

Commonwealth of Pennsylvania - Campaign Finance Report

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

| | | | | | | | | | |
|---|------------|--------------------------|----|-----------|-------|-----------|--|----------|--|
| Filer Identification Number | | Report Filed By (Mark X) | X | Candidate | | Committee | | Lobbyist | |
| Name of Filing Committee, Candidate or Lobbyist | | Michael Colon | | | | | | | |
| Street Address | | 1956 N. Byrdstown Ave | | | | | | | |
| City | Dushikheim | State | PA | Zip Code | 18018 | | | | |

Type of Report (Place x under report type)

| 1- 6 th Tuesday Pre-Primary | 2- 2 nd Friday Pre-Primary | 3- 30 Day Post Primary | 4- 6 th 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 | | |
|--|---------------------------------------|--------------------------|---|--|-------------------------------------|--------------------------|---|------------------------------|--------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Date Of Election (MM/DD/YYYY) | | 11/5/19 | | Year | 2019 | | Amendment Report | <input type="checkbox"/> | Termination Report | <input type="checkbox"/> |

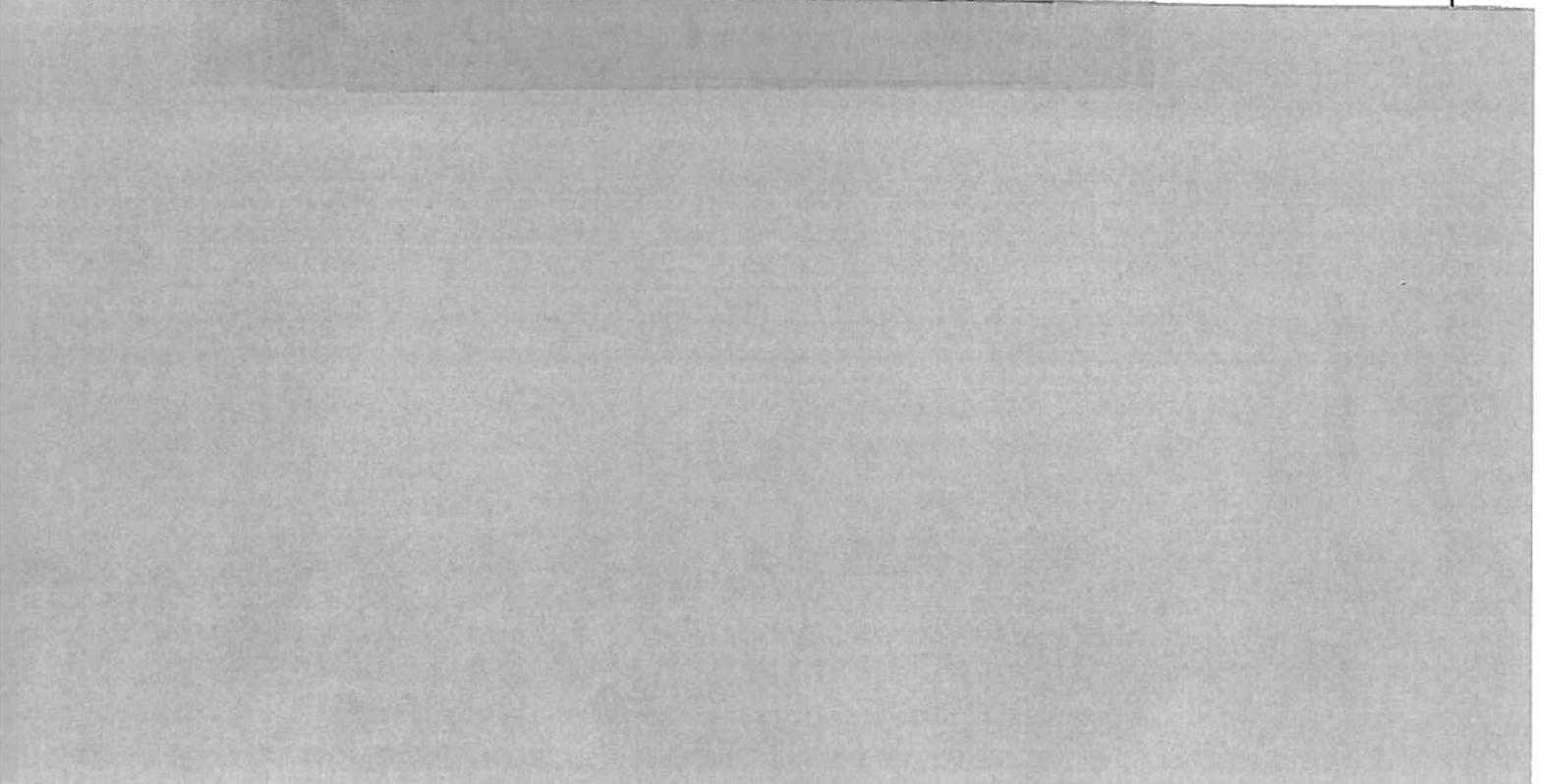
| Summary of Receipts and Expenditures | From Date | To Date | For Office Use Only |
|--|-----------|----------|---------------------|
| | 10/22/19 | 11/25/19 | |
| A. Amount Brought Forward From Last Report | | 0 | |
| B. Total Monetary Contributions and Receipts (From Schedule I) | | 0 | |
| C. Total Funds Available (Sum of Lines A and B) | | 0 | |
| D. Total Expenditures (From Schedule III) | | 0 | |
| E. Ending Cash Balance (Subtract Line D from Line C) | | 0 | |
| F. Value of In-Kind Contributions Received (From Schedule II) | | 0 | |
| G. Unpaid Debts and Obligations (From Schedule IV) | | 0 | |

