Commonwealth of Pennsylvania - Campaign Finance Report

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Filer Identificati Number	ion		Report Filed I	By Candida	ite /	Committee		Lobbyist
Name of Filing (Lobbyist	Committee, Ca	ndidate or	mycha	-c1 (0	lon			
Street Address			1951 (2:24210	un Aire			
City	132	th leh =	m	State	PA	Zip Code	18018	V-3000
Type of Report ((Place x under	report type)						
1-6 th Tue s day Pre-Primary	2- 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 nd Friday Pre-Election	Special 30 Day Post-Election
						F		
Date Of Election (MM/DD/YYYY)		- Laurence I	Year	2024	Amendment Report		Termination Report	
Summary of Rec Expenditures	eipts and	From Date	To Date			For (Office Use Only	
Lybolianaica		1/1/2024	4 17/-	31/7074				
A. Amount Brou	ght Forward F	rom Last Report	8 -1	050.00			······································	and the second s
B. Total Moneta		ns and Receipts	\$ 1	, 50 . 00				
(From Schedule C. Total Funds A				<u> </u>				
(Sum of Lines A			8 - 1.12	50,00				
D. Total Expendi			8					
(From Schedule I E. Ending Cash B				8.46				
(Subtract Line D				568.46				
F. Value of In-Kin (From Schedule I	ia Contributio:)	ns Keceived	8	D				
G. Unpaid Debts	and Obligation	ns	, 8					
(From Schedule I	V)			Affidavit Sec		······		
Part 1- If this is a Co	ommittee report	, treasurer sign he	re. If this is a Can	didate report, car	ididate sign here.			
I swear (or affirm) t Sworn to and subsc			hed schedules on	paper, is to the b	est of my knowledg	je and belief tru	e, correct and complet	e.
SWOTH TO AIR SHOSE	imen neinie ine	· iiis			M	A		
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)
								320) as

SCHEDULE I Contributions and Receipts Detailed Summary Page

Michael Colon		
1.Unitemized Contributions and Receipts-\$ 50.00 or Less per Contributor		
Total for the reporting period (1)	\$	0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	8	0
All Other Contributions (Part B)	8	
Total for the reporting period (2)	\$	U
3. Contributions Over \$ 250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	6
All Other Contributions (Part D)	8	10
Total for the reporting period (3)	\$	Ó
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	8	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)	\$	6

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.

	<u> </u>	ilha	el Colon		Amount
	1			Date MALA/ND/WWI	Amount
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	8 0
House #	Street Address			Date [MM/DD/YYYY]	\$
].	*
City	1.00.00	State	Zip Code	Date [MM/DD/YYYY]	\$0
Full Name of Co	ontributing			Date [MM/DD/YYYY]	
Committee					
House #	Street Address		***************************************	Date [MM/DD/YYYY] 8	8
110000					
A11.	the first that the second	T nicko (7!- Codo	Data (MM/DD/VVVV)	
City		State	Zip Gode	Date [MM/DD/YYYY] 8	\$
= " N=== of C			1. 保护 (数据)	Data FEED (DD (WWW)	
Full Name of Co Committee	Intributing			Date [MM/DD/YYYY] \$	\$
House #	Street Address			Date [MM/DD/YYYY] \$	8
City		State	Zip Code	Date [MM/DD/YYYY] \$	8
Full Name of Co	ontributing.			Date [MM/DD/YYYY] 8	8
Committee					
House #	Street Address			Date [MM/DD/YYYY] \$	8.
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Unity .		Jiuis	wip odd	aut I	
= "" of Co					
Full Name of Cor Committee	atributing			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] 8	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
3.6.1					
Full Name of Con	ntributing		Two Courts of the Court of the	Date [MM/DD/YYYY] \$	
Committee					
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
7.5				4444	
. 1		1 '1		1	1

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 Identificatio	on Number: Mi	charl	Colón		
Full Name of Co	ontributor:			Date [MM/DD/YYYY] \$	\$
				Date Immineration	
House #	Street Address	8		Date [MM/DD/YYYY] 8	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ontributor	120 (100)	El de Colorada de	Date [MM/DD/YYYY] \$	
	Tax same	. [70 - 1- 1444 /DD MMM	
House #	Street Address			Date [MM/DD/YYYY] \$	X.A.
Gity	克莱普斯尔(法达 尔)。	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ontributor		544A-933933	Date [MM/DD/YYYY] 3	
House #	Street Address			Date [MM/DD/YYYY] \$	
	orreet Audress			(2) 第一章 である (***)	
City	Levin de la companya del companya de la companya del companya de la companya de l	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ıntributor	N - 67 - 1275	Last extra transfer	Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	<u> </u>
Full Name of Cor	ntributor			Date [MM/DD/YYYY] \$	
				\$150 \$160	
House #	Street Address	1		Date [MM/DD/YYYY] \$	
City	Elizabeth a success	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Con	ntributor	[Sp. 28146]	。在60年以及4年初24。	Date [MM/DD/YYYY] ,	4
House #	Street Address			Date [MM/DD/YYYY] . \$	
City		State	Zip Code	Date [MM/DD/YYYY] 3	

