

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

	ms report must b	water the second second		na ne typeu)		and the second of the second o
Filer Identification Number	Report Filed By (Mark X)	Candidat	(e) X	Committee		Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Mi cha-	حرا (00/00			
Street Address	1956 R	185-1	LWN AU	1		
BrethWhen		State	PA	Zip Code	18018	
Type of Report (Place x under report type)					Statement (1964) und estre est (1964) entrepas describente (1964) en est	
1-6 th /Tueşday 2-2 nd Friday 3-30 Day Pos Pre-Primary Primary Primary		- 2 nd Friday re- Election	6-30 Day Post Election	7- Annual	Special 2 ¹¹⁰ Friday Pre-Election	Special 30 Day Post-Election
				X		
Date Of Election (MM/DD/YYYY)	Year	2020	Amendment Report		Termination Réport	
Summary of Receipts and From Date Expenditures	70 Date 70 7 2 / 31	/2020		For C	office Use Only	
A. Amount Brought Forward From Last Repor	1 8 0	/				
B. Total Monetary Contributions and Receipt (From Schedule I)	\$ 0					
C. Total Funds Available (Sum of Lines A and B)	8 D					
D. Total Expenditures (From Schedule III)	8 0					
E. Ending Cash Balance (Subtract Line D from Line C)	8					
F. Value of In-Kind Contributions Received (From Schedule II)	8 D					
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 8					Y' 1 ' - ,
		Affidavit Sec				
Part 1- If this is a Committee report, treasurer sign i						1, 1, 1, 1
I swear (or affirm) that this report, including the atta Sworn to and subscribed before me this	ached schedules on pa	aper, is to the l	best of my knowled	ige and belief tri	ie, correct and comple	Te.
Sworm to and subscriber before me this			يممد	•	•	

SCHEDULE I Contributions and Receipts Detailed Summary Page

Filer Identification Number Michael Colon		
1.Unitemized Contributions and Receipts-850.00 or Less per Contributor		
Total for the reporting period (1)	8	0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	8	0
All Other Contributions (Part B)	8	Ь
Total for the reporting period (2)	8	5
3. Contributions Over \$ 250.00 (From Part C and Part D)	等数 指導	
Contributions Received from Political Committees (Part C)	8	0
All Other Contributions (Part D)	\$	U
Total for the reporting period (3)	\$	D
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	第2章 145章 145章	
Total for the reporting period (4)	\$	\hat{O}
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	8	h

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.

Filer Identification N	umber M	1hare	1 Colon		
				Am	nount
Full Name of Cont	ributing.			Date [MM/DD/YYYY] 8	
Committee					
House #	Street Address			Date [MM/DD/YYYY] \ \$	
City		State	Zip Gode	Date [MM/DD/YYYYY] \$	
Foll Name of O	ni an ing was	1.00 (1.00 to 10.00) 1.00 (1.00 to 10.00) 1.00 (1.00 to 10.00)		Date [MM/DD/YYYY] 3 78 8	
Full Name of Cont Committee	.nouting			Date Laurinn Tirril 10	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	4.491 SARABAN	State	Zip Code	Date [MM/DD/YYYY1 8	
70-72-75-75 ASO 24-6-8-1		14 14 14 14 14 14 14 14 14 14 14 14 14 1	HEART STANDARD	A CONTRACT OF THE PARTY OF THE	
Full Name of Cont Committee	tributing			Date [MM/DD/YYYY] (\$	
House#				Date [MM/DD/YYYY] \$	
City	1 10 10 10 10 10 10 10 10 10 10 10 10 10	State	Zip Code	Date [MM/DD/YYYY] 8	
Full Name of Cont	iributina 💝 🕯	V6250 AUV	Company Manager	Date [MM/DD/YYYY] 8 8	
Committee				The state of the s	
House #	Street Address			Date [MM/DD/YYYY] 8	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
		(196-1945) (196-1945) (196-1945) (196-1955)		(4) (4) (4) (4) (4) (4) (4) (4) (4) (4)	
Full Name of Cont Committee	tributing			Date [MM/DD/YYYY] \$	
House #	Street Address	,. , ,., ,		Date [MM/DD/YYYY] \$	
City	TALL THE GRANT OF ME	State	Zip Code	Date [MM/DD/YYYY] 8	
Full Name of Cont	ributing	NOALL SAN	120 120 (120 (120 (120 (120 (120 (120 (1	Date [MM/DD/YYYY] \$	
Committee					
House #	Street Address			Date [MM/DD/YYYY] 3	
City	44. 64. 54. 54. 54. 54. 54. 54. 54. 54. 54. 5	State	Zip Code	Date [MM/DD/YYYY] 8	