Affidavit Section

Part 1- If this is a Committee Report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is in the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this _____ day of _____, 2019.



SCHEDULE I
Contributions and Receipts
Detailed Summary Page

| | | |
|---|---------------|---|
| Filer Identification Number | Michael Colón | |
| 1. Unitemized Contributions and Receipts-\$ 50.00 or Less per Contributor | | |
| Total for the reporting period (1) | § | 0 |
| 2. Contributions of \$ 50.01 to \$ 250.00 (From Part A and Part B) | | |
| Contributions Received from Political Committees (Part A) | § | 0 |
| All Other Contributions (Part B) | § | 0 |
| Total for the reporting period (2) | § | 0 |
| 3. Contributions Over \$ 250.00 (From Part C and Part D) | | |
| Contributions Received from Political Committees (Part C) | § | 0 |
| All Other Contributions (Part D) | § | 0 |
| Total for the reporting period (3) | § | 0 |
| 4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E) | | |
| Total for the reporting period (4) | § | 0 |
| Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i> | § | 0 |

PART A
Contributions Received From Political Committees

§ 50.01 TO § 250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value from § 50.01 TO § 250.00 in the reporting period.

| | |
|-----------------------------|---------------|
| Filer Identification Number | Michael Colon |
|-----------------------------|---------------|

| | | | | | | | Amount | |
|-------------------------------------|----------------|--|----------|--|--|-------------------|-------------------|---|
| 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] | § |
| | | | | | | | | |
| 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] | § |
| | | | | | | | | |
| 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] | § |
| | | | | | | | | |

