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

	(Note: Inis report i		الكتابات ويستران والمراوات	committee		obbyst
Filer identific Number	ation: Report Fil ((Mark X)	ediBÿ Candidat				
Name of Filin	g.Committee, Candidate or M) 1	ha-1 60	lón			
Lobbylst Street Addres		h / 1 2 1 - 7		7 W		
City	Bzthlhim_	Stave	PA	Z)p Code	18018	
Type of Rengi	rt (Place x under report type)	\$22255EE		-		
	va 5. 5.10 eridav. 2. 20. bay Rosa Z. 60 Tues	day 5,2 Friday	6-80 Day Pos	t 7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Postcelection
Pre-Primary	Pre-Primary Primary Pre-Electi	on Pre-Election	Election		FIE-LIGENOII	
				12		
Date Of Elect		2023	Amendment Report		Termination Report	
(MW/po/yy		Date LU U		For	Office Use Only	
Expenditure		1/2,/22				
A Amount B	rought Forward From Last Report \$	1/31/12				
	netary Contributions and Receipts \$	<u> </u>				
(From Sched	ulet)	<u> </u>				
G Total fun (Sum of Line		0				
D. Total Exp (From Schee	enditures \$	pSD. On				
E. Ending Ca	sh Balance \$	1 n 50. 00				
(Subtract Lit	ne Difrom Line C)	10=				
(From Sched		<u>b</u>				
(From Sche)		b				
Part 1- If this	is a Committee report, treasurer sign here. If this	Affidavit S Is a Candidate report,	andidata cian ha	re.		wists.
I swear (or af	firm) that this report, including the attached sched	dules on paper, is to the	e best of my knov	wiedge and belier	true, correct and con	ipiete,
	subscribed before me this	• • • • • • • • • • • • • • • • • • •				
1 3 3 0°	ny of January 20 24					
	Signature	.1			•	
My Commiss						
	MO. DAY YR.		T			
Part II- If this I swear (or a	is a report of a Candidate's Authorized Committe ffirm) that to the best of my knowledge and belief	e, candidate shall sign this political committe	nere. e has not violate	d any provisions o	of the Act of June 3, 19	937 (P.L. 1333, NO.320) as
amended.						
Sworn togano	d subscribed before me this					
308	avor arugy 20 24	1	4 1	Signature of Can	didate	
Man	Signature Jamann			Printed Nam	ne	
My Commis	slop expires 05 08 2026 MO. DAY YR.		Area Code	D	aytime Telephone Nu	mber
/						
	Commonwealth of Pennsylvania - Notary Seal Nancy E. Jamann, Notary Public Northampton County	n				

My commission expires May 8, 2026 Commission number 1231245

Member, Pennsylvania Association of Notaries

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

The state of the s			-	TO SHIP OF				والفادي والمستحور والمستح		الخاذة الأستسب		AND DESCRIPTION OF THE PERSON.	THE RESERVE AND ADDRESS.		
Filer Identification Number	ł	η	ì	lh	47		, .v)00							
The second of th	_					a di sarratati	-	9	et diministrative N.						

1, Uniternized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1)	\$ D
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)	\$ ρ
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)		\$ V
All Other Contributions (Part D)		\$ D
Total for the reporting period ((3)	\$ 7
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period ((4)	\$ \sim
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, Repo Cover Page, Item B)	ort	\$ b

PART A

Contributions Received From Political Committees

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

Filer Identification Number	Misharl	Colón		
				Amount
Full Name of Contributing			Date [MM/DD/YYYY] \$	
Committee				
House# Street	t Address		Date [MM/DD/YYYY] \$	
Cliy	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] S	
House# Street	t Address		Date [MM/DD/YYYY] \$	
				·
City	State	Zlp Code	Date [MM/DD/YYYY] \$	
FOUNDESSAL			Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] + \$	
	FAddiasal		DECEMBER / DE ARRANGE DA	*
House # Street	t Address		Date [MM/DD/YYYY] \$	
7.00	[Section 1		No. Barriero	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing			Date [MM/DD/YYYY] \$	Charles (Charles Charles)
Committee			TOTAL STATE OF THE	
House # Street	t Address		Date [MM/DD/YYYY] \$	PPM-lener are a manufacture to the second and the s
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing			Date [MM/DD/YYYY] \$	
Committee				
House # Street	t Address		Date (MM/DD/YYYY) \$	***************************************
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
	ENddraer		Date [MM/DD/YYYY] \$	•
House# Street	t Address		Pare listory and 2	
[] [] [] [] [] [] [] [] [] []	[(S)(C)(-2)(C)(S)	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.)

