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

Filer Identification Number	Report Filed By Cand	lidate //	Committee	Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Michael Co	olón		
Street Address	1956 Ridge	Iwn Ave		
ciny Bethleher	(/cs=v		Zip Code 18018	
Type of Report (Place x under report type)				
1-6 th Tuesday, 2-2 nd Friday, 3-30 Day Post Pre-Primary, Primary, Primary	4-6"Tuesday 5-2" Frid Pre-Election Pre-Elect	ay 6-30 Day Post Ion Election	7- Annual Special 2 nd Fri Pre-Election ;	day Special 30 Day Post-Election
Date Of Election (MM/DD/YYYY)	Year 4023	Amendment (Report	Termination Report:	
Summary of Receipts and From Date Expenditures	To Date 23	27	For Office Use Only	
A: Amount Brought Forward From Last Repo	nt \$ / /			
B. Total Monetary Contributions and Receipt (From Schedule I)	s \$,		
C. Total Funds Available (Sum of Lines A and B)	\$	υ		
D. Total Expenditures (From Schedule III)	\$	O		
E. Ending Cash Balance (Subtract Line D from Line C)	\$	b		
F. Value of In-Kind Contributions Received (From Schedule II)	\$	U		
G, Unpaid Debts and Obligations (From Schedule IV)	\$	V		
The days be really supplying the property of the days of the days of the supplying the		vit Section		
Part 1- If this is a Committee report, treasurer sign I swear (or affirm) that this report, including the at	here. If this is a Candidate repetation is t	ort, candidate sign here o the best of my know	edge and hellef true, correct and o	complete.
I sweat (or attitut) that this report, including the at	contraction or the best of the		// //	

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

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Filer Identification Number	トリーコムノ	al Colon	

	iner, y	
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: 1) Part A and Part B)		
Contributions Received from Political Committees (Part A)		\$ D
All Other Contributions (Part B)		\$ D
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)		\$ D
All Other Contributions (Part D)		\$ υ
Total for the reporting period	(3)	\$ D
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 (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, ReCover Page, Item B)	port	\$ U

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.

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			Security and Advisor and Advis	Amount
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*House # 1	et Address		Date [MM/DD/YYYY] \$	
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进生 计图像 医二甲基甲基甲基	et Address		Date [MM/DD/YYYY] \$	
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Full Name of Contributing Committee			Date [MM/DD/YYYY] S	
	et Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY]	

PART B

All Other Contributions

\$50.01 TO \$250

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

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

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Civ	State	Zip Code	Date (MW/DD/AVAVI)	
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Franse # Street/Address			4Date(IMM/DD/AXXX) 55	
Giv.	Sate	7ZIDGode	Date IMM/ADD/AN/Male S	
izullName or Contributor			adate[MM/dd/AMM] \$1)	
House# Street Address			SDATE IMM/DD/AYAYI 57	
Gity	State.	zip eode	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.

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ścity.	Zip Code	-Date-IMM/DD/YWY/I/I
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House III	B	Date [MM/DD/MM/]
Gity	√Ap Gode	Date MM/DD/MMI

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)

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Tale Actentification Number:	michael	Colon

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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.

FILE 3 E GALILLES CONTRACTOR	Michael	Colón		
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City) Receipt Description	eet-Address	States	Zip Coda	Date MW/DD/MMT
auliname Riousell Sitt (gity Revelot Description)	eerAddress	State	Zip Code	Date MM/DD/XXXX
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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

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TOTAL for the reporting period (1)	4
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TOTAL for the reporting period (2)	\$
3. INTRINITION TRIBUTION PRECEIVED AVAILUE OVER \$250,000 (ERC	MIPARTIGIU (CECTE DE LA CECTE DE LA CE
TOTAL for the reporting period (3)	\$
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)	r \$

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

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Description of contribution			

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

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lamployer-Name		Occupation (
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Statement of Expenditures

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coaWhoine Raild			Date IMM/DD/XXXVI
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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.

Michael Colon

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

Filer identification: Report Filed By: Candidate Committee: Number: Committee: Committ
Name of Filing Committee, Candidate or
Lobbyist Friends of Milharl Colon Street Address
1956 Middlewn Aue
Bethlaham State Pa Zipcode 18018
Type of Report (Place x under report type)
1- 6 th Tuesday 2- 2 nd Friday 3-30 Day Post 4-6 th Tuesday 5-2 nd Friday 6-30 Day Post 7-Annual Special 2 nd Friday Special 30 Day Pre-Primary Pre-Primary Pre-Election
Date Of Election (MM/DD/vvvv) 2073 Amendment Report Termination, Report
Summary of Receipts and From Date To Date From Date From Date For Office Use Only Expenditures
A. Amount Brought Forward From Last Report \$ D
B. Total Monetary Contributions and Receipts \$ 3,150
C. Total Funds Available \$ 3 150
D. Total Expenditures, \$ 5551, 95
(Subtract Line Difrom Line C) \$ 2, 5 99, 01
F Value of In-Kind Contributions Received \$ 949.50
G: Unpaid Debts and Obligations \$ 3, 947.37
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.