0

PART B
All Other Contributions

§ 50.01 TO § 250

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

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

| | |
|-------------------------------------|---------------|
| Filer Identification Number: | Michael Colon |
|-------------------------------------|---------------|

| | | | | | |
|----------------------------------|-----------------------|-----------------|--|--------------------------|---|
| Full Name of Contributor: | | | | Date [MM/DD/YYYY] | § |
| House # | Street Address | | | Date [MM/DD/YYYY] | § |
| City | State | Zip Code | | Date [MM/DD/YYYY] | § |
| Full Name of Contributor: | | | | Date [MM/DD/YYYY] | § |
| House # | Street Address | | | Date [MM/DD/YYYY] | § |
| City | State | Zip Code | | Date [MM/DD/YYYY] | § |
| Full Name of Contributor: | | | | Date [MM/DD/YYYY] | § |
| House # | Street Address | | | Date [MM/DD/YYYY] | § |
| City | State | Zip Code | | Date [MM/DD/YYYY] | § |
| Full Name of Contributor: | | | | Date [MM/DD/YYYY] | § |
| House # | Street Address | | | Date [MM/DD/YYYY] | § |
| City | State | Zip Code | | Date [MM/DD/YYYY] | § |
| Full Name of Contributor: | | | | Date [MM/DD/YYYY] | § |
| House # | Street Address | | | Date [MM/DD/YYYY] | § |
| City | State | Zip Code | | Date [MM/DD/YYYY] | § |
| Full Name of Contributor: | | | | Date [MM/DD/YYYY] | § |
| House # | Street Address | | | Date [MM/DD/YYYY] | § |
| City | State | Zip Code | | Date [MM/DD/YYYY] | § |

0

PART C
Contributions Received From Political Committees

Over \$ 250.00

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

| | |
|------------------------------|---------------|
| Filer Identification Number: | Michael Colón |
|------------------------------|---------------|

| | | | | | | |
|--|-----------------------|-----------------|--|--------------------------|--------------------------|----|
| 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] | | |
| 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] | | |
| 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] | | |
| Full Name of Contributing Committee | | | | | Date [MM/DD/YYYY] | \$ |
| House # | Street Address | | | Date [MM/DD/YYYY] | | |
| City | State | Zip Code | | Date [MM/DD/YYYY] | | |

0

PART 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: | Michael Colon |
|------------------------------|---------------|

| | | | | | | | |
|--|----------------|--|-------|-------------------|-------------------|----|----|
| 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 | | | | | | | |
| 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 | | | | | | | |
| 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 | | | | | | | |
| 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 | | | | | | | |

9

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: | Michael Colon |
|------------------------------|---------------|

| | | | | | | | |
|---------------------|--|----------------|--|----------|--|-------------------|----|
| Full Name | | | | | | | |
| House # | | Street Address | | | | | |
| City | | State | | Zip Code | | Date (MM/DD/YYYY) | \$ |
| Receipt Description | | | | | | | |
| Full Name | | | | | | | |
| House # | | Street Address | | | | | |
| City | | State | | Zip Code | | Date (MM/DD/YYYY) | \$ |
| Receipt Description | | | | | | | |
| Full Name | | | | | | | |
| House # | | Street Address | | | | | |
| City | | State | | Zip Code | | Date (MM/DD/YYYY) | \$ |
| Receipt Description | | | | | | | |
| Full Name | | | | | | | |
| House # | | Street Address | | | | | |
| City | | State | | Zip Code | | Date (MM/DD/YYYY) | \$ |
| Receipt Description | | | | | | | |
| Full Name | | | | | | | |
| House # | | Street Address | | | | | |
| City | | State | | Zip Code | | Date (MM/DD/YYYY) | \$ |
| Receipt Description | | | | | | | |

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 Colón |
|------------------------------|---------------|

| | | |
|---|-----|------|
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR | | |
| TOTAL for the reporting period | (1) | \$ 0 |

| | | |
|--|-----|------|
| 2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F) | | |
| TOTAL for the reporting period | (2) | \$ 0 |

| | | |
|--|-----|------|
| 3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM 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

| | |
|------------------------------|---------------|
| Filer Identification Number: | Michael Colon |
|------------------------------|---------------|