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.

ichazl	Colin		
		Date [MM/DD/YYYY] \$	
R		Date [MM/DD/YYYY] 8	***************************************
State	Zip Code	Date [MM/DD/YYYY] \$	
[26]3430 drive	Date [MM/DD/YYYY] \$		
5		Date [MM/DD/YYYY] \$	
State	Zip Code	Date [MM/DD/YYYY] \$	**************************************
	Dady, programs as an	Date [MM/DD/YYYY] \$	
,		Date [MM/DD/YYYY]	
State	Zip Code	Date [MM/DD/YYYY] \$	
		Date [MM/DD/YYYY] \$	
and the second s		Date [MM/DD/YYYY] \$	
State	Zip Code	Date [MM/DD/YYYY] \$	
	ITANASAN AN _	Date [MM/DD/YYYY] \$	
		Date [MM/DD/YYYY] \$	E351-W15F T
State	Zip Code	Date [MM/DD/YYYY] \$	
Provinces	Date [MM/DD/YYYY] \$	<u> </u>	
		Date [MM/DD/YYYY] \$	
State	Zip Code	Date [MM/DD/YYYY] \$	
8	State Stat	State Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$

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	$m \sim 1$	/) '		
	Michael	COLON		
ull Name of Contributo			Date [MM/DD/YYYY] \$	
	4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			
louse# St	reet Addre ss		Date [MM/DD/YYYY] \$	
√	State	Zip Code	Date [MM/DD/YYYY] \$	
			VA 475	
mployer Name			Occupation	
mployer Mailing Addre			We could see that	
ull Name of Contributor		The state of the s	Date [MM/DD/YYYY] \$	
louse# St	reet Address		Date [MM/DD/YYYY] \$	
ilty	State	Zip Code	Date [MM/DD/YYYY] \$	
			Comp.	
mployer Name			Occupation	
mployer Mailing Addres rincipal Place of Busines	s/ s			
ull Name of Contributor			Date [MM/DD/YYYY] \$	

ouse# Str	eet Address	Culture Management of Control of	Date [MM/DD/YYYY] \$	
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ty	State	Zip Code	Date [MM/DD/YYYY] \$	
nployer Name			Occupation	
nployer Mailing Addres incipal Place of Busines				
III Name of Contributor	(1 × 14)	32	Date [MM/DD/YYYY]	
ouse# Stre	eet Address		Date [MM/DD/YYYY] \$	
(A)				
i	State	Zip Code	Date [MM/DD/YYYY] \$	
ployer Name		<u> </u>	Occupation	
nployer Mailing Address		The histogram of the second se		

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 Num	micha-	el Coli) M	
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] - 8
Receipt Description				
Full Name			N	
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		[174/999944]	ENNER NEAM	Language Livilance
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		1-4-46 (4-46)		<u> </u>
Full Name		-		
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	3 48 3 48 4 2 2		<u> </u>	2 Ve
Full Name				
House #	Street Address			
. City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			The province of the control of the c	
Full Name				
House #	Street Address			
City	Parace in process and see [State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	NOTICES (<u> </u>	Acceptable (VI	I was a large and

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:	Tichard Co	o lon	
1. UNITEMIZED IN-KIND CONTR	IBUTIONS RECEIVED-VAL	UE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the reporting period	(1)	* U	
2. IN-KIND CONTRIBUTIONS REC	CEIVED-VALUE OF \$ 50.01	TO \$250.00 (FROM PART F)	
TOTAL for the reporting period	(2)	8 0	
3. IN-KIND CONTRIBUTION REC	EIVED-VALUE OVER \$ 250	,00 (FROM PART G)	
TOTAL for the reporting period	(3)	8 0	
TOTAL VALUE OF IN-KIND CONTRIBUTION	ONS DURING THIS REPOR	TING \$	
PERIOD (Add and enter amount totals f on Page 1, Report Cover Page, Item F)			

