Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	Report Filed By Candid	date X Committee	Lobbyist
Name of Filing Committee, Candidate or Lobbyist	michia	1 Calon	Topics and control and distant
Street Address	1156 Rizs	alzwn Au	
GIV 0-KN/~	State	PA Zip Code PD	12
Type of Report (Place x under report type)			
2- 6th Tuesday 2- 2 nd Friday 3-30 Day Post Pre-Primary Pre-Primary Primary	4-6 th Tuesday ,5-2 nd Friday Pre-Election Pre-Election	22 H 2 C 2 C 2 C 2 C 2 C 2 C 2 C 2 C 2 C	AND COMMENTS OF STREET AND CONTRACT OF STREET, MICH.
Date Of Election (MM/DD/YYYY) 1\ 5 \) 1 9	Year 2019	Amendment Terminatio	To a large to the second secon
Summary of Receipts and From Date Expenditures	To Date	For Office Use O	
A. Amount Brought Forward From Last Repor	* \$ D	х	
B. Total Monetary Contributions and Receipts (From Schedule I).	002303	a	
C. Total Funds Available (Sum of Lines A and B)	\$ 70		
D. Total Expenditures (From Schedule III)	\$.0		
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 7	1	>
F. Value of In-Kind Contributions Received (From Schedule II)	\$ 0		
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 0	148	
	Affidavit S		
Part 1- if this is a Committee report, treasurer sign has swear (or affirm) that this report, including the atta			l complete.

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Minhael 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 a Part A and Part B)		15	
Contributions Received from Political Committees (Part A)		\$	υ
All Other Contributions (Part B)		\$	J
Total for the reporting period	(2)	\$	D
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	7
All Other Contributions (Part D)		\$	• 0
Total for the reporting period	(3)	\$	-9
4. Other Receipts-Refunds, interest Earned, Returned Checks, ETC: (From Part E)	(4) [4] (5) [4] (1) (4)		
Total for the reporting period	(4)	\$	v
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)	ort	\$	D

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.

riler identification	n Number	Vich-	al Calen		
H PROPERTY AND A PROPERTY AND A			,	Ai	mount
Full Name of Co				Date [MM/DD/YYYY] \$	
Committee	1943 <u>1</u> 1.				
House #	Street Address		* · · · · · · · ·	Date [MM/DD/YYYY] \$2	
	The state of				
City	18.5655.2xccmonutertuskasec (State	Zip Code	Date [MM/DD/YYYY] \$	
6 6		7.7			
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY] \$	
Committee					
House #	Street Address			Date [MM/DD/YYYY] \$	
A control					
City		State	Zip Code	Date [MM/DD/YYYY] 5	
		3,11 1,110	***		·
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY] \$	
Commerce				42.	
House #	Street Address			Date [MM/DD/YYYY] \$	
	7. 15.				
City		State	Zip Code	Date [MM/DD/YYYY] \$	
7 7 F		12.5	7 () () () () () () () () () (
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY] 45	
3 1 E	2-±10				
Çity	II. Commence of the second	State	Zip Code	Date [MM/DD/YYYY] \$	
1.44					
Full Name of Co				Date [MM/DD/YYYY] \$	
				uk.	
House # *	Street Address			Date [MM/DD/YYYY] \$	· · · · · · · · · · · · · · · · · · ·
100 mg	The state of the s				
City	They have more as a more	State	Zip Code	Date [MM/DD/YYYY] \$	
City.		7777 \$ P	7-7-0		
Full Name of Col Committee				Date [MM/DD/YYYY] \$	
House#	Street Address	······································		Date [MM/DD/YYYY] \$	<u> </u>
				3.5	
City L		State	Zip Code	Date [MM/DD/YYYY] \$	
		A TOTAL OF			