| | | | | | |
|-----------------------------|----------------|----------|-------------------|-------------------|----|
| Full Name of Contributor | | | | Date [MM/DD/YYYY] | \$ |
| House # | Street Address | | Date [MM/DD/YYYY] | | |
| City | State | Zip Code | Date [MM/DD/YYYY] | | |
| Description of Contribution | | | | | |
| Full Name of Contributor | | | | Date [MM/DD/YYYY] | \$ |
| House # | Street Address | | Date [MM/DD/YYYY] | | |
| City | State | Zip Code | Date [MM/DD/YYYY] | | |
| Description of Contribution | | | | | |
| Full Name of Contributor | | | | Date [MM/DD/YYYY] | \$ |
| House # | Street Address | | Date [MM/DD/YYYY] | | |
| City | State | Zip Code | Date [MM/DD/YYYY] | | |
| Description of Contribution | | | | | |
| Full Name of Contributor | | | | Date [MM/DD/YYYY] | \$ |
| House # | Street Address | | Date [MM/DD/YYYY] | | |
| City | State | Zip Code | Date [MM/DD/YYYY] | | |
| Description of Contribution | | | | | |

0

SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$ 250

Filer Identification Number: Michael Colon

| | | | | | |
|--|----------------|----------|-------------------|-----------------------------|----|
| Full Name of Contributor | | | | Date [MM/DD/YYYY] | \$ |
| House # | Street Address | | Date [MM/DD/YYYY] | | |
| City | State | Zip Code | Date [MM/DD/YYYY] | | |
| Employer Name | | | | Occupation | |
| Employer Mailing Address / Principal Place of Business | | | | Description of Contribution | |
| Full Name of Contributor | | | | Date [MM/DD/YYYY] | \$ |
| House # | Street Address | | Date [MM/DD/YYYY] | | |
| City | State | Zip Code | Date [MM/DD/YYYY] | | |
| Employer Name | | | | Occupation | |
| Employer Mailing Address / Principal Place of Business | | | | Description of Contribution | |
| Full Name of Contributor | | | | Date [MM/DD/YYYY] | \$ |
| House # | Street Address | | Date [MM/DD/YYYY] | | |
| City | State | Zip Code | Date [MM/DD/YYYY] | | |
| Employer Name | | | | Occupation | |
| Employer Mailing Address / Principal Place of Business | | | | Description of Contribution | |
| Full Name of Contributor | | | | Date [MM/DD/YYYY] | \$ |
| House # | Street Address | | Date [MM/DD/YYYY] | | |
| City | State | Zip Code | Date [MM/DD/YYYY] | | |
| Employer Name | | | | Occupation | |
| Employer Mailing Address / Principal Place of Business | | | | Description of Contribution | |

0

SCHEDULE III
Statement of Expenditures

Filer Identification Number: Michael Colon

| | | | | | | | |
|--------------|----------------|-------|--|----------|----------------------------|---|--|
| To Whom Paid | | | | | Date [MM/DD/YYYY] | § | |
| House # | Street Address | | | | Description of Expenditure | | |
| City | | State | | Zip Code | | | |
| To Whom Paid | | | | | Date [MM/DD/YYYY] | § | |
| House # | Street Address | | | | Description of Expenditure | | |
| City | | State | | Zip Code | | | |
| To Whom Paid | | | | | Date [MM/DD/YYYY] | § | |
| House # | Street Address | | | | Description of Expenditure | | |
| City | | State | | Zip Code | | | |
| To Whom Paid | | | | | Date [MM/DD/YYYY] | § | |
| House # | Street Address | | | | Description of Expenditure | | |
| City | | State | | Zip Code | | | |
| To Whom Paid | | | | | Date [MM/DD/YYYY] | § | |
| House # | Street Address | | | | Description of Expenditure | | |
| City | | State | | Zip Code | | | |
| To Whom Paid | | | | | Date [MM/DD/YYYY] | § | |
| House # | Street Address | | | | Description of Expenditure | | |
| City | | State | | Zip Code | | | |
| To Whom Paid | | | | | Date [MM/DD/YYYY] | § | |
| House # | Street Address | | | | Description of Expenditure | | |
| City | | State | | Zip Code | | | |