SCHEDULE II PART F

In-Kind Contributions Received VALUE OF \$50.01 TO \$250

			VALUE OF \$00.01 TO	7 - 100	
Filer Identificati	on Number:	hazl	() 000		
galaw kiji dipina wa Mito	gregoria de Salas	1 CMai 21	COTOIN		
Full Name of C	Contributor			Date [MM/DD/YYYY]	
House #	Street Addres	s		Date [MM/DD/YYYY]	
City	4.00 (1) 1.00(10) 1.00(10) 2.00(10)	State	Zip Code	Date [MM/DD/YYYY]	
Description of	Contribution				
Full Name of C	ontributor	a frequency of the second		Date [MM/DD/YYYY]	
House #	Street Addres	5		Date [MM/DD/YYYY]	3
				ĺ	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
1300 dr. 350 d 371 (2000)	02-1-11-11-2				(2007) (2007) (2007)
Description of	Contribution				
Full Name of C	ontributor		<u> </u>	Date [MM/DD/YYYY]	\$.
House #	Street Address			Date [MM/DD/YYYY]	8
				B	
City		State	Zip Code	Date [MM/DD/YYYY]	
Description of	Contribution (Victory Contract Contract	i.	the first
Full Name of Co	ant-ibutar			Date [MM/DD/YYYY]	(m)
i uli Naille Ul Ul				Date Intration (1111	
House #	Street Address			Date [MM/DD/YYYY]	% !
					1
City		State	Zip Gode	Date [MM/DD/YYYY]	
					41
Description of C	Contribution				
Full Name of Co	ontributor	1. S		Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	\$\partial \partial \part
					A de la companya de l
City		State	Zip Code	Date [MM/DD/YYYY]	
Description of C	ontribution				
Josenpulvii VI V	ona iyatali				

SCHEDULE II

Part G In-Kind Contributions Received

			VALUE OVER \$ 250			
Filer Identification	on Number:	chazl	/). [^]			
	Section / V	Chazl	CUINN			
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$		
House #	Street Address	er-ture tone the fire the anamento		Date [MM/DD/YYYY] \$		
City	[(************************************	State	Zip Code	Date [MM/DD/YYYY] \$		
		17.74				
Employer Nam	l e	74.3 29.30 1.74.3		Occupation		
Employer Maili Place of Busine	ing Address / Principal		ALEXANDER OF THE PROPERTY OF T	Description of		
Place of busine	188			Contribution		
Full Name of Contributor				Date [MM/DD/YYYY] \$		
House #	Street Address	-		Date [MM/DD/YYYY] \$		
City	V 75 3545 224 244	State	Zip Code	Date [MM/DD/YYYY] \$		
	1 W 1 1 1 2 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2			(4)		
Employer Name				Occupation		
Employer Mailing Place of Busines	ing Address / Principal	i i i i i i i i i i i i i i i i i i i		Description of		
Flact or Dugino		9-49 3-49 3-7		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] \$		
				A Company of the Comp		
Employer Name		1.50 1.50 1.50		Occupation		
Employer Mailir Place of Busines	ng Addre ss / Principal ss			Description of		
1 1400				Contribution		
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$		
	The state of the s			2007		
House #	Street Address			Date [MM/DD/YYYY]		
City	FIRMST WARRANGE STOLL	State	Zip Code	Date [MM/DD/YYYY] \$		
				(A)		
Employer Name				Occupation		
Employer Mailin Place of Busines:	ng Address / Principal	<u> </u>		Description of		
LIGGE OF BUSINESS		√or		[1942] [1		

Contribution

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) Colón		0 0.12 0 1.110 10po 1.110 po 1
Name of Credi				Outstanding Balance of Debt
House #	Street Address		ATE DEBT INCURRED.	S S
			[MM/DD/YYYY]	
City		State	Zip	
Description of	No.		Code	
Description	DEUL			
Name of Credit	or .	For the Commission Com		Outstanding Balance of Debt
House #	Street Address		ATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip	
Description of I	Debt		Code	
1960 A. S. Carlos (1979)				
Name of Credit	Or			Outstanding Balance of Debt
House #	Street Address	D.	ATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip	[3명] - [3명]
Description of I	Debt		Code	
Name of Credite				Outstanding Balance of Debt
House #	Street Address	[SECTO	ATE DEBT INCURRED	Ogistationing Datative of Debt
	atteet Aduress		[MM/DD/YYYY]	
City		State	Zip Code	
Description of D)ebt		No de Application (19)	
Name of Credito	or .			Outstanding Balance of Debt
House #	Street Address		TE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip	
Description of D	ebt		Code	/SP
Name of Credito	r			Outstanding Balance of Debt
House #	Street Address		TE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip Code	
Description of De	ebt 🖖 🥏			