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.)

Fileriuentancanon Nun	M i	charl	Colon		
Full Name of Contrib	utor			Date [MM/DD/YYYY] &	
House #	Street Address		***************************************	Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD//YYYY] §	18
Full Name of Contrib	utor	(ACCOMPANIE)	Systematory	Date [MM/DD/YYYY]	S C.
House #	Street Address			Date [MM/DD/4YYYY]	§
Gity		State	Zip Code	Date [MM/DD/XYYYX]	\$.
Full Name of Contrib	utor			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/XYYY]	
Gity		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contrib				Date [MM/DD/YYYY]	
House #	Street Address	LOCATO INC.	TO an instanting discount	Date [MM/DD/YYYY]	
City Full Name of Contrib	uror a	State	Zip Code	Date [MM/DD/YYYY]	
House#				Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	3
Full Name of Contrib	utor			Date [MM/DD/YYYY]	
House #				Date [MM/DD/YYYY]	3
City		State	Zip Code	Date [MM/DD/YYYY]	3

Contributions Received From Political Committees

Over \$ 250.00

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

Filer Identification Number:	ichard	Colón		
			Date (MM/DD/YYYY) 85	
Full Name of Contributing Committee			Section 1844 A Area Gazer emission believed 4 King	
House # Street Addre	755 7(1)		Date [MM/DD/YYYY]	
	No.	eg gang ganggaganal	Date [MM/DD//YYYX]	
City	State	Zip Code		
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Addr	ess		(Date [MM/DD/YYYY]) \$	
City	State	Zip Code	Date [MM/DD/XYYY] 8	
Full Name of Contributing Committee	EASTERNAL TO	Law the down Constraint Days [Date [MM/DD/YYYY] 3	t da e e e et et alla da a e e e e
House # Street Addr	'ess		Date [MM/DD/YYYY] 8	
City	State	Zip Gode	Date [MM/DD/YYYY]	
Full Name of Contributing Committee	p2/9.5257(324	18 Selectivina misservin (*)	Date [MM/DD/XYYY] \$	
House # Street Addr			Date [MM/DD/XYYY]	
Gity:		Zip Code	Date [MM/DD/YYYY] 8	
Full Name of Contributing Committee	h.		Date [MM/DD/YYYY] 8	
House #. Street Adda			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] 3	
Full Name of Contributing Committee			Date [MM/DD/YYYY/] 8	
House # Street Add			Date [MM/DD/YYYY] \$	
City.	State	Zip Code	Date [MM/DD/YYYY]	

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:

	rollingel	Colon	
Full Name of Contributor			Date [MM/DD/YYYYY] S
House # Street	Address		Date [MM/DD/\\\\\\]
			<u> </u>
City.	State	Zip Code	Date [MM/DD/XYYY] \$
Employer Name		#####################################	Occupation
Employer Mailing Address /			This is the factory of sort
Principal Place of Business Full Name of Contributor			Date [MM/DD/YYYY] 8
House # Street	Address		Date [MM/DD/YYYY] 8
			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		RETRESENS AND CO.	Occupation
Employer Mailing Address /		-	[Sattle State of the College of]
Principal Place of Business Full Name of Contributor		e se la companya de la companya del companya de la companya del companya de la co	Date [MM/DD/YYYY] \$
House# Stree	t Address		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] 8
Employer Name		XXX TO THE SECOND	Occupation
Employer Mailing Address /			Books paysone make in
Principal Place of Business: Full Name of Contributor			Date [MM/DD/XYYY]
House# Stree	t Address		Date [MM/DD/YYYY] \$
		Walley are conside	Date [MM/DD/XXXXI] 85
City	State	Zip Code	Date Initial Printer of Line 1
Employer Name	[792,7732] (694,600,000)	Mark Samurada vertical	Occupation
Employer Mailing Address /	######################################		Parameter and second