0

**SCHEDULE IV
Statement of Unpaid Debts**

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

Filer Identification Number: Michael Colon

| Name of Creditor | | | | | | Outstanding Balance of Debt |
|---------------------|----------------|---------------------------------|--|--|--|-----------------------------|
| House # | Street Address | DATE DEBT INCURRED [MM/DD/YYYY] | | | | |
| City | State | Zip Code | | | | |
| Description of Debt | | | | | | |
| Name of Creditor | | | | | | Outstanding Balance of Debt |
| House # | Street Address | DATE DEBT INCURRED [MM/DD/YYYY] | | | | |
| City | State | Zip Code | | | | |
| Description of Debt | | | | | | |
| Name of Creditor | | | | | | Outstanding Balance of Debt |
| House # | Street Address | DATE DEBT INCURRED [MM/DD/YYYY] | | | | |
| City | State | Zip Code | | | | |
| Description of Debt | | | | | | |
| Name of Creditor | | | | | | Outstanding Balance of Debt |
| House # | Street Address | DATE DEBT INCURRED [MM/DD/YYYY] | | | | |
| City | State | Zip Code | | | | |
| Description of Debt | | | | | | |
| Name of Creditor | | | | | | Outstanding Balance of Debt |
| House # | Street Address | DATE DEBT INCURRED [MM/DD/YYYY] | | | | |
| City | State | Zip Code | | | | |
| Description of Debt | | | | | | |

D

Commonwealth of Pennsylvania - Campaign Finance Report

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

| | | | | | | | | | |
|---|-----------|--------------------------|----|-----------|-------|-----------|-------------------------------------|----------|--|
| Filer Identification Number | | Report Filed By (Mark X) | | Candidate | | Committee | <input checked="" type="checkbox"/> | Lobbyist | |
| Name of Filing Committee, Candidate or Lobbyist | | Friends of Michael Colon | | | | | | | |
| Street Address | | 1456 Ridgewood Ave | | | | | | | |
| City | Bethlehem | State | PA | Zip Code | 18018 | | | | |

Type of Report (Place x under report type)

| 1- 6 th Tuesday Pre-Primary | 2- 2 nd Friday Pre-Primary | 3- 30 Day Post Primary | 4- 6 th 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 |
|--|---------------------------------------|--------------------------|---|--|-------------------------------------|--------------------------|---|------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Date Of Election (MM/DD/YYYY) | | 11/3/19 | Year | 2019 | Amendment Report | <input type="checkbox"/> | Termination Report | <input type="checkbox"/> |

| Summary of Receipts and Expenditures | From Date | To Date | For Office Use Only |
|--|-----------|----------|---------------------|
| | 10/22/19 | 11/25/19 | |
| A. Amount Brought Forward From Last Report | | \$ 48.59 | |
| B. Total Monetary Contributions and Receipts (From Schedule I) | | 0 | |
| C. Total Funds Available (Sum of Lines A and B) | | \$ 48.59 | |
| D. Total Expenditures (From Schedule II) | | \$ 10.00 | |
| E. Ending Cash Balance (Subtract Line D from Line C) | | \$ 38.59 | |
| F. Value of In-Kind Contributions Received (From Schedule II) | | 0 | |
| G. Unpaid Debts and Obligations (From Schedule IV) | | 0 | |

Affidavit Section

Part 1- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.
 I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.
 Sworn to and subscribed before me this _____ day of _____, 2019.

