre-Primary Primary	4- 6 th Tue s day Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 ^{na} Friday Pre-Election	Special 30 Day Post-Election
Date Of Election	Year		Amendment		Termination	
(MM/DD/YYYY) 05/20/207	.5	2025	Report		Report	
Summary of Receipts and From Date	To Date	9 ,		For	Office Use Only	
Expenditures 1 202	5 3/31	12025				
A. Amount Brought Forward From Last Report	\$ 1	312.00				
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	Ö				
C. Total Funds Available	\$ 392	. OD				
(Sum of Lines A and B) D. Total Expenditures	\$					
(From Schedule III)	397	6.00			,	
E. Ending Cash Balance	\$	<i>i</i>)				
(Subtract Line D from Line C) F. Value of In-Kind Contributions Received	3	· · · ·				
(From Schedule II)		0				Seal Seal
G. Unpaid Debts and Obligations (From Schedule IV)	. 8	O				i of Pennsylvania - Notary Seal Bubba, Notary Public Thampton County, Ion expires March 13, 2029 Ision number 1019361
(17011) Schedule 14)		Affidavit Sec	tion			nrty 0193
Part 1- If this is a Committee report, treasurer sign he	re. If this is a Can	didate report, cai	ndidate sign here.			Soun Marr Ser 10
I swear (or affirm) that this report, including the attac	hed schedules on	paper, is to the t	pest of my knowledg	je and belief tr	ue, correct and complet	of Pennsylvania Bubba, No;ary Thampton Court of the expires Marision number 16:
Sworn to and subscribed before me this Sth day of April 20 25		Č				of Pennsylv Bubba, No Thampton C on expires Sion numba
day of ILIVUX 20 20 20	1		Signature o	f Person Submi	itting report	th of the string a Bu
	上		Ruche	BITC	4	Commonwealth Bettina North My commissi Commissi
mannin 10 10	101	,	/~	Printed Name		Con Ball
My Commission expires / / (WICY) 13; 20. MO. DAY YR.			ea Code		lime Telephone Number	
Part II- If this is a report of a Candidate's Authorized C	ommittee, candir	date shall sion hei	re.			
I swear (or affirm) that to the best of my knowledge ar amended.				provisions of th	ne Act of June 3, 1937 (P	.L. 1333, NO.320) as
Sworn to and subscribed before me this		* * *				
8th 00010 25						
nav at (C) 20 L	1		Signa	ture of Candida	ate ·	_
/ Complete / Complete / Signature	1.		Michor	rinted Name	<i>(</i>)	-
My Commission expires March 13,24	029	<u>6</u>	<u>(V</u>		62-48	57
MU. DAY YK.		Are	ea Code	Daytin	në Telephone Number	

Commonwealth of Pennsylvania - Notary Seal Bettina Bubba, Notary Public Northampton County My commission expires March 13, 2029 Commission number 1019361

Member, Pennsylvania Association of Notaries

SCHEDULE I Contributions and Receipts Detailed Summary Page

Filer Identification Number Frimber of Micha-	z) Colon
1.Unitemized Contributions and Receipts-\$ 50,00 or Less per Contributor	
Total for the reporting period (1)	
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	
Contributions Received from Political Committees (Part A)	8 0
All Other Contributions (Part B)	1 v
Total for the reporting period (2)	* O
3. Contributions Over \$ 250.00 (From Part C and Part D)	
Contributions Received from Political Committees (Part C)	! 0
All Other Contributions (Part D)	3 0
Total for the reporting period (3)	3 0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	
Total for the reporting period (4)	1 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)	8

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.

riier identification	Number	nimb	2 of mil	hard Colon	
					\mount
Full Name of Co	ntributing			Date [MM/DD/YYYY] \$	
Committee					
House #	Street Address			Date IMMA (DD 00000	
nouse #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cor	ntributing			Date [MM/DD/YYYY] \$	
Committee					
House #	Street Address			Date [MM/DD/YYYY] \$	
				Buto [min/DD/1111]	
		1			
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Con	itributing			Date [MM/DD/YYYY] \$	
Committee					
House #	Street Address			Date [MM/DD/YYYY] \$	
City		[01-1-			
GILY		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Con Committee	tributing			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cont	ributina			Date [MM/DD/YYYY] \$	
Committee				Date [lanal/DD/1111]	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cont	ributing			Date [MM/DD/YYYY] \$	
Committee					
House #	Street Address			Date [MM/DD/YYYY] \$	