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	Michael	Colon	
Full Name	7		
House #	Street Address		
City	State/	Zip Gode	Date [MM/DD/YYYYY] \$
Receipt Description	2707-30 [1875-1777-2000]	T No. and the second se	
Full Name House #	Street Address	,	
City	State	Zip Code	Date [MM/DD/YYYY] 3
Receipt Description			
Full Name			
House #	Street Address	Zip	Date [MM/DD/YYYY] \$
		Code	
Receipt Description Full Name			
House #	Street Address		
- City	State	Zip Code	Date [MM/DD/AYYYY] \$
Receipt Description			
Full Name	(A) (A)		
House:#	Street Address State	Zip.	Date [MM/DD/YYYY] \$
Receipt Description		Code	
Full Name			
House #	Street Address		The state of the s
City	State	Zip Code	Date [MM/DD/YYYY)] 8
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: Michael Co	lón
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$5	IO.00 OR LESS PER CONTRIBUTOR
TOTAL for the reporting period (1)	8 0
28 JN-KIND GONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250	LOD (FRUM PART 5)
TOTAL for the reporting period (2)	8 0
	INDIADTIONS (SCIENCE PETERING DEMBERSON CHURCH SELECTION SCIENCE CONTROL OF STATE OF SCIENCE OF STATE OF STATE OF SCIENCE OF STATE OF SCIENCE O
3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FRO	M PART (G)
TOTAL for the reporting period (3)	8 0
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter	. 8
on Page 1, Report Cover Page, Item F)	b

SCHEDULE II

PART F In-Kind Contributions Received

VALUE OF \$50.01 TO) \$ 230
Filer Identification Number: Michael Colon	
Full Name of Contributor	Date [MM/DD/YYYYY] 83
House # Street Address	Date [MM/DD/XYYY] 8
City State Zip Code	Date [MM//DD/YYYYY] 8
Description of Contribution	Date (MM/DD//Y/YY)
Full Name of Contributor :	
House # Street Address	Date [MM/DD/YYYY] \$
City. State Zip Code	Date [MM/DD/YYYY] 33
Description of Contribution	
Full Name of Contributor	Date [MM/DD/YYYY)] \$
House # Street Address	Date [MM/DD/YYYY)] \$8
State Zip Gode	Date [MM/DD/XYYY] 8
Description of Contribution	
Full/Name of Contributor	#Date [MM//DD/XYYYY] \$
House # Street Address	Date [MM/DD/YYYY] 3
City State Zip Gode	Date [MM/DD//YYYY]
Description of Contribution	
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYYY] \$

Zip Code

State

City

Description of Contribution



Date [MM/DD/YYYY] 8/

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$ 250

And the second s	anganganasan an ing managanasan ang at maganasa baharan bahagan salam 190	
Filer identification Number:		
	M_{1} , h $= 1$	
■ 新型化学等的 新型性 医多种性 [1]	1.11011901	01011