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

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Filer Identification Number	71	Cien	ds 06	Milher	1 Colon	

4 Unitemized Contributions and Receipts \$50.00 or Less per Contributor	
Total for the reporting period (1)	\$ 250,00
2: Contributions of \$50,01 to \$250,00 (From Part A and Part B)	
Contributions Received from Political Committees (Part A)	\$ D
All Other Contributions (Part B)	\$ 1 100.00
Total for the reporting period (2)	\$ טע. מטן , ן
3. Contributions Over \$250.00 (From Part C and Part D)	
Contributions Received from Political Committees (Part C)	\$ 500.00
All Other Contributions (Part D)	\$ 1,300.00
Total for the reporting period (3)	\$ 1,800,00
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 (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	\$ 3, 150.00

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.

Amount	Friends	of Migher	1 Colon	
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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.)

Friznds of Milharl Colon

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Fernado Torres	03/74/2027 Date [MM/DD/7777] S	100 ,00
1556 Stoke Park Rd.		
Bethlaham Soile PA Zincode 18017	Date (MM/ADD/YYYY), 5	
Fall Name of Contributor Ryan Smith	Righten Co.	250.00
MND SE Unit 20027	nDate((M)X)/DDX:YXX(E	
APU State AE Zipicode 09749	Date [MM/DD/AV/W]	
Thomas Williams	10ate [MM/00/MXXX] 5 03/26/8023	
1328 Street Address HotHe Auc	Date IMM/DD/AAAVA	
State PA Zipicode 18018	Cate (MIM/OD/MAA)	2
Michael Rothman MD	Date [MM/DD/XXXX] 5 04/06/2083	24 .
House III 870 Street Address Wafford Lane	abate (MM/DD/AWW) S	
18017	pate(MW/pp/yyyy)	·
Full Name of Contribution Tray Reseter	04/14/2022	100,00
Francis Port	Date(MM/DD/AVA) s	
City Bethleham State PA ZIDCONE 18020	#Data[IVII//JOD/AWAY] 5	
Yesania Parez	04/25/2027	100,00
1916 Milharl Strart	Date MIN/DD/XXXXIIII SS	
Brethleham 19017	Date(MM/DD/AYYY) 5	

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.)

Friend of Milharl Colon

felle Veige al sometima	Date[IMM/DD/YXXVIII]
Gousen Street Address Street	64/26/2023 250.00
1219 Wastbury Dr	
Bathlaham State PA 2111 18017	Date [MM//DD/A4444]
TEUL Name Soft Contributors Adam Waldron	05/01/2023 /00.00
Höuse H 5/11 street Andress 2 n2 AUZNUZ	(Date (MIV/(dd/AV/X))
B-th/zh-zm State PA Zincode 18018	toate (MM/DD/XXXX) E.
iill Vented Convibutor	Date (MM)/DD/MAYAI = 'S')
Forse!/ Street/Additas	REACE IMMY/DD/AYAYAII. 5.7
City State Zipicodes i	Date[[M]M/ADD/AAAAA]
Full Vision = 10 feory ributors	Spate (MM/pb/xxxM) = 50
House## Street Address	Date (MM/DD/AWY) 53
(G)/y- State Zip(code	Date MM/DD/AYAA
Fill Name of Contributor	CONTECUNITY/DDYAWAYI
Houself Street Add(lass	OBICE [IMIN/ADDYANANA) S
Git. State Zipscode S	Date (MIV) ADD AWAY (I)
ារ ស្រុក ខែ ខេត្តប្រាស់ លើ ខ	Serie (MIN/ADD/AWAY)
House# Street/Additions	SDATE(ININ/IOD/AXAMIS S)
Gipt 12 State	Date MM/DD/MWHE S

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.

१३।१३ तेव्यासी ह्वास्त्र स्थानाध्यक्ष Frim by of Michael Colon Full Name of the Friands of Bub Donchez PAL Concluding Committee 500.00 House# O-evonshire Orive Date MM/DD/YYYY City Bathlaham द्वयोदर्गामसम्बद्धाः हिन्नीपुर्वित्तर्भाष्ट्रश्चः Date [MM/DD/YYYY] & S Street Address Date [MM/DD/YYYY] Housell Date [MM/DD/XXXX] State Zip Code City Fill Name of Exhibiting committee Date(MM/DD/YYYY) # 145 Date [MM/D0/YY/Y] \$ Street Address House ZipiCode... Date [MM/DD/YYYY] City lanikanisak Gonthung Committee Date [MM/DD/YYYY]聯繫 Date MM/DD/XXXX Street Address House Zip Cade erty. Date MM/DD/YYYY] នៃប្រវត្តិការមួយ នៃប្រវត្តិការមួយ នៃប្រវត្តិការមួយ Date IMM/DD/XXXXIII IS House / Date [MM/DD/YYYY] 景 f S Street Address Zip Code Cliv Date [MM/DD/WWY] S State-स्वितिहरूकः वर्षे विकासितिहरूकः वर्षे Date IMM/DD/W/Y/F Housen Date [MM/DD/YYYY] : 45 Street Address Zip Code Date [MM/DD/XXXX] City