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 Identificatio	on Number:	Λ: ¬. \ ₂	of Micha	-) Cala	
nd Theorem (Co.)	e Prigate to the second	1 me	Dr IIII Liv	71 501001	
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	\$\$.?.		Date [MM/DD/YYYY] 3	
City	1,2270,32,1100	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Co	intributor	Andrew Control of the	40, 1100, 21 to 100 - 110, 4	Date [MM/DD/YYYY] \$	
House #	Street Addres	\$ 5		Date [MM/DD/YYYY] \$	
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ntributor	Proceedings	King Asia I	Date [MM/DD/YYYY] \$	
House #	Street Address	,s		Date [MM/DD/YYYY] \$	
City	[1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2	State:	Zip Code	Date [MM/DD/YYYY] \$	A PARTICIPATION OF THE PARTICI
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$	
House #	Street Address	5		Date [MM/DD/YYYY] \$	
City	The Wester of the second	State	Zip Code	Date [MM/DD/YYYY] \$	

Date [MM/DD/YYYY]

Date [MM/DD/YYYY]

Date [MM/DD/YYYY]

Full Name of Contributor

Street Address

State

Zip Code

House #

City

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 Identificat	ion Number:	VI -	I, & mi	hard Colon	
	s (4) (1) (4) (1) (1)		AC DO INI	CHU CI COLON	
Full Name of Contributing (Committee			Date [MM/DD/YYYY] \$	
House #	Street Addres	38	2857 - d s	Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing C		Prodition.		Date [MM/DD/YYYY] \$	
House #	Street Addres	S		Date [MM/DD/YYYY] \$	
City			Zip Gode	Date [MM/DD/YYYY] \$	
Full Name of Contributing C	ommittee			Date [MM/DD/YYYY] \$	
House #	Street Addres	S		Date [MM/DD/YYYY] \$	
City	I make a mark	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing C		L.S. de la Section de la Company		Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY]	MANAGEMENT
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	ommittee		[2] (A. 204 (A. 204)	Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	mmittee	1 07,5 (* 1 M	(Mathewayers and A	Date [MM/DD/YYYY] \$	
louse #	Street Address	A CONTRACTOR AND A CONT		Date [MM/DD/YYYY] \$	
Xity		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:

Full Name of Co	ntributor			Date [MM/DD/YYYY]
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
Employer Mailin Principal Place of	y Aduress / F Business			
Full Name of Con				Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Namo				Occupation
				Cooupardi
Employer Mailing Principal Place of				
Full Name of Con	tributor			Date [MM/DD/YYYY] \$
	Marie Sarage (1902) Marie Sarage (1903) Marie Sarage (1903)			
House #	Street Address			Date [MM/DD/YYYY] \$
				7.4.1 1.74
lity	<u> </u>	State	Zip Code	Date [MM/DD/YYYY] \$
mployer Name	<u>समृत्राप्तरसम्बद्धाः सम्बद्धाः । स्टब्स्</u>			Counting
	<u> </u>	WWW		Occupation
mployer Mailing rincipal Place of	Address / Business			
ull Name of Cont	County to advantage of the county of the			Date [MM/DD/YYYY]
ouse #	Street Address			Date [MM/DD/YYYY] \$
e ing graphen Vinda inggan ang Salahan Naham				
发展控制	1 2 2 2 2 1 19 19 1	State	Zip Code	Date [MM/DD/YYYY] \$
ly		province and the	and the second of the second o	 A construction of the contract of
ty				7. The control of the