					Control of the Contro	where the party of the same	And the second of the second of the second	11 St 75-1200 1
Filer Identification Numbers								
muncioenumeaunneumnneum		1	•	, ,				
	1			/ \ '				
	/_ \		•	/)				
	1 73 3	1 h 1.	l	/ . w.l				
	, ,	1 1 1 1/2	(Л	1 7 10 1 11 11 11				
	,	UIN	\sim					

				بب بسندين في من المنافق المناف
Full Name of Contributor			Date [MM/DD//YYYY]	
House # Street Address			Date [MM/DD/MXXX]	
CHy	State	Zip Gode	Date [MM/DD//WW]	
Eul Name of Contributor			Date [MM/DD/YYYY]	
House # Street Address			Date [MM/DD/YYYY]	
city	State	Zip Cade	Date [MM/J0D/YYYY]	Š
Full Name of Contributor			Date [MM//DD/YYYY)	\$
			G	
House# Street Address			Date [MM/DD/MYY)	
E(ty.	State	Zip Code	Date [MM/DD/W/Y]	
Full Name of Contributor			Date [MM]/DD/YYYY]	
House# Street Address			Date [MM/DD/WYY]	Š
GN	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/eb//ww/)	
			5	
Full-Name of Contributor			Date IMM/DD/YYYY)	\$
House # Street Address			Date [MM/DD/YYYY]	
GIV	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.

Flier (dentiffeation:Numbers	Michael C	0/0'n		
Eull Name of Contributing Committee			Date (MW/DD/WWY) \$	
House# Stree	st Address		Date (MM/DD/YYYY) \$	
City	State	Zip.code	Date [MM/DD/VYYY) \$	
Full Name of Contributing Committee			Date [MM/DD/WWY] \$	
	et Addréss		Date [MM/DD/XYYY] \$	
Chy Foll Name of	State	ZIP Code	Date [MM/DD/\YYYY]	
Contributing Committee :	et Address		Date [MM/DD/YYYYY]	
Ediy —	State	Zjp Gode	Date (MM/00/XVVV) \$	
Full Name of			Date (MM/DD//44/44) \$	
Contributing Committee House # Stree	st Address		Date(MM/DD/YYYY) \$	
City	State	Zip Code	Date [MM/DD/WWW] \$	
FUI Name of Contributing Committee			Date:[MM/DD/AVXX)]	
House# Stree	et Address		Date [MM/DD/YYYY] \$	
City	State.	Zip Code	Date (MM/DD/YYYY) \$	
Füll Name of Contributing Committee	JANAUS STANI		Date (MM/DD/YYYY) \$	
	Address		Date [MM/DD//Y/Y/] \$ Date [MM/DD//Y/Y/] \$	
City	State	Zip Code	Date [MM/DD/XXXX] \$	

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)