Commonwealth of Pennsylvania Campaign Finance Report

	(Note: This repo	ort must be clear an	d legible. It sho	uld be typed)	
Filer Identification Number	(Mark	t Filed By Candid	ate	Committee	H	Lobbyist
Name of Filing Committee, Cand Lobbyist	lidate or Fy	ands of	Michan	1 Col	on	
Street Address	195	-6 Ridga	lawn Au	7		
City B ZH	Wh-m	State	QA	Zip Code	18018	
Type of Report (Place x under rep						
1-6 th Tuesday 2- 2 nd Friday 3 Pre-Primary Pre-Primary P	R- 30 Day Post 4- 6 th Tu Primary Pre- Elec			7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
				H		
Date Of Election (MM/DD/YYYY)	Year	2024	Amendment Report		Termination Report	
	From Date 1	To Date		For (Office Use Only	
Expenditures	1/1/2024 /	17/31/2024	,			
A. Amount Brought Forward Fron		45.54				
B. Total Monetary Contributions	and Receipts \$	510 id	1			
(From Schedule I) C. Total Funds Available	8	210.46				
(Sum of Lines A and B)		524.00				
D. Total Expenditures (From Schedule III)	Arron 1	132.00				
E. Ending Cash Balance	8 8	201	1			
(Subtract Line D from Line C) F. Value of In-Kind Contributions	s Received 8	570.00				
(From Schedule II)		<u></u>	_			
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 8	0				
		Affidavit Se				
Part 1- If this is a Committee report, to I swear (or affirm) that this report, inc	reasurer sign here. If this	is a Candidate report, c	andidate sign here. hest of my knowled	lae and belief tr	ue. correct and complet	e.
Sworn to and subscribed before me th	his	a diva ore property	1.0	7		
KIIIN I EN ALLINA		٠.				
			1			
-						5

Statement of Expenditures

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				_
Filer Identification Number:	_			
	mularia	(1)		
	· · · · · · · · · · · · · · · · · · ·	\sim 010 Y1		

To Whom Pa	id Fran	la L V	20-1 1 (1-1	Date [MM/DD/YYYY] \$ 5/8.46
House #	Street Address	10 DF 1	Milhard Colon	Description of Expenditure
City	12 (3	State	un Arc	10 Donation to my Lampaja
15-	zthlehzm	P		10 (ommitted
To Whom Pa	id			Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City	for What is supposed to a	State	Zip Gode	An Title Talk and the State Mee Metales and the State of the contract of the c
To Whom Pai	id	[Fig. 100 Ass]	L ************************************	Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
	Street Address		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Description of Experiation
City		State	Zip Code	
To Whom Pai	i d			Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	[-7im(< \ // //]	
		State	Zip Code	
To Whom Pai	d on			Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid	d	37 St. 10 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Gode (7)	Date [MM/DD/YYYY] \$
		·		\$4.50 \$4.50
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 to the same and	Linitalianini-	Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid			Coue (A)	Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip	
Unity		State	Code	

SCHEDULE I Contributions and Receipts Detailed Summary Page

Filer Identification Number Fright of Michael Fright		Colnin
1.Unitemized Contributions and Receipts-\$ 50.00 or Less per Contributor		
Total for the reporting period () 8	0
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)	8	0
Total for the reporting period (2	2) 8	ð
3. Contributions Over \$ 250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	8	0
All Other Contributions (Part D)	8	518.46
Total for the reporting period (3) \$	518.46
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	eg tir	
Total for the reporting period (4) 8	D
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	t	518-46