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	Culon	

Full Name of Contributor			Date (MM/DD/YYYY)	Ś
House# Street Address			Date [MM/DD/YYYY]	\$
City :	State	Zip Code		\$
Full Name of Contributor			Date [MM/DD/YYYY]	S
House # Street Address			Date [MM/DD/MMM]	\$
City	State	Zip Code	Date [MM/PD/YYYY]	\$1
Full Name of Contributor			Date [MM/DD/XXXX]	± # 1
House # Street Address			Date [MM/DD/XYYY]	\$
City) State	Zip Code	Date [MM/DD/YYYY]	Ş
Eull Name of Contributor			Date [MM/DD/YYYY]	
House.# Street Address			Date [MM/DD/YYYY]	\$
City	State/	ZipiCoda 2	Date [MM/DD/YYYY]	
Full Name of Contributor			Date [MM/DD/XYXY]H	
House,# Street Address			Date [MM/DD/XXXX]	
City	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributor			Date [MM/DD/XXXX]	
House # Street Address			Date [MM/DD/YYYY]	
(Gity)	Säle	Zip Code	-Date [MM/DD/WYM]	

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 (dentification Number:	hal	20 bn		
Full Name of	177	2	Date [MM/DD/XYYY]	a and a second
Contributing Committee				
House # Street Address		-	Date [MM/DD/YYYY] & S.	Section 2
Ghy	State	Zip Code	Date [MM/DD/YYYY] s	
	State:			To the state of th
Eull Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] S	Commence
Eull Name of Contributing Committee :			Date [MM/DD/YYYY]	
House:# Street Address			Date [MM/DD/XXXX] \$	
Gity	State	Zip Code	Date [MM/DD/XYYY]. S	
The state of the s			· um il	
Full Name of Contributing Committee		27	Date [MM/DD/YYYY] \$	
House# Street Address			Date [MM/DD/YYYY] \$	
City	State	Zip Code: 4	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/MYY)] 5	
House # Street Address			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] 25	
Full Name of Contributing Committee			Date [MM/DD/YYYY]:	
i House #/ Street Address			Date [MM/DD/YYYY]	
City.	State	ZIp Code	Date [MM/DD/WW] \$	

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:	herel a	7	
	Marine .	-> WY1	
Full Name of Contributor			Pate [MM/DD/XYYY]
House # Street Address			Date [MM/DD/YYYY] \$
City Employer Name	State	Zip Code ***	Pate [MM/DD/XYXY] \$1
Employer Mailling Address:/ Principal Place of Business			Cccupation
Full Name of Contributor			Date [MM/DD/YYYY] \$
House #7 Street Address			Date [MM/DD/YYYY] \$
City.	State	/Zip:Code/	Date [MM/DD/YYYY] \$
Employer Name Employer Mailing Address //			Occupation
Reincipal Place of Business: Full Name of Contributor		_	Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY]
City Employe: Name	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name Employer Mailing Address / Principal Place of Business		51- 5	Occupation
Full Name of Contributor			Date [MM/DD/XYXY]
House# Street Address			Date [MM/DD/YYYY]
City Name A	State	Zip Code	Date [MM/DD/YYY] \$
Employer Name Employer Mailing Address (Occupation

PART E

Other Receipts

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

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

Filer identification Numb	mina-	-1 Col	on	
Full Name				
House #	Street-Address			
(alty)		State	Zip Code	Date [MM/DD/YYYY] \$
(dh)			Code	
Receipt Description				
Eul-Name				
House #	Street Address			
City		State	Zĺp	Date [MM/DD/YYYY] \$
			Code	(基地)
Receipt Description				
Full Name	1.50			
House #	Street Address			
City	2 1	State	Zip Code	Date [MM/DD/XXXY] \$
			Code	
Receipt Description				
Ifull Name	46			
House#	Street Address			7
City		State	ZID -	Date [MM/DD/YYYY] # 5
		State	Code	
Receipt Description				
Full Name				
House #	Street Address			
City		State	Zlp	Date [MM/DD/YYYY]
			- Code	4.
Receipt Description .				
Full Name				
House #	Street Address			
City		State	Zip. Code	Qate [MM/DD/YYYY] \$
Receipt Description		1 2 2 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Code	
weeght pesenbuon				