Eller identification Number:	Michael	Colón		

	entropy broad a the real built and			
Full Name of Contributor			Date (MM/DD/YWYY) \$	
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			Bate (MM/DB//WYA)	
House# Street Address			Date (MM/QD/YYYY) \$	
GIV	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name	No.	EPOPPES GIN PROPOSITION AND A SHARE	(Occupation)	
Employer Mailing Address / Principal Place of Business				
THILLIAN FLOWER IN DUSINGS				
Fill Name of contributor			Date (MM/DD/XYYM) \$	
527074,3,244,3,244,3,24			Date [MM/DD/YYYY]	
Full Name of contributor	State	Z[p:Codé		
Full Name of Contributor House # Street Address City Employer Name	State	Zíp Code	Date [MM/DD/YYYY]	
Füll Name of Contributor House # Street Address City	State	Zíp Code	Date [MM/DD/YYYY] \$	
Füll:Name of Contributor House # Street Address Gity Employer:Name Employer:Malling Address / Principal Place of Business Full:Name of Contributor	State	Z[p:code	Date [MM/DD/YYYY] \$	
Füll:Name of Contributor House # Street Address City Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor House # Street Address			Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	
Füll:Name of Contributor House # Street Address Gity Employer:Name Employer:Malling Address / Principal Place of Business Full:Name of Contributor	State	Zíp Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY) \$ Occupation Date [MM/DD/YYYY] \$	
Füll:Name of Contributor House # Street Address City Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor House # Street Address			Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	

PART E

Other Receipts

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Eller identification Numberts

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Files identification Number:	M; had	Colon		
-Füll Vame		muse the collective development was deather to detail		
House # Sfre	et Address		BASSASSANSA	
.City .Receipt=Description		State	.2(p .Code	Date[MM/DD/YYYY] \$
Full Name				
Cliy	et Address	State	Zip Code	Date (MIN//DD/AYYY) \$
Receipt Description Füll Name				
House # Stre	et Address	State	2]þ	Date(MM/JDD/YYYY) \$
Receipt Description			Code	
Eul Name				
House # Stre	et Address	State	2(p Code	Date (MM/DD/XXXX) \$
Receipt Description			100000000000000000000000000000000000000	1 100071
Full Name Size	ear Audress			
City		.State	Zip Code	Date [MM/Ob/XXXX] 5
Receipt Description				
Full Name				
House # Siro City: Receipt Description	et Aidress	State	Zip Code	Date MM/DD/YYWI \$
neceipt description				

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

file identification Number	Michael	Colon		
1. UNITEMIZED IN KIND O	ONTRIBUTIONS RECEIVED	DAVALUE OF SSCIEDO	R LESS PER CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$	O	
2 IN KIND CONTRIBUTIO	NS:RECEIVEDAVALUE OF \$	Strong no 2/20/2007 km	CIV BARLE)	
TOTAL for the reporting period	(2)	\$	D	
23 INFKINDACONTRIBUTIO	NAREGE VÆDEVALUE ØVER	a-ci-revalent-l'Almie/itta	(A)	
2 INAVIAN CERTIFICATION	MAGAMATA MAGALAMA	SOZ OROWINOJE IZA		
TOTAL for the reporting period	(3)	\$	٥	
TOTAL VALUE OF IN-KIND CONTI PERIOD (Add and enter amount on Page 1, Report Cover Page, It	totals from boxes 1, 2, an		D	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

				and the second s	 In the property of the property o	
Filer identification:Number:	mil	had	Colón			
The state of the s	and the second		46.7	The state of the s		to Samuella, Samenda de la compansión de l

Full Name of Contributor			Date [MM/DD/YYYY] \$
Hause# Street Ai	ldress		Date [MM/DD/YYYY] \$
City	State	Zĺp Code	Date [MM/DD/YYYY] \$
Description of Contribution			
FulliVame of Contributor			idate (MM/OD/YYWY)
House# StreetA			Date [MM/DD/xxyY)] \$
City	State	Zip Code	Date (MM/DD/YYXY) = \$
Description of Contribution			
Full-Name of Contributor			Oake(Miv/Jod/Axxxx) (5
House # Street A			Bate [MM/DD/YYYY] \$
Gity	State	Zip Code	Date (MM/DD/YYYY) \$
Description of Contribution			
Full-Name of Contributor		· · · · · · · · · · · · · · · · · · ·	Date (MM/DD/XXXX)
House# Street A			Date [MM/DD/XYYY]
City Description of Contribution	State	Zip Code	Date (MM/DD/YYYY) \$
Eull Name of Contributor			Date [MM/DD/XYXX] \$
House# Street A			Date [MM/QD/YYYY] \$
City	State	Zip Code	Date (MM/DD/XXXX) \$
Description of Contribution			