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

| | | | |
|---|--------------------------|-----|------|
| Filer Identification Number | Friends of 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) | | \$ | 0 |
| All Other Contributions (Part B) | | \$ | 0 |
| Total for the reporting period | | (2) | \$ 0 |
| 3. Contributions Over \$250.00 (From Part C and Part D) | | | |
| Contributions Received from Political Committees (Part C) | | \$ | 0 |
| All Other Contributions (Part D) | | \$ | 0 |
| Total for the reporting period | | (3) | \$ 0 |
| 4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E) | | | |
| Total for the reporting period | | (4) | \$ |
| Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i> | | \$ | 0 |

PART A
Contributions Received From Political Committees

§ 50.01 TO § 250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value from § 50.01 TO § 250.00 in the reporting period.

| | |
|-----------------------------|---------------------------|
| Filer Identification Number | Friedman of Michael Colon |
|-----------------------------|---------------------------|

| | | | | | | | Amount |
|-------------------------------------|----------------|--|----------|--|-------------------|-------------------|--------|
| Full Name of Contributing Committee | | | | | | Date [MM/DD/YYYY] | 0 |
| | | | | | | § | |
| House # | Street Address | | | | Date [MM/DD/YYYY] | | 0 |
| | | | | | | § | |
| City | State | | Zip Code | | Date [MM/DD/YYYY] | | 0 |
| | | | | | | § | |
| Full Name of Contributing Committee | | | | | | Date [MM/DD/YYYY] | 0 |
| | | | | | | § | |
| 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] | | |
| | | | | | | § | |
| 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] | | |
| | | | | | | § | |

0

PART B
All Other Contributions

§ 50.01 TO § 250

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

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

| | |
|------------------------------|--------------------------|
| Filer Identification Number: | Friends of Michael Colon |
|------------------------------|--------------------------|

| | | | | | |
|--------------------------|----------------|----------|-------------------|-------------------|---|
| Full Name of Contributor | | | | Date [MM/DD/YYYY] | § |
| House # | Street Address | | Date [MM/DD/YYYY] | | |
| City | State | Zip Code | Date [MM/DD/YYYY] | | |
| Full Name of Contributor | | | | Date [MM/DD/YYYY] | § |
| House # | Street Address | | Date [MM/DD/YYYY] | | |
| City | State | Zip Code | Date [MM/DD/YYYY] | | |
| Full Name of Contributor | | | | Date [MM/DD/YYYY] | § |
| House # | Street Address | | Date [MM/DD/YYYY] | | |
| City | State | Zip Code | Date [MM/DD/YYYY] | | |
| Full Name of Contributor | | | | Date [MM/DD/YYYY] | § |
| House # | Street Address | | Date [MM/DD/YYYY] | | |
| City | State | Zip Code | Date [MM/DD/YYYY] | | |
| Full Name of Contributor | | | | Date [MM/DD/YYYY] | § |
| House # | Street Address | | Date [MM/DD/YYYY] | | |
| City | State | Zip Code | Date [MM/DD/YYYY] | | |
| Full Name of Contributor | | | | Date [MM/DD/YYYY] | § |
| House # | Street Address | | Date [MM/DD/YYYY] | | |
| City | State | Zip Code | Date [MM/DD/YYYY] | | |
| Full Name of Contributor | | | | 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: | Friends of Michael Cobin |
|------------------------------|--------------------------|

| | | | | | |
|--|-----------------------|-----------------|--|--------------------------|--------------------------|
| 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] |
| 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] |
| 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] |

0

PART D
All Other Contributions

Over \$ 250.00

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

| | |
|-------------------------------------|--------------------------|
| Filer Identification Number: | Friends of Michael Colon |
|-------------------------------------|--------------------------|

| | | | | | |
|---|-----------------------|-----------------|--|--------------------------|----|
| 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 | | | | | |
| 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 | | | | | |
| 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 | | | | | |