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

Files identification Numbers	Michael	Cu lo	n			
THE CONTRACT OF THE CONTRACT O						
1 UN TEMIZED INSKIND	CONTRIBUTIONS RECEIVED VAI	(NEO) 1220(00) 0	R LESS PER C	ONTRIBUTOR		
TOTAL for the reporting period	(1)	\$	-22			
EINEKIND CONTRIBUTIO	NS RECEIVED-VALUE OF \$50.01	TA CASA NAVER	ON DADTEN	And the second second second		
		are exercised for	OWEARIE			
TOTAL for the reporting period	(2)	\$	D			
MANAGE MANAGEMENT OF THE PARTY	NIRECEIVED-VALUE OVER \$250	CONTENDA VIDADA	- (New York allege St		St. for a filtration of the property	brand and the a state of the
ET MANAGE SENEMES V	7.11.10.11.10.10.11.12.11.12.11.12.11.12.11.12.11.12.11.12.11.12.11.12.11.12.11.12.11.12.11.12.11.12.11.12.11	icial una VIII (174	(G)		1.5	- 4
TOTAL for the reporting period	(3)	\$	0			
TOTAL VALUE OF IN-KIND CONT	PIBLITIONS DUDING THIS DEPOS	TIME C				
PERIOD (Add and enter amount on Page 1, Report Cover Page, It	totals from boxes 1, 2, and 3; al		V			

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer identification Numbers	100.	1 1		
	Michan	1 606	· ^	

Full Name of Contributor			Date [MM/DD/YYY]
House# Street Address			Date [MM/DD/MYY] \$
City	State	ZIp Code	Date [MM/DD/YYYY] \$
Description of Contribution			
Full Name of Contributor		·	Date [MM/DD/YYYY] \$
House# Street Address			EDate [MM/DD/XXXX] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Description of Contribution			
Full Name of Contributor			CDate [MM/DD/YYYY][, 5;
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			
∏IIII Nam⊖ox Contributor		9	Date (MM/DD/XXXX) \$
House# Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/XYXY] \$
Description of Contribution			

SCHEDULE II

3 5 13 14 4"

Part G

In-Kind Contributions Received

VALUE OVER \$250

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Filer Identification Number:)		
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	$VN : VIA : \sim$		
	11/1/2000	\sim 0 LNN	
	and the second second second second		

Full Name of Contributor	Date [MM/DD/XXXX] \$
House # Street Address	Date [MM/DD/YYYY] \$
City Zip Code	(Date [MM/DD/YYYY]) \$
Employer Name	Occupation
Employer Mailing Address / Principal: 47 Place of Business	Description of Contribution
Full Name of Contributor	Date [MM/DD/XXXX] \$
House # Street Address	Date [MM/DD/YYYY]
City State Zip Code	Date [MM/DD/YYY] \$
Employer Name	Occupation
Employer Mailing Address / Principal Place of Business	Description / of Contribution (Contribution
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$1
City 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/WWY]
	Date [MM/DD/YYYY] \$.
City Zip Code Z	Date [MM/DD/XXXX]
	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
Employer Name Employer Mailing Address / Principal	Occupation

Statement of Expenditures

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Filer Identification Number:	Misha-	TI Zo Lun		

To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
CIŊ		State.	Zip Code	
To Whom Pald				Date [MM/DD/XYYY] 5
House #	Street Address			Description of Expenditure
City.		State	Zip Code	
To Whom Paid				Date(MM/DD//YYYY) 2 /5
House#	Street Address			Description of Expenditure
City		State	Zip; Code	
16 Whom Pald				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
Gty.		State	Zip Code	
To Whom Paid				Date [MM/DD/MYY] \$
House #	Street Address			Description of Expenditure
Gty.		State	Zip. Code	
To Whom Paid				Date [MM/DD/YYYY]
House #	Street Address			Description of Expenditure
City-		State	Zip Code	
To Whom Pald				Date [MM/DD/XXXIII \$
House#	Street Address			Description of Expenditure
City'	Commence and a function of the formal and the second	State	Zip: Code:	

SCHEDULE IV

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

Filer identification Number: Mizharl Colm				
	Fler Identification Number	michand	Colm	