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer identification:Number:	m	1) the	el Color)		

Full Name of Contributor		Chate (MM/DD/YYYY) \$
House II Street Address		Oate (MM/bb/YYYY) 5
Gity	State ZIp Code	Datë [MM/DD/YYYY] \$
EmployerName		Occupation
Employer Mailing Address / Principal Place of Business		Description of Contribution
Full Name of Contributor		Date (MM/DD/AYYY) \$
House# Street Address		Date [MM/DD/YYYY] \$/
Gity	State Zip Code	Date [MM/DD/YYYY] 5
Employer Name		Оссидамол
Employer Mailing Address / Principal Place of Business		Description of Contribution
Füll:Nameröt Contributor		Date (IVIM)/DD/AYAYI) \$
House# Street Address		CDate [MM//DD/YYYYI
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		states(MM/stib/AVV44) 5
House# Street Address		@Date/(MM//DD/AYAY)
CIV CIV	State Zip Code	Date [MM/bb//YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Principal		Description

SCHEDULE III

Statement of Expenditures

Filer identification Number:	michan	1 Colon		

To Whom Pala	1	0	1	11.	Date [MM/DD/WW] S	1
	Triands	of m	ichard	C1/011	17/15/2073	1,0>0-00
House# 1156	Street Address	2idj-claus	· Au		Date [MM/DD/YYYY] \$ 17/15/2013 Descriptions of Expenditure	
Sin Birth	Izhzm	State PA	Zip Code	18018	Donation to Lym,	11th Lonnithan
To Whom Palds					Bate [MM/DD/YYYY] 5	
House#	Street-Address				Description of Expenditure	
City		State	Z)p	A		
To Whom Paid	A STATE OF THE STA		Cone			
10 WIOIII PAIG						
House #	Street Address				Description of Expenditure	
City		State	Zip Code			
To:Whom Peld		Consistent consistent			Date [MM/QD//YVV) \$	
House#	Street Address	44,44,4000			Description of Expenditure	
GIV		State	Ž)je			
To Whom Paid			Code			
10 Wildin Raid						
House#	Street Address				Description of Expenditure	
City	pravious visit in the second s	State	Zip Code			
To Whom Pald		(Applied Spring Street Spring	Tama (Sandayan), Sandayan		Date [MM/DD/WYY] \$	
House#	Street Address				Description of Expenditure	
City		State	Z)p Code			
To Wham Paid				· · · · · · · · · · · · · · · · · · ·	pate (MM/db/AAAA) \$	
House #	Street Address				Description of Expenditure	9
Clty	I POSTECCIONES ESCENTISTES	State	Zip Code			
To Whom Pald					Date [MM/DD/YYYY] \$	
House#	Street Address				Description of Expenditure	
Gliy		State	Z(þ Code			

SCHEDULE IV

Statement of Unpaid Debts

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

Name of Creditor			Outstanding Balance of Debt
House # Stré	et Address	DATE DEBT INCURRED [MM/DD/YYYY]	5
City	State	Zip Code	
Description of Debt			NEW YORK TO THE PROPERTY OF TH
Name of Creditor			Outstanding Balance of Debt
EHäus⊵# Stre	et Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City	State	Zip Gode	
Description of Deht			
Name of Craditor			Outstanding Balance of Debt
House# Stre	et-Address	DATE DEBT INCURRED [MM/DD/YYYY]	
Clty	State	Z[p] Cade	
Description of Debt	Politica de la constante de la	CI EDIDOSOS AGOSTA	
Name of Greditor	And		(Gutstanding Balance of Debt
House # Str	eet Address	DATE DEBT INCURRED [MM/DD/YYYY]	
Gly	State	Zip Code	
Description at Delit			
Name of Creditor House# Street	et Address	DATE DEST INCURRED	Outstanding Balance of Debt
	eckadoress	[MM/db/YYYY]	
City	State	Zip Code	
Description of Debt			
Name of Greditor			Outstanding Balance of Debt
House # Str	set Address	DATE DEBT INCURRED [MM/DD/YYYY]	•
City	State	Zip Cade	
Description of Debt	BANGASY (2000)	PAGEORGA AND AND AND AND AND AND AND AND AND AN	