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)

valleableminearonNumbel	Friandi	r of M	1; chazl	Culón	

FULL NATION OF THE CONTRIBUTION OF THE CONTRIB	IDateHMM/DDAYYM
Glann Reibman	63/21/2023 500,00
Street Address	DETCHMIN/DDYMMAN S
	ioate[MIV/DD/WWW]; 15
E-45ton 18040	
Employar Name:	occupation Retirad
!Employer Welling Address // !!?Indipal Place of Business :	
FUIL Name of Good fibrios	103/24/2023 300.00
House III STREEKADORESS	03/24/2023 500,00
313 E, Frankford Strazt	
Bathlaham State PA Zipicode 18018	Date (MM/pb/MM) 4 5
Employer Name & Shay, Santer Kelhart & Orichlar LLZ	- Occupation Attorney
Employer Mailing Address クリー・リリー・アクレン メント・ノントママル ハートトー・Principal Place of Business またした しの E・ とんしくしん くす。 のったいこれー	~m, p. 9 18218
Full Name of Contributor	bate [MM/ob/yywy] = \$
HOUSE# Street Address 1	64/15/2023 500.00
8713 Grady Drive	
Brainigsvilla State PA Zipicode 18031	Date(MM/DD/XYYY) 5
Employer Names Bluz Linz Logistics	Occupation: DWN C
Principal Place of Business 2 6583 Ruch Ruad Suitz B	Bizthlicham, PA 18017
Apul Namasof Contributors	EDATE [MM/DD/AXXXI) 35;
House # Street Address	*Date [MM/DD/MWV] \$ \$
City State Zip Code	:Date(MW/DD/MYY)(= to
Employa Arme	Occupation
eampleyen Valling Address / Rhine par Page of Sustiness	

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.

galeadaminedaradimber	Friendi	o F	Milharl	Colon	
Gity Receipt ousanation	el-Addiness	State	, Zjp . Gogle	Date IMM/DD/AVA	<u>Ma</u>
City Receipt Description	a Addicess	State	Zip Codc S	jbate-ft/MM/Jold/AAA	YI E
ely Reselpts Description	er Address	State	Zipt Gode	Date [MM/DD/444	XIII C
City Receipt Description	el Atoress	.State	(Zip) (Code	Date (MM/DD/YY)	NZ 3
Gity Receipt Description		-States	Zip Cofe	pate (MM/DD/XW	
Edi Vama Hörden Stra Giv Regrand Description	et Address	Sac	ZITE SECOND	apatell/NW/pb/xxx	

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

Fielderd/Jearge Minaber	Friends of	Milharl Culo	h
		ROFSSONO OF CESS PERCONTRIBUTOR	
TOTAL for the reporting period	(1)	^{\$} O	
2 NAKKUDICONFRIBUTIC	DNSREGEWED WAS IF OF \$5000.	reis250(00)(GROMPARITE)	
TOTAL for the reporting period	(2)	\$ 0	
S. INTRINIDATE ANTRIBUDIO	omregewedewalueroverszero	Of (FROM PARTIE)	
TOTAL for the reporting period	(3)	\$ 949.50	
	RIBUTIONS DURING THIS REPOR	1 ' 1	
PERIOD (Add and enter amount on Page 1, Report Cover Page, I	totals from boxes 1, 2, and 3; als tem F)	o enter 949.5	U

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Friend? Of M	charl Colon

ជន្យា Namadacoក្តដាលរូក្			Date[MM/DD/XXXXII 5	
House #7 Stree Address		,	Date (MM/OD/AXYM)	
Gitv's	State	Xip €otie.	Date [MM/Jod/AVY41] S	
Description of Contribution				
Hull () ame of a southful to			Date(MM/DD/WW) \$	
Houselfe StreerAddress			(Date(MM/DD/YYYY))	
icity) (7	State	Zip Code	Date [MM/DD/XY/XY] \$	
Pesel pijori o Gontribution				
######################################			*Date(MM/OD/AYYM) S	
House# Street/Address			Date[MM/DD/YYYY] \$	
(City) ADesception of contribution	State	ZipCode	Date(MM/DD/AWV/1 'S	
EulkName of Contributo			Date (MM/DD/XYXM) S	
Street Address			Date(MM/DD/AYYY) S	
Giy	State	Zip Code	Date[MM//DD/MYYY]E S	
Description of Contribution				
Taill Name of Contributor			Date MM//DD/AYYYII IS	
House# Street Address			Date(MM//OD/XXXX)is 5	
(elv?	State	Zjp:code	Date[IMM/DD/XVXV] S	
Prisciption of some Dution				