		DESTRUCTION OF THE PROPERTY OF
Full Name of Contributor		Date [MM/DD/YYYY]
House # Street Address		Date [MM/DD/YYYY]
Gltý,	State Zip Cod	
		DANTHADDAN A
Employer Name	Ž X	Occupation
Employer Mailing Address / Principal		Description."
Place of Business	9 14 14 15	of Contribution
Full Name of Contributor		Date [MM//DD/YYYY] 3
House # Street Address		Date [MM/DD/YYYY] \$
Gity	State Zip Cod	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Principal	75 27	Description
Place of Business		of Contribution
Full Name of Contributor	A Common words the Common Section of Section 1997 (Section 1997)	Date [MM/DD/YYYY] 8
House# Street Address		Date [MM/DD/YYYY] 8
Riv	State Zip Co	de Date [MM/DD/YYYY] \$
Employer Name		Qccupation
Employer Mailing Address / Principal) 1	Description
Place of Business		of Contribution
Full Name of Contributor		Date [MM//DD/YYYY] 3
House # Street Address		Date [MM/DD/YYYY] 3
		· · · · · · · · · · · · · · · · · · ·
Gity	State Zip.Co	de Date:[MM/DD/YYYY] 8
Employer Name		Occupation
Employer Mailing Address / Principal	461 	Description
Place of Business		of Contribution
■ 深度的分析性質學與可能的表示。■ 不是的分析性質學■ 不是的學學■ 不是的學學■	68	1915 2010 100 100 100 100 100 100 100 100 10



Statement of Expenditures

	The state of the s	Company of the compan		
Filer Identification Number:	. ()	A \ \ '		
Line Adeles de la marchia de la	O(1)	() \		
	ルリコカスマト	COLINA		
		011	A CONTRACTOR OF THE PROPERTY O	

To Whom Paid			The state of the s		Date [MM/DD/YY	/Y] 8	
House#	Street Address				Description of Exp		
City	State		Zip Code			1969a (1969 <u>)</u>	
To Whom Paid		1	Paragraph (1986)		Date [MM/DD/XY	YY]. 8	
/House#	Street Address				Description of Exp	enditure	
City	State		Zip				
To Whom Paid			Code	and a great of the state of the	MDate (MM/DD/XX)	YY) \$	
House #	Street Address				Description of Exp	enditure	
City	State	al .	Zip			C. 特别。(1912年) [1914年)	
			Code	and the second s	nDate (IMM/DD/XX	Wi腹原瘤I	
To Whom Paid							
House #	Street Address				Description of Exp	enditure	
City	State		Zip Code	supple			
To Whom Paid	7. Aug. 19.				Date (MM/DD/YY	YY] 8	
House#	Street Address				Description of Exp	enditure	
City	State		Zip Code				
To Whom Paid					Date [MM//DD//\	(YY) 8	
House#	Street/Address				Description of Exp	enditure	
City	State		Zip Gode		Astronomika un sustant austro		tioning players of the sage discovering
To Whom Paid	(33353344) 14 13		[estrongstensor]		Date [MM//DD///	YY)	
House:#/	Street Address				Description of Ex	Carried States	
City	State		Zip Code				Confinence of the Confinence o
To:Whom Paid		3	SWAWS STEEL		Date [MM//DD//Y	YY] 8	
House #	Street Address				Description of Ex) penditure	
Gity	State		Zip Çode				
7400 T. T.			Code			inder with the results of the File of the Section (1994)	

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 (Colón	
Markaryonani	The second secon		Outstanding Balance of Debt
Name of Creditor	Street Address	DATE DEBT INCURRED	S S
		[MM/DD/YYYY]	(2) (2) (4) (4)
City		State Zip	
Description of Débt		Code/	
			Outstanding Balance of Debt
Name of Creditor House #	Street Address	DATE DEBT INCURRED	State of peor
I I VUOU T		[MM/DD/YYYY]	
/City		State Zip	-
Description of Debt		Code C	<u> </u> <u> </u>
	1868-050		
Name of Creditor	Learn and the later	SUCHAREREPARTATION	Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED	8
CIV.		State Zip	-
City	TARET I	State ZID Code	
Description of Debt			E A Maria Cara Cara Cara Cara Cara Cara Cara
Name of Greditor	American Commit	DATE DEBT/INCURRED	Outstanding Balance of Debt
House #	Street Address	[WW/DD/XXXX]	
City		State Zip	-
Description of Debt		Code	
	100 mg 100 mg 100 mg 100 mg		No. No. No. 100 (1990)
Name of Creditor	SANTANIA SANTANIA SANTANIA	WEST DATES PROPILIALISE PASSES	Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State Zip	
	1995 100	Code	
Description of Debt			
Name of Greditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	8
10:E	Security 1		
City		State Zip Code	
Description of Debt			



Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed) Lobbyist Committee Candidate Report Filed By Filer Identification (Mark X) Number Name of Filing Committee, Candidate or Ulon Lobbyist Street Address 7 Zip Code 80 City Type of Report (Place x under report type) Special 30 Day Special 2nd Friday 7- Annual 6-30 Day Post 5- 2nd Friday 1-6th Tuesday | 2- 2nd Friday | 3-30 Day Post | 4-6thTuesday Post-Election Pre-Election Election Pre-Election Pre-Election **Primary** Pre-Primary **Pre-Primary** Termination Amendment Year 2020 Date Of Election Report Report (MM/DD/YYYY) For Office Use Only To Date From Date Summary of Receipts and **Expenditures** A. Amount Brought Forward From Last Report B. Total Monetary Contributions and Receipts (From Schedule I) C. Total Funds Available (Sum of Lines A and B) D. Total Expenditures (From Schedule III) E. Ending Cash Balance \mathcal{D} (Subtract Line D from Line C) F. Value of In-Kind Contributions Received (From Schedule II) G. Unpaid Debts and Obligations (From Schedule IV)

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

Temper for affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Affidavit Section

SCHEDULE I Contributions and Receipts Detailed Summary Page

Filer Identification Number	iends of	Michael	Colón
Region for the Association of the Commission and Control of the Commission of the Co	and the state of t		

	1 21 1 122-	
1, Unitermized Contributions and Receipts - \$ 50.00 or Less per Contributor		
Total for the reporting period (1)	\$	0
2; Contributions of \$50.01 to \$250:00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	8	6
All Other Contributions (Part B)	8	B D
Total for the reporting period (2)	8	3 <i>b</i>
3. Contributions Over \$ 250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	8	
All Other Contributions (Part D)	8	8
Total for the reporting period (3) {	
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)) {	b
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, Repor Cover Page, Item B)	1 '	6

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 Fry.	and c	of Micha	: Yl Culon	237744
	2000 No. 100 100 100 100 100 100 100 100 100 10			Amount	Sealines
Full Name of Cor	ntributing			Date [MM/DD/YYYY] \$	
Committee					
House #	Street Address			Date [MM/DD/YYYY] \$	
				D-4-1888/DD-00001	
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Co	ntributing	1823333	Ministrative streat	Date [MM/DD/YYYY] \$	
Committee					
House #	Street Address			Date [MM/DD/YYYY] 8	
					1
City	[4], J. [9, 1], A. A. A. A.	State	Zip Code	Date [MM/DD/YYYY] 38	
200 / 120 /					
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY] %	
《新文学》				Date [MM/DD/YYYY] 8	
House #	Street Address			Date Into DD/11 111	
City		State	Zip Code	Date [MM/DD/YYYY] 8	
uity .					
Full Name of Co	ntributing	THE PERSON NAMED OF THE PERSON		Date [MM/DD/YYYY] \$	
Committee				Date [MM/DD/YYYY] \$	
House #	Street Address			Date (Will) DD7-1-1-1-1-1	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ontributing ***	[(18/4-1994]	[N. 6.3.6.1] A. W. 6.4.1	Date [MM/DD/YYYY] 8	1 - 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Committee					
House #	Street Address			Date [MM/DD/YYYY] 3	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
				Date [MM/DD/YYYY] \$	
Full Name of Co Committee	ontributing			Pare farm post (1761)	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	1 (3/4 to 1 (3/2) 3/2 3/2	State	Zip Gode	Date [MM/DD/YYYY] 8	
		0.000000 0.00000			