Commonwealth of Pennsylvania - Campaign Finance Report

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

	Report Filed By Candlo (Mark X)		Committee	Lapavist
Name of Filing Committee, Candidate or Cobbyist	and the second s	$m \cdot 1$		
Street Address	. , , , , , , , , , , , , , , , , , , ,	milhan	Colon	
env Dathlaham	State	PA	Zip Gode I Q A I	B
Type of Report (Place x under report type)			17)01	2
1=6 ¹⁰ (Uesday) 2=200 Friday =3-30 Day Post 4 Pre-Primary Pre-Primary Primary p	i av merdey, 542 Siday. Restledion alvestigation	6-30 Day Post	7 Annual Special 2 Fr	
	Pre-Election Pre-Election	TOTAL CONTRACTOR OF THE PROPERTY OF THE PROPER	Pre-Election	Post-Election
Pate Of Election	Year	Amendment		
11/1/2027	2073	Report	Termination Report	
Summary of Receipts and From Date Expenditures	TorDate		For Office Uses Only	
A Amount Brought Fortund Front Last Report	12/31/23			
B. (otal Monetary Contributions and Receipts	\$ 2 122.33			
(From Schedule))	\$ 1, 299			
(Sum of Lines Alande)	\$ 3.421, ??	•		
D: Total Expenditures (Grom Schedule III)	\$341579			
E; Ending Cash Balance (Subtract Line Difform Line C)	\$ 554			
E. Value of In-Kind Contributions Received (From Schedule II)	\$ 5			
G. Unpaid Debts and Obligations: [From Schadule IV]	\$ 0			
	Affidavit Sec	tion		
Part 1- If this is a Committee report, treasurer sign here I swear (or affirm) that this report, including the attache Sworn to and subscribed before me this	If this is a Condidate very		and belief true, correct and co	molete,
	•			
130 day of January 20 24 Nancy Signature January	-			
My Commission expires OS OR 2526 MO. DAY YR.	· •			
Part II- If this is a report of a Candidate's Authorized Con	nmittee, candidat			Parameter
I swear (or affirm) that to the best of my knowledge and amended.	bellef this politica) as
Sworn to and subscribed before me this				
30 day of January 20 24	•			
Many Jamann	,			
My Commission expires 05 08 2026	4 *			
MO, DAY YR.				
Commonwealth of Pennsylvania - Notary Seal Nancy E. Jamann, Notary Public		•		
Northampton County My commission expires May 8, 2026	111 1			
Commission number 1231245 Member, Pennsylvania Association of Notaries				

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Friends of Michael	<u>Col</u>	ข้ท
1. Uniternized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1)	\$ 2)
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)	\$ 2	41.00
Total for the reporting period (2)	\$ 7	49.00
3. Contributions Over \$250:00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$ t)
All Other Contributions (Part D)	\$. ~
		, 0 > 0
Total for the reporting period (3)	\$	1050
4. Other Receipts-Refunds, interest Earned, Returned Checks, ETC. (From Part E)		1 0 0 1 0 5 b
	\$ (1 0 0 1 0 5 b

PART A

Contributions Received From Political Committees

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

Filer (dentification Number	Frimly	of Mich	2-y Colon	
				Amount
Full Name of Contributing Committee	THE ANGLE I		Date [MM/DD/YYYY] \$	
House H Street A			Date [MM/DD/YYYY] \$	
Citý	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House# Street A	Address		Date [MM/DD/YYYY] \$	
Gliy	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street /		kanakawangsahapazansa	Date [MM/DD/YYYY] 5	
City	State	Z/p Code	Dáte [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date (MM/DD/YYYY) \$	
House # Street /			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	SA CONTRACTOR OF THE CONTRACTO
House# Street	Address		Date [MM/DD/YYYY] \$	
City	. State	Zip Code	Date [MM/DD/YYYY] \$	Activities of the second
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
	Address		Date [MM/DD/YYYY] \$	
City	State	ZIp Code	Date [MM/DD/YYYY] \$	