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: | Friends of Michael Colon |
|------------------------------|--------------------------|

| | | | | | | | |
|---------------------|----------------|----------|-------------------|--|--|--|--|
| Full Name | | | | | | | |
| House # | Street Address | | | | | | |
| City | State | Zip Code | Date [MM/DD/YYYY] | | | | |
| Receipt Description | | | | | | | |
| Full Name | | | | | | | |
| House # | Street Address | | | | | | |
| City | State | Zip Code | Date [MM/DD/YYYY] | | | | |
| Receipt Description | | | | | | | |
| Full Name | | | | | | | |
| House # | Street Address | | | | | | |
| City | State | Zip Code | Date [MM/DD/YYYY] | | | | |
| Receipt Description | | | | | | | |
| Full Name | | | | | | | |
| House # | Street Address | | | | | | |
| City | State | Zip Code | Date [MM/DD/YYYY] | | | | |
| Receipt Description | | | | | | | |
| Full Name | | | | | | | |
| House # | Street Address | | | | | | |
| City | State | Zip Code | Date [MM/DD/YYYY] | | | | |
| Receipt Description | | | | | | | |

D

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: *Friends of Michael Colon*

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR

| | | | |
|--------------------------------|-----|----|----------|
| TOTAL for the reporting period | (1) | \$ | <i>0</i> |
|--------------------------------|-----|----|----------|

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)

| | | | |
|--------------------------------|-----|----|----------|
| TOTAL for the reporting period | (2) | \$ | <i>0</i> |
|--------------------------------|-----|----|----------|

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)

| | | | |
|--------------------------------|-----|----|----------|
| TOTAL for the reporting period | (3) | \$ | <i>0</i> |
|--------------------------------|-----|----|----------|

| | | | |
|---|--|----|----------|
| 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) | | \$ | <i>0</i> |
|---|--|----|----------|

SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$ 50.01 TO \$ 250

| | |
|-------------------------------------|--|
| Filer Identification Number: | |
|-------------------------------------|--|

| | | | | | | | | |
|------------------------------------|-----------------------|--------------|-----------------|--------------------------|--------------------------|--------------------------|----|----|
| Full Name of Contributor: | | | | Date [MM/DD/YYYY] | | \$ | | |
| | | | | | | | | |
| House # | Street Address | | | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | |
| City | | State | Zip Code | | | Date [MM/DD/YYYY] | | \$ |
| | | | | | | | | |
| Description of Contribution | | | | | | | | |
| | | | | | | | | |
| Full Name of Contributor: | | | | Date [MM/DD/YYYY] | | \$ | | |
| | | | | | | | | |
| House # | Street Address | | | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | |
| City | | State | Zip Code | | | Date [MM/DD/YYYY] | | \$ |
| | | | | | | | | |
| Description of Contribution | | | | | | | | |
| | | | | | | | | |
| Full Name of Contributor: | | | | Date [MM/DD/YYYY] | | \$ | | |
| | | | | | | | | |
| House # | Street Address | | | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | |
| City | | State | Zip Code | | | Date [MM/DD/YYYY] | | \$ |
| | | | | | | | | |
| Description of Contribution | | | | | | | | |
| | | | | | | | | |
| Full Name of Contributor: | | | | Date [MM/DD/YYYY] | | \$ | | |
| | | | | | | | | |
| House # | Street Address | | | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | |
| City | | State | Zip Code | | | Date [MM/DD/YYYY] | | \$ |
| | | | | | | | | |
| Description of Contribution | | | | | | | | |
| | | | | | | | | |

0

SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$ 250

| | |
|-------------------------------------|--|
| Filer Identification Number: | |
|-------------------------------------|--|