Name of Creditor			Outstanding Balance of Debt
	eet Address 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DATE DEBT INCURRED. [MM/DD/YYYY]	\$
City	State	Zip Code	
Description of Debt.		- Indiana in the second in the	Em.
Name of Creditor			Outstanding Balance of Debt
	eet Address	DATE DEBT: INCURRED #	
City	State	Zip Code:	
Description of Debt	The state of the s	The second secon	Person
Name of Creditor	- Annie German		Outstanding Balance of Debt
House # Stre	eet Address	DATE DEBT INCURRED (1) [MM/DD/YYYY]	(
City	State	ZIp Code	
Description of Debt		State Charges, and	10年中
Name of Creditor			Outstanding Balance of Debt.
	eet Address	DATE DEBT INCURRED [MM/DD/YYYY]	₹.
City	State	(ZIP Code	
Description of Debt		The second second	[\$#H#1
Name of Creditor	d		Outstanding Balance of Debit
	eet Address	DATE DEBT INCURRED. [MM/DD/YYYY]	7\$
City	State	Zip Code	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House # Stre	et Address	DATE DEBT INCURRED. [IMM/DD/YYYY]	\$
City .	State	Zip Code	
Description of Debt		Egging was, Agreen and Profess	155,00.7]

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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 Candida	CONTROL OF CONTROL	ia be typeu)	
Number	(Mark X)		Committee	Lobbyist
Name of Filing Committee, Candidate or Lobbyist	1500 - 1 2	£ 100:). 1 /	1.'
Street Address	14 = 1 17	, , , , ,	1271 60	(un
City*	State	12/2/20	Zip Code	
	hm	PA	Zip code / 20	7
Type of Report (Place x under report type)				
1-6 th Tuesday 2-2 nd Friday 3-30 Day Post Pre-Primary Pre-Primary Primary	4-6 th Tuesday 5-2 nd Friday Pre-Election Pre-Election	6-30 Day Post Election	7- Annual Special 2 nd F Pre-Election	SOURCE CONTROL AND
			TAI I	
Date Of Election. [MM/DD/YYYY)	Year 2019	Amendment Report	Termination Report	
Summary of Receipts and From Date Expenditures	To Date	Ta Zurali a special	For Office Use Onl	Y + 1 = 1
A. Amount Brought Forward From Last Report	5 3 1- 79	100 00 14 N 14 N 15 N		4. H-52
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 5			
C: Total Funds Available (Sum of Lines A and B)	\$ 36,59			· ·
D. Total Expenditures (From Schedule III)	\$ 10,00			
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 28. 79			>
F. Value of In-Kind Contributions Received. (From Schedule II)	\$			
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 5			
	Affidavit Secti	lon		
Part 1- if this is a Committee report, treasurer sign her	e. If this is a Candidate report, can	didate sign here.		
I swear (or affirm) that this report, including the attack Sworn to and subscribed before me this	ieu scriedules on paper, is to the be	est of my knowledge	e and belief true, correct and c	omplete.

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number Fnonds 26 Mizh	٦/	2. lon
1.Unitemized Contributions and Receipts \$50.00 or Less per Contributor	4.6	
Total for the reporting period (1)	\$	X
2. Contributions of \$50.01 to \$250.00 (From Part Aland Part B)		
Contributions Received from Political Committees (Part A)	\$	12
All Other Contributions (Part B)	\$	v
Total for the reporting period (2)	\$	/2
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	9
All Other Contributions (Part D)	\$	V
Total for the reporting period (3)	\$	ð
4: Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	I'm	
Total for the reporting period (4)	\$	2 (28 1)
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	\$	D

Cover Page, Item 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.