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

The second secon		representation and the transfer of the Three	and represent the second	Take the Man half get a set of the set from the set of the		TANK OF THE STATE OF THE STATE OF	
aler denegation Number	Fr	rand?	of	Milhar	1	Colsin	

Camont McClura 4 Exec	05/01/2023 340,00	
1410 Streetladdress Scherman Blud.	Date:[(ii/ii/)/vi/ii/] /S	
Bathlaham State RA Zipicade 18020	(Date [MM/DD/YYYY] \$7	
Employer Name	occupation Political Committee	
Employe : Mailling Address / Principal. Place of Business	objection List of Phone numbers for contribution. 1060(4115	
Full Name of contributor Teramy Pildis	D3/27/2023 500.00	
19475 STREET AND PIUC	04/28/2023 109,50	
all-entown State PA 19104	LDate(MM/DD/AYYY)	
Employer Walling Address / Principal & PO Box 4250		:
Place of Business Buthlaham, PA 18018	Contribution (LACK 2), on 1034	(w)
(sullname of contributor	=pate(MM/DD//YAYAL 5	
#House## Street Additess	-Date(MM/DD/AYAY) = 43	
State Zip Code 11	a Date (MM/DD/XXYY)	: :
Employer\ane	(Ordupation	
Employer Mailing Address / Principal Place dispunsss	- Description, v gg: - Cantribution v	
Fally Name of Contributor	DET@[MM//DD//AAAA]	
TADUSO## Street/Address	TORTO (MIN)/OD/AYAYA)	
Gin State Zipicorie :	-Date MM/ODAYYAII S	
Employer Value	Occupation	
Emplibye/, Malling Address // Psintipal, Place of Business	Desarption as contribution	

Schedule III Statement of Expenditures

Friends of Michael Colon

ito.Whomead	DATE [MM/DD/AYYA]
Staphan Barron	Date IMM/DD/MM 5 DY 121 / 2023 475. 00 Description/Of Expenditure
Houself 2239 Street Address Lincoln Street	-Desam don't may be in the
Bethulien State PA GOE 18017	Robo (alls
ACHBLUE, COM	05/01/2027 30.00
Housell Street Address	Description of Expenditure
Gity State Zio , Code I	Unline Donation Fees
To Whom Paid 12	
Stripe, Com	05/01/2023 46.99
House# Street-Addiess	Description of Expenditure
City State Zip Gode	Unline Donation Merchant
ToWhon Paid.	Date[MM/DD/AVYX]
House# Street Address	Description of Expenditor
Civ Zir Code	
To Whom Paid	adate (MM/DD/AYYY)
House# Street Address	: Description of Expenditure
City State Zipi Zicode Zipi Zipi Zipi Zipi Zipi Zipi Zipi Zip	
IGWhom(Raid)	Date (MM/DD/WW) = (S'
House# Street Address	Description of Expenditure,
Gity State Zip Gode	
To:Whom:Pald	(Date MM/DD/MMM) : S
Houseii Street Audress	Description of Expenditure
State Zin Gode	
itojWftomPaltic.	Date IMM/DD/AWW. \$
Gouse# Street-Address	Description of Expendicure
Gliv State Zip Gode	

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.

	Triands of Michael Colon
(Gla)	Brithly Business Porms Courtainding Balance of Debts 200 Box Code PA Code 18018
Designation of Debte	Campaigh Yard Signs and Rack Cords
Name of Great or House# Stree City	BZHNCH-COM BUSINZSI FORMS OUTSTANDING BRISINGED BRITING URRED IN STANDING BRISINGED BROWN 4250 OHI & 8/ 2023 BZHN-CH-M STAND PA GODGE 18018
Decapion of Debt	Campuigh Postcerds and Postage Fees
	2 Addréss DATEIDEBT (INCURRED : \$ IM/In//20/A****)
City Description of Dab	Siale Zir Gode
Name of Greditor	Gotstanding Balance of Debt.
Giỳ (z. 1	draddress DATE DEBT (NGURRED S S (MM/DD/YYYY) S (MM/DD/YYYY) State Zip (Code)
Description of Och	
	e Address DATE DEBT INCURRED \$ [MM/DD/XXXXI)
ichv. Prásevptomolibleb.	State: Zip Gode: 2
(removerallo)	novistanding Balance; of Debus 18.
	erradatess (ST)
Description of the St	State Zip