PART B

All Other Contributions

\$50.01 TO \$250

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

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

Filer Identification Number:

Filer Identification Number:	Franks	of mich	azl Colo	<u>on</u>	
Eull Name of Contributor	Edgado	Colon	o.	ate [MM/DD/VYYY] \$ 2 /11 / 7073	249.00
House # 8717 Sere	Edgado eraddress Gra state	dy Driv	て 	ate/[MM/DD/WWY] \$	
Brzini	13Villy State	PA Zip Code	18031	are [MM/DD/A4YV) \$	
Full Name of Contilliutor.	Y		10	ate[MM/DD/YYYY] \$	
House # Stre	et Address		D.	ate [MM/pp/xxxx] \$	
City	State	2jp/Gode		ate MM/DD/YYYY) \$	
Full Name of Contributor				ate (MM/DD/YYYY) \$	
House#	eet Address		(5)	ate (MM/DD/XYYY) \$	
City	State	Zjp Code	<u> </u>	are (MM/DD/YYYY) S	
Full Name of Contributor			(1)	ate (MM/bd/YYYY) 5	
House # Stre	eet-Address		D	ate (MM/DD/AYAY) S	
Giv	State	Zip Code	<u> </u>	rate [MM/DD/YYYY] 3	
Full Name of Contributor	possessi	Marine dans to come a recoverage possible database.	a o	ate [WM/DD/WW] \$	
House # Stre	eet Address		B.	ate [MM/BD/YYYY] \$	
Gity	State	Zip code	Ъ	rate [MM//DD/XYYY) \$	
Ful Name of Contributor			2 0	ate [MM/dd/YYYY] \$	
House # Stre	eet Address		5	ate [MM/DD/XYYY] \$	
City.	State	Zip Code	D.	ate [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 (dent) (ication; Number:	Frizn.	10 06	michael	Colun		
					······································	
			Constitution of the Consti			
LOWER THE CONTRACTOR OF THE CO				The Control of the Co	TO THE PARTY OF TH	

		terbalan in 1905 og 1940 og 1958 og 19		
Füll Name of Gontebuting Committee			Bate [MM/0b/WW]	
House# Street Address				\$
City	State	Zip Code		
Full Name of Contributing Committee				\$
House # Street Address		A	desired procedures and the second sec	\$
Gliy.	State.	Zip Code		!
Füll Name of: Contributing Committee			Oate [MM/OD/WYY]	
House# Street Address				\$
CIV	State	Zip Code		
Full-Name of Contributing Committee				\$
Hause# Street Address			Date (MM/DD/XYVY)	\$
City	State:	Zip Code		
Eull Name of Contributing Committee				§
House# Street Address			P	\$
eity	State	Ziji Code		`
EulliName of Contributing Committee			oate:{MM/J00/AYYYY]	\$
House # Street Address				\$
City	State	-Zip Code	Date (MM/DD/XXXX)	*

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)

Aller Identification Number:	1 1	A Michaz	1 Culon	1	

Full Name of Contributor	michael (y / 0'n	Date [MM/00/4444] \$ 12 15 / 2023	1,050.00
House # 1956	Michael C Address Ridgela	un Ave	Date [MM/pD/YYYY] \$	-
Bathleha	m PA	18013	Date [MM/DD/YYYY] \$	
Employer Name Employer Mailing Address /	North unpton	Lound of 100 th Company of 100 100 100 100 100 100 100 100 100 10	Occupation Almi171	and rilman
Principal Place of Business	10 E. Lhurch	3t, Digth when Po	7 10018	
Full Name of Contributors			Date (MM7/bb/YYYY) \$	
	t-Address		Date [MM/DD//W/Y] \$	
City	State	Zip Code.	Date (MM/DD/YYYY)	
Employer Name			Occupation	
Employer Malling Address / Principal Place of Business				
Full Name of Contributor			Date (MM/DD/YYYY) \$	
	t-Address		Date [MW/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY) \$	
Employer:Name Employer:Malling Address /			Occupation	
Principal Place of Business				
Full Name of Contributor			Date:[MM/DD/YYYY] \$	
	t Address		Date (MM/DD/YYYY) \$	
Gly	State	Zip Corde	Date [MM/DD/YYYY] \$	
Employer Name			Occupation:	
Employer Malling 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.