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:	zn ds	of mich	arl Coloi	1
Full Name of Contributor			Date (MM/DD/XXXXX)	022
			Angeline Till Angels Assessment (19.7.5.5.7.4.8.4.8.4.8.4.8.4.8.4.8.4.8.4.8.4.8.4	
House # Street Address			Date [MM/DD/YYYY]	\$
City:	State	Zip Code/	Date [MM/DD/M/W/	<u></u>
Full Name of Contributor			Date [MM/DD/YYYY]	3
House # Street Address			Date [MM/DD//YYYY]	8
City	State	Zip Code	Date [MM/DD/YYYY]	\$
(Full Name of Contributor)		(1899) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995)	Date [MM/DD//YYYY]	
#House ## Street Address			Date [MM/DD/YYYY)	8
	State	Zip Code	Date [MM/DD/YYYY]	8
City	Jaio			
Full Name of Contributor			Date [MM/DD/YYYY)	\$ \$7
House # Street Address			Date [MM/DD/YYYY]	8
City:	State	Zip Code	Date [MM/DD/YYYY]	8.
Full Name of Contributor	1988年8月(3)	participation of State of	Date [MM/DD/YYYY]	8
House # Street Address			Date [MM/DD/YYYY]	8
City	State	Zip Code	Date [MM/DD/YYYY]	8
Full Name of Contributor			Date [MM/DD/YYYY]	88
House # Street Address			Date [MM/DD/YYYY]	8.
City.	State	Zip Code	Date [MM/DD/YYYY]	18



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.

FILE GOOD MULLIDORS	"rands	of Micha	al Colon
Full Name of	Sec. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10		Date (MM/DD/AYYY)
Contributing Committee			The control of the co
House # Street Address			Date [MM/DD//YYYY] \$
IOIS VIII	State	Zip Code	Date (MM/DD/XYYY) 8
City	olaic	Lip goods	
Full Name of	- Manadasing -	A set in apply a mental of the	Date [MM/DD/YYYY]
Contributing Committee:	8		Date [MM/DD/XXYX] 8 18
House # Street Address	S		MANORIMA ANGRES
City	State	Zip Gode	Date [MM/DD/YYYY] \$
Full Name of			Date (MM/DD/YYYY) \$
Full Name of Contributing Committee			Account to Approximation of the 2 year of Approximation of the 2 year of the Approximation of the 2 year of 1 year of
House # Street Address	5		Date [MM/DD/YYYY] \$
EDINO 11		Zip Code	Date [MM/DD/YYYY] \$
City	31416	417.0000	
Full Name of Contributing Committee			Date [MM/DD/XYXY] \$
House # Street Addres	ő l		Date [MM/DD/YYYY] 3
Jacob Audres			
City	State	Zip Code	Date [MM/DD/YYYY] 8
Full Name of			Date [MM/DD/YYYY]) 8
Contributing Committee			
House # Street Addres	s		Date [MM/DD/YYYY] \$
Gity		Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributing Committee			Date [MM/DD/YYYY] 8
House # Street Addres	3		Date [MM/DD/YYYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] 8

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)

8.0.	TO USE TO A CONTROL OF THE TOTAL OF THE PROPERTY OF THE PROPER			*** *** *** *** *** *** *** *** *** **
Filer Identification Number:	triands	of mi	charl Co	lon
Market and the second s	et a mentra de la calcatación de la completa de la			and the contract of the contra

- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1				nathern make
Full Name of Contributors			Date [MM/DD/YYYY]	
	30.4946: 1			
House # Street Add	ress		Date [MM/DD/YYYY] 3	
City	State	Zip Code	Date([MM/DD/XYXY] %8	
	No. of the last of		Number of the Marketon	
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business				
Full Name of Contributor			Date [MM/DD/YYYY) \$	
House# Street Add	ress		Date [MM/DD/YYYY] 8	
City	State	Zip Code	Date [MM/DD/YYYYY] 8	
	1			
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business				
Full Name of Contributor	1 26 Mar . 1 14 9 GIRGE	w www.success.communications.com. Sec.	Date [MM/DD/YYYY] \$	and resigned
House # Street Add	ress .		Date/[MM/DD/YYYY] 8	
Gity	State.	Zip Code	Date [MM/DD/YYYY] \$	
	State	Zip Code		
Employer Name		Zip Code	Date [MM/DD/YYYY] 8	
		Zip Code		
Employer Name Employer Mailing Address /		Zip Code		
Employer Name Employer Malling Address / Principal Place of Business		Zip Code	Occupation	
Employer Name Employer Malling Address / Principal Place of Business		Zip Code	Occupation	
Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor		Zip Code	Date [MM/DD/YYYY]	
Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor	ress	Zip Code	Date [MM/DD/YYYY]	
Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor House # Street Address / Gity	ress		Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	
Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor House # Street Addr	ress		Date [MM/DD/YYYY] \$	