| | | | | | | | |
|---|--|-----------------------|--|------------------------------------|--------------------------|----|----|
| Full Name of Contributor | | | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | |
| House # | | Street Address | | | Date [MM/DD/YYYY] | | \$ |
| | | | | | | | |
| City | | State | | Zip Code | Date [MM/DD/YYYY] | | \$ |
| | | | | | | | |
| Employer Name | | | | Occupation | | | |
| Employer Mailing Address / Principal Place of Business | | | | Description of Contribution | | | |
| Full Name of Contributor | | | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | |
| House # | | Street Address | | | Date [MM/DD/YYYY] | | \$ |
| | | | | | | | |
| City | | State | | Zip Code | Date [MM/DD/YYYY] | | \$ |
| | | | | | | | |
| Employer Name | | | | Occupation | | | |
| Employer Mailing Address / Principal Place of Business | | | | Description of Contribution | | | |
| Full Name of Contributor | | | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | |
| House # | | Street Address | | | Date [MM/DD/YYYY] | | \$ |
| | | | | | | | |
| City | | State | | Zip Code | Date [MM/DD/YYYY] | | \$ |
| | | | | | | | |
| Employer Name | | | | Occupation | | | |
| Employer Mailing Address / Principal Place of Business | | | | Description of Contribution | | | |
| Full Name of Contributor | | | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | |
| House # | | Street Address | | | Date [MM/DD/YYYY] | | \$ |
| | | | | | | | |
| City | | State | | Zip Code | Date [MM/DD/YYYY] | | \$ |
| | | | | | | | |
| Employer Name | | | | Occupation | | | |
| Employer Mailing Address / Principal Place of Business | | | | Description of Contribution | | | |

9

**SCHEDULE III
Statement of Expenditures**

Filer Identification Number: Friends of Michael Cohen

| | | | | | | | |
|--------------|----------------|-----------------|------|-------------------|------------------|----------|----------------------------|
| To Whom Paid | | <u>PNC Bank</u> | | Date [MM/DD/YYYY] | <u>11/1/2019</u> | \$ | <u>10.00</u> |
| House # | Street Address | | City | | State | Zip Code | Description of Expenditure |
| | | | | | | | <u>Bank service charge</u> |
| To Whom Paid | | | | Date [MM/DD/YYYY] | | \$ | |
| House # | Street Address | | City | | State | Zip Code | Description of Expenditure |
| | | | | | | | |
| To Whom Paid | | | | Date [MM/DD/YYYY] | | \$ | |
| House # | Street Address | | City | | State | Zip Code | Description of Expenditure |
| | | | | | | | |
| To Whom Paid | | | | Date [MM/DD/YYYY] | | \$ | |
| House # | Street Address | | City | | State | Zip Code | Description of Expenditure |
| | | | | | | | |
| To Whom Paid | | | | Date [MM/DD/YYYY] | | \$ | |
| House # | Street Address | | City | | State | Zip Code | Description of Expenditure |
| | | | | | | | |
| To Whom Paid | | | | Date [MM/DD/YYYY] | | \$ | |
| House # | Street Address | | City | | State | Zip Code | Description of Expenditure |
| | | | | | | | |
| To Whom Paid | | | | Date [MM/DD/YYYY] | | \$ | |
| House # | Street Address | | City | | State | Zip Code | Description of Expenditure |
| | | | | | | | |

**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: | |
|-------------------------------------|--|

| | | | | | | | |
|----------------------------|-----------------------|--------------|-----------------|--|--|------------------------------------|--|
| Name of Creditor | | | | | | Outstanding Balance of Debt | |
| House # | Street Address | | | | DATE DEBT INCURRED [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| City | | State | Zip Code | | | | |
| Description of Debt | | | | | | | |
| Name of Creditor | | | | | | Outstanding Balance of Debt | |
| House # | Street Address | | | | DATE DEBT INCURRED [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| City | | State | Zip Code | | | | |
| Description of Debt | | | | | | | |
| Name of Creditor | | | | | | Outstanding Balance of Debt | |
| House # | Street Address | | | | DATE DEBT INCURRED [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| City | | State | Zip Code | | | | |
| Description of Debt | | | | | | | |
| Name of Creditor | | | | | | Outstanding Balance of Debt | |
| House # | Street Address | | | | DATE DEBT INCURRED [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| City | | State | Zip Code | | | | |
| Description of Debt | | | | | | | |
| Name of Creditor | | | | | | Outstanding Balance of Debt | |
| House # | Street Address | | | | DATE DEBT INCURRED [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| City | | State | Zip Code | | | | |
| Description of Debt | | | | | | | |