Elier dentilication (tumber)	Frirmlo	of n	n; 24 4-21	Colon
Full Name House # Stree City Receipt: Description	et:Address	State	Zip Code	Date(MM/DD/YYYY) \$
City Receipt: Description	et Address	State	Zip Eorle	Date(MM/DD/VYV) \$
Full Name House # Stree City Receipt: Description	et:Address	State	Zip Code	Date [MM/ob/Avva) - 5
City Receipt: Description	et Address	State	ZIp. Code	Date [MM/DD/YYYY] (\$
Füll Näme Füuse # Stree Gity Recalpt: Description	el:Address	State	Zip Gode	Date(IMIVI/DD/YYYY)] \$
Full Name House # Stree City Receipt Description	etAddress	State	Ziù Eode	Date (MM//bD//YYYY)

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

Ellenidentification Numbers	Friands of	Michael Colón	
1 - Unitemized in Kind	CONTRIBUTIONS RECEIVED-VAL	UE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$ D	
2. INFRINDICONTRIBUTIO	onsanegavieosvakuusoisssoko	TG/S750.00/GROMPARTE	¥
TOTAL for the reporting period	(2)	1 & 1	
TOTAC for the reporting period	121	' 0	
3, IN-KIND CONTRIBUTION	on received-value over \$250	(00 (FROM PART G).	
TOTAL for the reporting period	(3)	\$ D	
	FRIBUTIONS DURING THIS REPORT t totals from boxes 1, 2, and 3; a	h * 1	
on Page 1, Report Cover Page,		V	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50,01 TO \$250

		VALUE OF \$30,01 I	
Filer identification Numbers	Friends of	Mishard	Colon
Full Name of Contributor	2377722		Date (MM/bb//YYYY) \$
	t'Addrass	EAST-COMMAND	Date (MM/DD/WYY) \$
City	State	Z p.€ade	#Bate [MM//DD/XYYY] \$
Description of Contribution			
Full Name of Contributor	The second secon		spate (MM/OD/YYYY) s
	t Address	live and a second	Date [MM/DD/AYYY] \$
Gity Description of Contribution	State	Zip Code	Date [MIN//DD//YYYY] \$
promer contribution			
Full Name of Contributor			€Date[MM/DD/WYYI] \$
	et Address	FOR THE PROPERTY OF THE PROPER	Date:[MIW/DD/WWW] \$
City Description of Contribution	State	Zip Cade	Date (MM/DD/YYYY) \$
- Company Community			
Auli Name of Contributor			Datei[MM/DD/YYYY] \$
	et/Addréss	Recognition of the second	Date [MM/DD/YYYY] \$
City Description of Contribution	State	Zip Cade	Date (MM//DD/XYYY) \$
FOI Name of Contributor			*Date(MM/DD/XYYY)
	et:Address		Date [MM/DB/YYYY] \$
EGy	State	Zip Code	Date (MM/DD/YYY) 5

Description of Contribution

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	F	γ)	7m.	را	06	M;	142-21	C	Non.		and the second of the second o	

Full Name of Contributor		Date (MM/DD/YYYY) \$
House # Street Address	,	Date [MM/DD/YYYY] 5
Glty	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		Description: of Contribution
Full Name of Contibutor		Dat@(MM/PD//YYYY) \$
House# Street Address		Date (MM/DD/YYYY) \$
Gly	State Zip Code	Date[MM/DD/XYYY] \$
Employer Name		Occupation
Employer Mailing Address / Paincipal Place of Business		Description of Contebution
Full Name of Contributor		Date (MM/DD/YYYY)
House# Street Address		Date MM/DD/YYYY] \$
City	State ZipiCode	Date(MM/DD/YYYY) \$
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		Description of Contribution
Fyll Name of Contributor		Date(MM/Job/Ayyy)
House # Street Address		Date (MM/DD/AYYY) \$
Čity	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		Description of Contribution