PART E Other Receipts

REFUNDS, INTEREST 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: Fri つ	nd1 06	Michael	Colon
Full Name	######################################			
House #	Street Address		Manager and Control of the Control o	
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Description	14 mm (22) 4 mm (23) 4 mm (23)			
Full Name				
House #	Street Address			
City		State	Zip Codo	Date [MM/DD/YYYY] \$
Receipt Description			Code	(基) (基)
Full Name	A A A A A A A A A A A A A A A A A A A			
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
		No. 10 10 10 10 10 10 10 10	Code	
Receipt Description				
Full Name				
House #	Street Address	MATERIAL PROPERTY OF THE PROPE		
City		State	Zip	Date [MM/DD/YYYY] \$
			Gode	
Receipt Description	1.06 % A Sec. 26 % 5.06 % S 5.06 % S			
Full Name	125 - 24 W			
House #	Street Address	**************************************		
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	- 1945 1778 1778
Receipt Description	Congress And Son Son			
Full Name				
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] %
		100	Code	7/5 (48)
Receipt Description	0.574b0 ve : 0.31			

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

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

Filer Identification Number:	Friznd,	of,	Michael Colon	
1. UNITEMIZED IN-KIND CONTR	IBUTIONS RECEIVED-VA	LUE OF \$50.00 O	OR LESS PER CONTRIBUTOR	
TOTAL for the reporting period	(1)	8	D	4 1
2. IN-KIND CONTRIBUTIONS REC	CEIVED-VALUE OF \$50.0	1 TO \$250.00 (FR	ROM PART F)	e e Service Service
TOTAL for the reporting period	(2)	8	D	
3. (IN-KIND CONTRIBUTION REC	EIVED-VALUE OVER \$ 250).00 (FROM PART	T G)	
TOTAL for the reporting period	(3)	8	0	
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals for Page 1, Report Cover Page, Item F)			0	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$ 50.01 TO \$ 250

Filer Identificatio	on Number:	1:71	of Micha	1 /21.	
Major di Silverio de la		1 54,07	00 /////	171 Colon	
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
				The grand	
House #	Street Addres	ss A		Date [MM/DD/YYYY]	
City	Listing Research Strawn	State	Zip Code	Date [MM/DD/YYYY]	
Description of (A-Mahidion Manual 3				
点图 自由特殊对抗					
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$	
House #	Street Address	.oel		Date [MM/DD/YYYY] \$	
	Street Address	3) 3) 4)		-	
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY] \$	F.C.
Description of C					
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
					(A) (B) (B)
City	Etal Carrier	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of C	Contribution				
Full Name of Co		The state of the s		TOWN FRAME/ND/VVVVI () (
Full Name of ec.	MINDUTOR			Date [MM/DD/YYYY] \$	
House #	Street Address	<u>a</u>		Date [MM/DD/YYYY] \$	
	Street Address				
Gity	Partilologist to the pro-	State	Zip Code	Date [MM/DD/YYYY] \$	
	The state of the s	1 000 mg	#44 # 10 P		1
	Contribution	To Age of the Control			
Full Name of Cor	itributor			Date [MM/DD/YYYY] \$	9 9
- A A A A A A A A	6 (20 to 80) (30 to 20 t			The same of the sa	<u> </u>
House #	Street Address			Date [MM/DD/YYYY] \$	
City	and the second of the second o	State	Zip Code	Date [MM/DD/YYYY]	4
					3
Description of Co	ntribution				

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$ 250

Filer Identification Number:		4	2	,	
	Friz. 1	156	Mi, h, -1	$C_{ij}(0)$	
· 化基本化合物中的基础分离 化氯化甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲	1 1 200	U,	. 1. C.14 C	VUION	