977 S. T. S.	Frim	30 06	mil	~-1	(0)	Un
						Amount
Full Name of Contributing Committee		10		Date [MM/	DD/YYYY]	\$
Committee					ž.	
House # / Street A	ddress			Date [MM/	DD/YYYY]	\$1
City	State	Zip Code	-	Date [MM/	DD/YYYY]	Ş.
Full Name of Contributing	A MINISTRALIA CONTRACTOR AND A MINISTRALIA CO	Control of the Contro		Date [MM/	DD/YYYY]	\$
Committee	e e			200 2004		
House # Street A	50.00 (190.00 C) (201.00 C)			Date [MM/	DD/YYYY]	S.
347 1.	$egin{array}{c} egin{array}{c} eta + eta & \ eta + eta + eta & \ eta + eta + eta + eta & \ eta + e$					
City	State	Zip Code		Date [MM/I	DD/YYYY]	\$
SUPSECE PARTY AND ADDRESS OF THE PARTY AND ADD	(8,5%)	10 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1				
Full Name of Contributing Committee				Date [MM/i	DD/YYYY] :	\$
House # Street Ac	ddress			Date [MM/I	DD/YYYY]	10. 20.
	W 111000000					
City	State	Zip Code		Date [MM/I) [[YYYY]	
Full Name of Contributing Committee				Date [MM/I) (YYYY)	
House # Street Ad	ldress		· · · · · · · · · · · · · · · · · · ·	Date [MM/I		2.0
City®		No. 19 No		Mark Charles and the		
uty ş	State	Zip Code'		Date [MM/D	DD/YYYY] 'S	
Full Name of Contributing				Date [MM/D	D/YYYY] \$	
House # Street Ad	dress			Date [MM/D	D/YYYY] \$	
City	State	Zip Code		Date [MM/D		
Full Name of Contributing Committee	[- countricities.etm]	10000000000000000000000000000000000000		Date [MM/D	D/YYYY] ≥ \$	
House # Street Add	dress			Date [MM/D	D/YYYY] \$	<u> </u>
	2 m					
City	State	Zip Code		Date [MM/D	D/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 ...

L PY	1 mg	8 26 Miz	horle	ulun
Full Name of Contributor			Primary Street, Street	
ruit) dine di Controuto			Date [MM/DD/YYYY)	
House # Street Address			Date [MM/DD/YYYY]	
	li a de la compa			
Giv.	State	Zip Code	Date [MM/DD/YYYY]	į Š
Full Name of Contributor			Date [MM/DD/YYYY]	
House # : Street Address			Date [MM/DD/YYYY]	\$
criy (State	Zip Code.	Date [MM/DD/YYYY]	\$
Full Name of Contributor			Date [MM/DD/XXXX]	15
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]	(5
City	State	Zip Code:	Date [MM/DD/YYYY]	
Full Name of Contributor			Date [MM/DD/XYXY]	
House# Street Address			Date [MM/DD/YYYY]#	\$
City.	State	ZJp Code	Date [MM/DD/XXYY)	- 1 - 2
Fill Name of Contributor			Date [MM/DD/YYYY]	(C)
MOUSE # Street Address			Date [MM/DD/MM] 8	
City.	State-	Zip Code.	Date [IMM/DD/YYYY]	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

Filer Identification Number:	Entra 9:	o at Miz	here I Zolon	
Full Name of				
Contibuting Committee	,		Date [MM/DD/XXXV] 53	
House# Street Ad	dress		Date [MM/DD/MYY) \$5	
Cly -	State	Zip Code	Date [MM/DD/YYYY] \$	
unul Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House# Street Ad	dress		Date [MM/DD/YYYY]	
Civ	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Committee			Date [MM/DD/YYYY] (\$	
House:# Street Ad	dress		Date [MM/DD/XXXX] \$	
City.	State	Zip Code	Date [MM/DD/XYYX]	
Full Name of Contributing Committee			Date [MM/DD/XYYY]] \$	
House # Street Add			Date [MM/DD/\\\\)	
City	State	Zip Code	Date [MM/DD/YYYY] 5.	
Eull Name of Contributing Committee			pate [MM/DD/MYY] \$	
House# Street Add			Date [MW/DD/MYY] \$	
Carty	State	Zip Code	Date [MM/DD//YYYX] 5	
Full Name of Contributing Committee			Date [MM/DD/YYYY]	
House # Street Add			Date [MM/DD/YYXX] 45	
(diy	State	Zip Code	Date [MM/DD/YYY) \$	