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	on Number	1 - 1	2 of Michael	1/1	
	I FY	「てかか	3 DF Michael	1 Colon	Amount
- " II of C					
Full Name of Committee	ontributing			Date [MM/DD/1111]	5
House #	Street Address			Date [MM/DD/YYYY]	8
City		State	Zip Code	Date [MM/DD/YYYY]	8 1
THE STATE OF					
Full Name of Co	ontributing			Date [MM/DD/YYYY]	8
Committee					
House #	Street Address			Date [MM/DD/YYYY]	3
Mouse #	סנו ככו תעטיטיי			Date Immi 22,	•
				22000	
City		State	Zip Code	Date [MM/DD/YYYY]	8
(A. 17.),		, grant			1
Full Name of Co	ontributing		-	Date [MM/DD/YYYY]	\$
Committee					•.
House #	Street Address			Date [MM/DD/YYYY]	8.
<u> </u>		State	Zip Code	Date [MM/DD/YYYY]	8 ·
City		State	Zip Goue	Date faiming 11111	5
= = = = = = = = = = = = = = = = = = = =	- 11 - 41			D-4- [MAN/DD/VVVV]	
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	8 .
House #	Street Address			Date [MM/DD/YYYY]	8
City	NAME OF THE PARTY	State	Zip Code	Date [MM/DD/YYYY] 1	\$,
					4
Full Name of Co	ontributing	1		Date [MM/DD/YYYY] 1	\$
Committee					.]
House #	Street Address			Date [MM/DD/YYYY] \$	8
					3.
City		State	Zip Code	Date [MM/DD/YYYY] 8	8
Full Name of Co	ontributing		The second second	Date [MM/DD/YYYY] \$	
Committee					
House #	Street Address			Date [MM/DD/YYYY]	
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY] \$	1.
Gity		State	Zip oode	Date [minit,,	
· .					

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 Identificatio	n Number: Fy	rend?	of micha	al Colon	
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$	
House #	Street Addre	BS		Date [MM/DD/YYYY] 8	
City /		 State	Zip Code	Date [MM/DD/YYYY] 3	
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$	
		· · · · · · · · · · · · · · · · · · ·	-	Date Flat (DD AVAVI & B	
House #	Street Addres	53		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
				2.4	
Full Name of Co	ntributor.	-		Date [MM/DD/YYYY] \$	
	Teachers and a series			Date [MM/DD/YYYY] \$	
House #	Street Addres	55		DSIG [MIM\DD\\1111]	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ntributor	I iii maat		Date [MM/DD/YYYY] \$	
House #	Street Addres	is		Date [MM/DD/YYYY] \$	
				197 1837	
City	Visiting the second	State	Zip Gode	Date [MM/DD/YYYY] \$	
Full Name of Co	ntributor	TANDA DA	the state of the s	Date [MM/DD/YYYY] \$	
				(*************************************	
House #	Street Addres	\$	Andrew Angeles Control of the Contro	Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
				A Section of the sect	
Full Name of Cor	ntributor			Date [MM/DD/YYYY] \$	
House #	Street Addres	s		Date [MM/DD/YYYY]	
		7 8 8 8 8			
City		State	Zip Code	Date [MM/DD/YYYY] \$	

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	on Number: Fr	rado ¿	of Michan	ul Colon	
Full Name of				Date [MM/DD/YYYY] \$	
Contributing C				(4.73 (80)	
House #	Street Addres	.SS		Date [MM/DD/YYYY] 8	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing C	-nmmittee	1 2 Contract (a)	[2008] Yes (W. Y.) [Date [MM/DD/YYYY] \$	
			and the state of t	D-4- (1444/DD /WW/)	
House #	Street Addres	\$\$ \$5 \$5		Date [MM/DD/YYYY] \$	
City		State	Zip Gode	Date [MM/DD/YYYY] \$	
		13 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15		36.29	
Full Name of		[1940.000.00]	Parameter and a	Date [MM/DD/YYYY] \$	
Contributing Co				17-64 17-64 17-64 17-64	
House #	Street Addres	\$S		Date [MM/DD/YYYY] \$	
		<u> </u>	The state of the s	THE PROPERTY OF	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of		1. 1. 2. 41.		Date [MM/DD/YYYY] \$	
Contributing Co	ommittee				
House #	Street Address	18		Date [MM/DD/YYYY] 3	
					_
City	Parwish and an a	State	Zip Code	Date [MM/DD/YYYY] \$	
				Data FARAZOD ZVVVVI (1. 80)	
Full Name of Contributing Co	ommittee.			Date [MM/DD/YYYY] \$	
House #	Street Address	· ·	Add	Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
				5/6	
Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY] \$	
				0 0 0 0 0 0 0 0 0 0	
House #	Street Address			Date [MM/DD/YYYY] \$	
Gity	<u> </u>	State	Zip Code	Date [MM/DD/YYYY] \$	