Full Name of Co	ontributor			Date [MM/DD/YYYY]		
House #	Street Address		Date [MM/DD/YYYY] \$			
		0	7:-0-4-	Data FILLIA (DD WWW)		
City		State	Zip Code	Date [MM/DD/YYYY] \$		
Employer Name	9		[多数: 64 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Occupation		
Employer Maili Place of Busine	ng Address / Principal ss			Description of Contribution		
Full Name of Co	ontributor	i		Date [MM/DD/YYYY] \$		
House #	Street Address		AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	Date [MM/DD/YYYY]		
City		State	Zip Gode	Date [MM/DD/YYYY] \$		
Employer Name				Occupation		
Employer Mailin	ng Address / Principal ss			Description of Contribution		
Full Name of Co	ntributor			Date [MM/DD/YYYY]		
House #	Street Address		<u> </u>	Date [MM/DD/YYYY] \$		
City	(1996	State	Zip Code	Date [MM/DD/YYYY] \$		
Employer Name		<u> </u>		Occupation		
Employer Mailin Place of Busines	주민은 사람들이 들어 가게 되었다. 다 다니다			Description of		
Full Name of Co	ntributor			Contribution Date [MM/DD/YYYY] \$		
House #	Street Address			Date [MM/DD/YYYY] \$		
City	108 AR 1900 A 34 0 A	State	Zip Code	Date [MM/DD/YYYY] \$		
Employer Name			Parallel agency and	Occupation		
Employer Mailin Place of Business	g Address / Principal			Description of Contribution		

Statement of Expenditures

Filer Identification Number:	3				
그렇게 됐을 때를 다듬어 걸다. 얼마	F-01- 1-	26	$(M \wedge M \wedge M)$	/ 1 '	
	111206	Dr	MILLARI	Colon	

To Whom Paid				Date [MM/DD/YYYY]
	PNZ	Burk		Description of Expenditure
House #	Street Address	المارين		Description of Expenditure
City		State	Zip Code	Bank Sarvicz Charz
To Whom Paid	1 0			Date [MM/DD/YYYY] 3
	PNL Ba	1K		O 2/03/2025 12.00 Description of Expenditure
House #	Street Address			Description of Expenditure
City	<u> </u>	State	Zip Code	Bak favin Charge
To Whom Paid				Date [MM/DD/YYYY]
	PNL	Sent		03/04725 12.00
House #	Street Address			Description of Expenditure
City		State	Zip Code	Bink Savice 2huzz
To Whom Paid				
	Trizn)	r + Famil.	of Ruchal Gran	03/24/2025- 106.00
House # 9'46	Street Address	5 5 15	of Nachzellzon it. Zip Code 19015	Description of Expenditure
City 3	zthlzhzm	State	Zip Code 12015	Carryoigh Contribution
To Whom Paid	<u></u>			Date [MM/DD/YYYY] \$
	trizn!	13 of Hilla	ry Kuintzk	03/29/2025 100.00
House # 634	Street Address	Secin 2	ry Kwiatzk	Description of Expenditure
City 72	Th Wham	State 74	Zip Code 18018	Campign Contilution
To Whom Paid				Date [MM/DD/YYYY] \$
	triand	3 of J.W	illiam Rzynold 2	03/29/2035 100.00
House # 1718	Street Address	N. NZW	illiam Rzynold? 2+.	Description of Expenditure
City. 13-2-		State PA	Zip / 19019	Campoign Contribution
To Whom Paid	<i>C</i> .			Date [MM/DD/YYYY] \$
	Frizh	183 of Ju	Stin Amann	03/29/205 50.00
House # 463	Street Address	Trzznyoo	à Aue	Description of Expenditure
City B ->	HIZHEM	State PA	Zip /80 7	
To Whom Paid				Date [MM/DD/YYYY] \$
			4104000000	<i>y</i>
House #	Street Address			Description of Expenditure
City.		State	Zip. 32	1. 6. 4. 4. 4. 20. 20. 3. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.
			Code	

SCHEDULE IV

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

	• • • • • • • • • • • • • • • • • • •	-			
Filer Identification Number:	Fringe	e l	Michael (Cabin	
	111 -7105	<u>() </u>	111111111	Color	

Name of Credito				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
			Asset Figure Assets and	
City		State	Zip Code	
Description of De	ebt		I to investigate the	
Name of Credito				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip Code	
Description of De	abt.	And he has a special ways	5.70 (1.00)	Proved.
Name of Creditor	**************************************			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip Code	
Description of De	bt			
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip Gode	
Description of De				
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip Code	
Description of Del	1			
Name of Creditor				Outstanding Balance of Debt
House #	Street Address	4	DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip Code	
De s cription of Deb	i v			