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)

File-Identification Number	Frima	of mid	may 20 loon
Full Name of Contributor.			Date [MM/DD/YYYY]
	eCAddress		Date [MM/DD/YYYY]
City Employer Name	State	Zip Code	Date [MM/DD/YYYY] \$
			Uccupation
Employer Mailing Address // Principal Place of Business			
Full Name of Contributor			Date [MM/DD/YYYY]
	t 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 Contributors			Date [MM/DD/XXXX)
	t Address		Date [MM/DD/XXXX] \$
City	State	Zip Code	Date [MM/DD/XXXVIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
Employer Name		490	Occupation
Employer Malling Address / Principal Place of Business			·
Full Name of Contributor			Data IMM/DD/WWI
	Address		Date [MM/DD/XXXXIII S
Gity,	State	Zip Code	Date [MM/DD/XYYY]
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. Filen Identification Number:

Filer identification Numb	FNI-	a som	F Miz	hand 2	whom
S-HIM	Food		ANGEROL CO.		
Full Name					
	Street Address				
City		State	Zip Code	Date [MM/D	D/MMM] \$
Receipt Description					
Full Name					
	Street Address				
City		State	Zip Code	Date [MM/D	D/MMM 5
Receipt Description					
Full Name					
House #	Street Address				
City		State	Zip Code	Date [MM/D	D/MMM 5
Receipt Description		12 and along Great	The second second second	1	[9年47-]
Full Name					
House #	Street Address				
Gly		State	Zip Code	Date [MM/DI	D/MYYL 15
Receipt Description		Phone of the charged	The state of the s		179,000
Full Name					
	treet Address			Parket and the second	
City		State	Zip Code	Date [MM/DI	<u>5/44441</u> \$-
Receipt Description			7 444.,		
Full Name			,		
House # S	treet Address				
Gi y		State-	Zip Code	Date [MM/DI	Z/YYYY) S
Receipt 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

Filer Identification Number:	Friznas	DR	mizhor	1 20	lon	
		5)				
1. UNITEMIZED IN KIND CON	TRIBUTIONS RECEIVED VAL	THE RESERVE AND THE PARTY OF TH	OR LESS PER CONTRIBUTO)R		
TOTAL for the reporting period	(1)	\$	Ö			
2. IN KIND CONTRIBUTIONS	RECEINED-VANUE OF SSORO	TO\$250,00 (E	ROM PARTE)			
TOTAL for the reporting period	(2)	\$	0	And the second second second second second second second		
3. IN KIND CONTRIBUTION R	EGEIVED-VALUE OVER \$250).00 (FROM PAR	NT G]			
TOTAL for the reporting period	(3)	\$	0			
TOTAL VALUE OF IN-KIND CONTRIBL PERIOD (Add and enter amount tota on Page 1, Report Cover Page, Item	ls from boxes 1, 2, and 3; al	1 '	5			

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer identification Number:	Fr;	mez	of	michal	20/100	
				1000		

Full Name of Contributor			Date [MM/DD/YYYY] \$	
House# Street Addres	5		Date [MM/DD/YYYY] \$	
Clty	State	Zip Code	Date [MM/DD/XYYY]	
Description of Contribution				
Full Name of Contributor	7 100		Date (MM/DD/YYYY)	
House # Street Addres	5		Date [MM/DD/XXXY] \$	
City	State	Zip Code	Date (MM/DD/XXXX) \$	
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YXXY] \$	
House # Street Addres			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 Addres			Date [MM/DD/XXXX] S	
(Sty	State	Zip Code 3	Date [MM/DD/YYYM] S	
Description of Contribution:				
FNI Name of Contributor			Date [MM/DD/YYYY] & \$	
House # Street Addres	IS S		Date [MM/DD/XXXY] \$	
(City-	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution				