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 Nu	imber: Frid	inds t	of Michael	Colon		
Full Name of Contr				Date [MM/DD/YYYY] \$		
		hall	Colon		8-46	
House #	Street Address	0:32-	Colon louin Ave	Date [MM/DD/YYYY] \$		
11956				Date IMM/DD/YYYY		
City	hlelman	State	PA Zip Code 18c	Date [MM/DD/YYYY] 4.		
Employer Name		N. Humpto	n Colube + City	Occupation Almizzioni Co	er dinute	
Employer Mailing A Principal Place of B	Address / usiness	669 WAZI	n Collet + City	2 lehm 1804) (ity bunging		
Full Name of Contr				Date'[MM/DD/YYYY] \$		
House #	Street Address			Date [MM/DD/YYYY] \$		
City		State	Zip Code	Date [MM/DD/YYYY] \$		
Employer Name			· · · · · · · · · · · · · · · · · · ·	Occupation		
Employer Mailing A Principal Place of B				production to produce the second test		
Full Name of Contri				Date [MM/DD/YYYY] \$		
House #	Street Address			Date [MM/DD/YYYY] \$		
City		State	Zip Code	Date [MM/DD/YYYY] \$		
			A STATE OF THE STA			
Employer Name				Occupation		
Employer Mailing A Principal Place of B	ddress / usiness					
Full Name of Contri				Date [MM/DD/YYYY]		
House #	Street Address			Date [MM/DD/YYYY]		
City.		State	Zip Code	Date [MM/DD/YYYY] \$		
				20 12 1 12 12 12 12 12 12 12 12 12 12 12 1		
Employer Name	5 45 6 5 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u>. 1 </u>		Occupation	***************************************	
Employer Mailing A				PASSE DE ASSESSEALE A		

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:	uds of 1	michand	Colón
Full Name				
House #	Street Address			
		I Orestee	[ziakwa i	Date [MM/DD/YYYY] 3
City		State	Zip Code	1997
Receipt Descript	lion	Electricity		TARIS.
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	ilon	Date to 4	1996 - 1906	1000
Full Name				
House #	Street Address			
City		State	Zip Gode	Date [MM/DD/YYYY] \$
Receipt Descript	ilon			
Full Name				
House #	Street Address			
City	本語がおきない数字を表現して 本語の表現を表現している。 本語の表現を表現している。	State	Zip Code	Date [MM/DD/YYYY] \$
	Control of the contr		Gode	
Receipt Descript				
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	ion	A STATE OF THE PARTY OF THE PAR	P. S. Street, A. S.	
Full Name				
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] 8
Receipt Descript			Code	. 25
neceipt Descript	(UI)			

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:	rrules of	- Michael Colon	
UNITEMIZED IN-KIND CONTRI	BUTIONS RECEIVED-VALUE	OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the reporting period	(1)	* O	
2. IN-KIND CONTRIBUTIONS RECE	EIVED-VALUE OF \$50.01 TO	0 \$ 250.00 (FROM PART F)	
TOTAL for the reporting period	(2)	8 0	
3. IN-KIND CONTRIBUTION RECEI	IVED-VALUE OVER \$ 250.00 () (FROM PART G)	
TOTAL for the reporting period	(3)	8 0	
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals from Page 1, Report Cover Page, Item F)			

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$ 50.01 TO \$ 250

Filer Identification Number:	Frands	of Michae	el Colon	
Full Name of Contributor			Date [MM/DD/YYYY]	
House # Stre	eet Address	The Later of the L	Date [MM/DD/YYYY]	
City	State	Zip Gode	Date [MM/DD/YYYY]	
Description of Contribution	n			
Full Name of Contributor			Date [MM/DD/YYYY]	la•al
Full Name of Contributor			Date [mm/ DD/ 1.11]	
House # Stre	et Address		Date [MM/DD/YYYY]	8
				100 100
City	State	Zip Code	Date [MM/DD/YYYY]	
Description of Contributio	n			
Full Name of Contributor			Date [MM/DD/YYYY]	
House # Stre	et Address		Date [MM/DD/YYYY]	335 0 2 2 3
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution	1	or second of the handle of the		[-AS. :]
Full Name of Contributor	Controller and An Controller		Date [MM/DD/YYYY]	3. 3
House # Stre	et Address	A. L.	Date [MM/DD/YYYY]	
City	State	Zip Code	Date [MM/DD/YYYY]	4 10 10 10 10 10 10 10 10 10 10 10 10 10
Description of Contribution] [475647378483		s ½ is]
Full Name of Contributor			Date [MM/DD/YYYY]	8 5
			<u> </u>	
House # Stree	et Address	ANTONIO (1900 - 1900 -	Date [MM/DD/YYYY]	
				M147 447 447
City	State	Zip Gode	Date [MM/DD/YYYY]	
Description of Contribution		Res, 945 - 43 155 100 1		<u>il</u>