Statement of Expenditures

	بجسم		tere are a second				The state of the s	التسانات الترج المناهدي	
Filer (dentification Number	. !	-ri-un	27	16	Michaz	1 Colo	n		

o G Whom Paid			Date [MM/DD/YYYY] \$	
A (+5)4	7. 10m		17.12/20	3.74
House # Street Address	<u> </u>		Description of Expenditure	
City :	State	20	o k	
		Code	Online much unt	Fazz
To Whom Paid			Date MM/DD/AYYY) &	<
House# Street Address	·Lom		12/17/2023	5.71
House# Street Address			Desdription of Expenditure	
Elty	State	Z p. Code	Dolina Marchant	· F773
To Whom Paid 12-41	1	المسترين والمتنا	Date [MM/OD/YYYY] \$	3001 -11
リでもして	ham Bus	inass torms	Destription of Expenditure	12708.34
House # Street Address /	h-zm Buz O Box Y'	250	hereithridu or exbelloitike:	
B-2thlzhzm	State PA	200 / B 0/ 8	Campaign ,	Mailar
To Whom Pald			Date [MM/DD/AYWY] 55	
House# Street Address			Description of Expenditure	
City	State	Zip Code		
To Whem Paid	participate #1		Date(MM/DD/AAAA) 5	
House:# Street Address			Description of Expenditure	
City.	State	Zip Code		
To Whom Paid			Date (MIV/) D/AAAA	
House# Street Address			Description of Expenditure	
House # Street Address			Acamiliana arexbellarate.	
City	State	Zip Cade		OR ACTION ASSESSMENT VIEW
To Whom Paid			(Pate (MM/DD/XXXX)	
House# Street Address			Description of Expenditure	
Cky	State	,Z/p Code		
To Whom Pald			SDAte (VIM/GD/YYYY) \$	
House# Street Address			Description of Expenditure	
City	Stare	Zip Code		

SCHEDULE IV

Statement of Unpaid Debts

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

Filer Identification Number:	Frimda of	michael	Colon	
	et Address		(E.DEBT INCURRED (MM/DD/YYYY)	Outstanding Balance of Debt
City Description of Debt Name of Creditor		State	Zíp Code	Outstanding Balance of Deb
	et Address		TE DEBT INCURRED MM/DD/YYYY] Zip Code	\$
Description of Debt Name of Creditor House# Street	aPAtidress		TE DEBT INCURRED	Outstanding Balance of Debt
City Description of Debt		State	(MM)/DD/YYYY) Z(p. Code.	
Name of Creditor House # Stre City Description of Debt	<u>at-Address</u>		TE DEBT INCURRED (MM/DD/YYYY) (MM/DD/YYYY) (MM/DD/YYYYY) (MM/DD/YYYYY) (MM/DD/YYYYY) (MM/DD/YYYYY) (MM/DD/YYYYY) (MM/DD/YYYYY) (MM/DD/YYYYYY) (MM/DD/YYYYYY) (MM/DD/YYYYYY) (MM/DD/YYYYYY) (MM/DD/YYYYYY) (MM/DD/YYYYYY) (MM/DD/YYYYYY) (MM/DD/YYYYYY) (MM/DD/YYYYYYY) (MM/DD/YYYYYYY) (MM/DD/YYYYYYY) (MM/DD/YYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYY	Outstanding Balance of Debt \$
Name of Creditor	et-Address		E DEBT (NGURRED MM/DD/AYYY) 2jp	Outstanding Balance of Debt.
Description of Debt Name of Creditor House # Street	et-Address	, in a	Code	Outstanding Balance of Debt
City Description of Dabt	E-FAMUE?3		(MM/DD/YYYY) Zip Code	