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer identification Numbers	Fv	1-enz	56	minha	ا ده ا	Lon

	and the same of th		
aFull-Name of Contributor		100 100 100 100 100 100 100 100 100 100	Date [MM/DD/YYY] \$2
House # Street Address	**		Date [MM/DD/YYYY] \$
City.	State	Zip Code	Date [MM/DD/XYYY] \$
Employer Name			(Occupation:
Employer Mailing Address / Principal Place of Business			Description
Frace of Business			rof Contribution
Full Names Contributors			Date [MM/DD/XXXXI) \$ \$
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY]
Employer Name:			Occupation
Employer Mailing Address / Principal	index see		Description
Place of Business			of 1 Contribution
Full Name of Contributor			Date [MM/DD/YYYY]
			Charles and the second
House # Street Address		* 21 * 1	Date [MM/DD/YYYY] \$
বিজ্য	State	Zip Code	Date [MM/DD/\\\\\\\
Employer Name			Occupation
Employer Malling Address // Principal September 1988		-37-15	Description:
Relate Orousiness			Contribution
Full Name of Contributor	et al.		Date (MM/DD/AYAY)
House# Street Address		1.2.3.12.1	Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/XYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			Description
			Contribution

Statement of Expenditures

Filer identification	on Number:					····
	tv.	in by	of Min	herel	20100	
To Whom Paid	No.	10 100		No. of the last of	838	
	PNY	Bunk		Date [MM/DI	119	טי טיט
House#	Street Address	The state of the s		Description d	n Expenditure	
City.		State	Zip Code	Bnu	3-2rvila	cherr
To Whom Paid				Date [MM/DD)/WW] \$	
House#	Street Address			Description of	Expenditure.	
City		State	Zip Code	Profile a server result strategy	(日本日本の一部の)日子が下げる日本日本	
To Whom Paid				Date [MM/DD	//YYYY] \$	
House#	Street Address			Description of	Expenditure	
Civ.		State	Zip Code	and the second s		Parameter of the second second second
To Whom Paid				Date [MM/DD	/mml \$	
flouse#	Street Address			Description of	Expenditure	
City:		State	Zip Code	Self- Reference describer comment on a l'amond.	STATES AND STATES OF THE STATE	Train and Market Street
To Whom Paid				Date [MM/DD	AMMI S	
House #	Street Address			Description of	Expenditure	
City		State	Zip Code	Darmer and Market Market and Assessment of Assessment and Assessme		The second secon
To Whom Paid				Date [MM/DD)	MMM S	
House#	Street Address			Description of		
City:		State	Zip Code			
To Whom Paid				Date [MM/DD/	mmi s	
House #	Street Address			Description of E	xpenditure	
enty.		State	Zip Code			and the second second
To Whom Paid				Date [MM/DD/	MMP 5	
louse#	Street-Address			Description of E	xpenditure	
eity-		State	Zig: Code			A Total Landscool Straig Selection Community

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 Numbers Frimbs of Michael Colon			The state of the s			
	Filer Identification Number:	Frian	1 . ~ .	mishand	2, lon	

Name of Creditor		Outstanding Balance of Debt
House # Str	et Address DATE DEBT INCURRED [MM/DD/YYYY]	
(Gly)	State Zip Zip Code C	
Description of Debts		
Name of Creditor		Outstanding Balance of Debt
	et Address DATE DEBT INCURRED [MM/DD/YYYY]	¢
Clty	State Zip Code	
Description of Debt.		F-1922-1
Name of Creditor		Outstanding Balance of Debt
House # Stre	et Address DATE DEBT INCURRED [MM/DD/YYYY]	\$
Clty	State Zlp Code Tr	
Description of Debt.		Access 1
Name of Creditor		Outstanding Balance of Debt
House # Stre	et Address DATE DEBT INCURRED [MM/DD/YYYY]	\$
alty!	State Zip Code	
Description of Deb		
Name of Greditor		Outstanding Balance of Debt
House# Stre	et Address DATE DEBT INCURRED [MM/DD/YYYY]	\$
শ্রিট্য স	State Zip Code	
Description of Debt		
Name of Creditor		Outstanding Balance of Debt.
House# Sire	DATE DEBT INCURRED. [MIM/DD/YYYY]	<i>y</i>
eity.	State Zip Code	
Description of Debt	Business regions Designation respectively	