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$ 250

Full Name of C	Contributor			Date [MM/DD/YYYY]	

House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Nam	iè	2/19/80/19/06/ 2017 2017	[2627] MODERA (1822)	Occupation	
Employer Mail Place of Busine	ing Address / Principal ess			Description of Contribution	
Full Name of C	ontributor			Date [MM/DD/YYYY]	
House #	Street Address		Contraction (Contraction Contraction Contr	Date [MM/DD/YYYY] \$	
City	[13 30 3 75 3 75 75 75 75 75 75 75 75 75 75 75 75 75	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Nam	e	Occupation			
	ing Address / Principal			Description	
Place of Busine)\$\$	3		of Contribution	
Full Name of C	ontributor	yr :		Date [MM/DD/YYYY] \$	
House #	Street Address		100	Date [MM/DD/YYYY]	
Bity	10000 a 30 4 5000 0 40 g	State	Zip Code	Date [MM/DD/YYYY] 8	
The state of the same of the same of the same of		100 (100 (100 (100 (100 (100 (100 (100		Occupation	
Employer Mailing Address / Principal Place of Business			Description of Contribution		
ull Name of Co	<u> </u>	321		Date [MM/DD/YYYY] \$	
louse #	Street Address			Date [MM/DD/YYYY] \$	
iity	Indian Control of	State	Zip Code	Date [MM/DD/YYYY] \$	
mployer Name			Personal Affirm L	Occupation	
Employer Mailing Address / Principal Place of Business			Description of		
		2.		Contribution	

Statement of Expenditures

City State Zip State Java - Code J	Filer Identifica	ation Number: Fr	iznds	of Michan	a Colon
Street Address Street Address Description of Expenditure	To Whom Pa	id Pali	12. K		2542
Code Samuel Many Date Date Many Date	House #				Description of Expenditure
Date [MM/DD/YYY] 3 1 20 24 1 20 25 20 25 20 25 25 25	City		State		/
House # Street Address State Zip Description of Expenditure	To Whom Pa	iris 1		Code	
House # Street Address Street Addr		I PN	1. Bun	K	764143
State Zip Date MM/DD/YYYY S CONTROL Contro	House #	1 4 1 1 4 4 4 5 1 1 4 1 4 1 4 1 4 1 4 1			Description of Expenditure
To Whom Paid House # Street Address City State Zip Description of Expenditure To Whom Paid Date [MM/DD/YYY] \$	City	1 (27555) (446, 655 a)	State		Lavo; 12 Charz
House # Street Address Description of Expenditure	To Whom Pa	id /	1090 Trings	Total 19 Att 25 (455)	Date [MM/DD/YYYY] \$
To Whom Paid City State Zip Date [MM/DD/YYYY] S Description of Expenditure	United #	Percet Address			OY/V//VY// /), U)
To Whom Paid Code STANJY Charz	and the second	 400 Mars 2 at 10 at 10			Description of Exhauting
To Whom Paid House # Street Address Street Address Street Address To Whom Paid House # Street Address Street Address Street Address To Whom Paid To Whom Paid For the following the part of	City		State		STUIL Charz
House # Street Address Description of Expenditure	To Whom Pai	d O all	A 1/	International pay	Date [MM/DD/YYYY] \$
City State Zip Street Address Description of Expenditure	House #		Bank		Description of Expenditure
To Whom Paid Code SZVV; ZZ Chuyz To Whom Paid Date [MM/DD/YYYY] Street Address Description of Expenditure				la marana di la	
To Whom Paid Date [MM/DD/YYYY] 3 1 1 1 1 1 1 1 1 1			State		
State Zip Date [MM/DD/YYYY] State Zip Code Date [MM/DD/YYYY] Street Address Date [MM/DD/YYYY] State Zip Code Date [MM/DD/YYYY] State	To Whom Pai	d Pali	1 1/		Date [MM/DD/YYYY] \$
State Zip Date [MM/DD/YYYY] State Zip Code Date [MM/DD/YYYY] Street Address Date [MM/DD/YYYY] State Zip Code Date [MM/DD/YYYY] State	House #	Street Address	Dank		Description of Expenditure
To Whom Paid Date [MM/DD/YYYY] 3 1 2 0 0				la y iwa ngwang	
To Whom Paid Date [MM/DD/YYYY] \$			State		
City State Zip Street Address Code C	To Whom Pair	\sim \sim \sim		2	Date [MM/DD/YYYY] \$
City State Zip Street Address Code C	House #		1) in r		Description of Expenditure
To Whom Paid Date [MM/DD/YYYY] 3 1 1 1 1 1 1 1 1 1				o Zin kakitā	
House # Street Address Description of Expenditure City State Zip Code Street Address To Whom Paid Date [MM/DD/YYYY] Street Address House # Street Address Description of Expenditure			2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
House # Street Address Description of Expenditure City State Zip Gode S=\(\mu\), \(\mu\), \(\mu\) \(\mu\), \(\mu\) \(To Whom Paic	Pall	RIV	1	1 2 1 1 1 1
To Whom Paid Date [MM/DD/YYY] House # Street Address Code Date [MM/DD/YYYY] Description of Expenditure	House #	Street Address	1 xyrc	S	
To Whom Paid Date [MM/DD/YYY] House # Street Address Code Date [MM/DD/YYYY] Description of Expenditure	City		State	Zip	1
House # Street Address Description of Expenditure				Code	
	To Wnom Paid	PAI	Rink		
City State Zip 1	House #	Street Address	<u> </u>	SC	Description of Expenditure
	City	To Garage Control of	State	Zip Code	1

acepe e

Statement of Expenditures

Filer Identificat	Marie I	rizul)	of Mic)	ruzh Colón	
To Whom Paid PUL BUNL				Date [MM/DD/YYYY] 1 12.00	
House # Street Address				Description of Expenditure	
		 State	Zip	1	
			Code	Growing Change	
To Whom Paid	PNC	Bush	Date [MM/DD/YYYY]		
House #	Street Addres		Description of Expenditure		
City		State	Zip (***)		
			Code	GENUICE CHWER	
To Whom Paid	PNL	Bank	Date [MM/DD/YYYY] \$		
House # Street Address				Description of Expenditure	
City		State	Zip		
			Code	SZVVILL Chrisz	
To Whom Paid			Date [MM/DD/YYYY] \$		
House #	Street Address			Description of Expenditure	
City		State	Zip Code		
To Whom Paid		1	· GOOD (***)	Date [MM/DD/YYYY] \$	
House #	Street Address		Description of Expenditure		
Cito		State			
City			Zip Code		
To Whom Paid			Date [MM/DD/YYYY] \$		
House #	Street Address		Description of Expenditure		
City'		State	Zip		
		JIAIG	Code		
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address	1	Description of Expenditure		
			[, Zip / (3,0),]	Description of Expenditure	
City		State			
To Whom Paid	(A4), (3), (4), (5), (6), (6), (6), (6), (6), (6), (6), (6			Date [MM/DD/YYYY] \$	
House # Street Address				Description of Expenditure	
	Street Address	01.2.			
City		State	Zip Code		

SCHEDULE IV

Filer Identification Number:

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 Identificati	Friznd?	of Milhar) (olon	
Name of Credi				Balance of Debt
House #	Street Address		DEBT INCURRED \$ M/DD/YYYY]	45.50 - 400.00
City			Zip Code	
Description of	Debt	[4:i] - 2: 2: 1	Uug	
Name of Credit	itor		Outstanding	Balance of Debt
House #	Street Address		EBT INCURRED \$	
			M/DD/YYYY]	
City	De transference (C. 10) Personal region (C. 10) Personal region (C. 10) Personal region (C. 10)		ip	
Description of I	Debt	<u>्</u>	ode	
MANAGES NO. 18				
Name of Credit				Balance of Debt
House #	Street Address		EBT INCURRED \$	<u> </u>
		Market State And American Land	/VU/1111	
City		State Zij	p ode	
Description of D	Debt.		<u> 1000 </u>	
Name of Credito	(or		Outstanding B	alance of Debt
House #	Street Address	 ■ 株でもまったとうことをよるよう。 	BT INCURRED \$	
		<u> </u>	/DD/YYYY]	
City		State Zip		
Description of D	Debt Debt	GO	ode 💮	
Name of Credito		PATERE	Outstanding Ba	Jance of Debt
House #	Street Address		BT INCURRED \$ IDD/YYYY]	
City				
		State Zip Coo		
Description of De	ebt			
Name of Credito	it is a second of the second o		Outstanding Bal	ance of Debt
House #	Street Address		BT INCURRED \$	
		[MM/L	DD/YYYY]	
City		State Zip		
Description of De	ebt	Cod	<u>ie</u>	