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	era	Friands	of.	michael	Colón
Full Name	ir vews.				
House #	Qtro	et Address	-		
City	311 0		State	Zip	Date [MM/DD/YYYY]
				Code.	
Receipt Description			Harrist- Shil	130-3337-0-1	
Full Name					
House #	Stre	et Address			
City		9-1-W-3-2-3-1-7-1-3-1	State	Zip Code	Date [MM/DD//YYYY] 8
Receipt Description				多。	
Full Name			or a second of the second of		
House#	Stre	et Address			
City			State	Zip	Date [MM/DD/YYYY] \$
				Code	
Receipt Description					
Full Name					
House #	1	eet Address			
City			State	Zip Code	Date [MM/DD/YYYY] 8
Receipt Description					[建筑]
Full Name					
House #	Str	et Address			-
City			State	Zip Code	Date [MM/DD/YYYY]
				Code	
Receipt Description		6			
Full Name					
House#	Str	eet Address	la ora egad	ING PERSONAL	Date [MM/DD/YYYY] 3
City			State	Zip Code	Pare Tallin Physical May
Receipt Description			A. Section Section		

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:	Friznds of	e Mich	971	Culón
: 1. UNITEMIZED:IN-KIND:CO	ONTRIBUTIONS RECEIVED-VAI	LUE OF \$50.00 OF	LESS PER C	ONTRIBUTOR
TOTAL for the reporting period	(1)	8	0	
	OPPOSITED SAMERISO ESTADAS	EEDWAYAA WAA	MANADANDITAR	
2. IN-KIND CONTRIBUTION	S RECEIVED-VALUE OF \$50.0]	, (V)	
TOTAL for the reporting period	(2)	8	D	
NEW CONTROL OF THE PROPERTY OF	RECEIVED VALUE OVER \$25	OVOOV/EROMEPART	Q Norraces	
3. IN:KIND.CONTRIBUTION	MEGELVED AVAILUE OVET 1020			
TOTAL for the reporting period	(3)	8	b	
TOTAL VALUE OF IN-KIND CONTR PERIOD (Add and enter amount to			Γ	
on Page 1, Report Cover Page, Ite	m F)		U	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Friands of Michael Colon	An and the second of the secon	1 - Walter St. 18, 18, 18, 11, 11, 11, 11, 11, 11, 11,	monacy and a contract contract of the contract		the state of the state of the state of	respective and the second	- 100 - 11 to be fell and management and a self-	A SCHOOL SHOP SHOW AND ADDRESS OF THE SCHOOL SHOWS AND ADDRESS
	Filer Identification Number:	Friend	3 OF	Mid	harl	Col	un	

Full Name of Contributor			Date [MM/DD/YYYY]				
House # Street Address			Date [MM/DD/XXXX]				
City	State	. Zip Code	Date [MM/DD//Y/Y/]				
Description of Contribution							
Full Name of Contributor,							
House # Street Address							
(Gity)	State	Zip Code	Date [MM/DD/YYYY]	\$			
Description of Contribution							
Full Name of Contributor			Date [MM/DD/YYYY]	3			
House # Street Address			Date [MM/DD/YYYY]				
(City)	State	Zip Code	Date [MM/DD/XYYYY]	8			
Description of Contribution							
Full Name of Contributor			Date [MM/DD/YYYY/]				
House # Street Address			Sec. 20, 100 and 100 a	\$			
City	State	Zip Code	Date [MM/DD/XYXYI]	\$			
Description of Contribution							
Full Name of Contributor			Date/[MM/DD/YYYYY]				
House # Street Address				8			
City,	State	Zip Gode	Date [MM/DD/YYYY]	8			
Description of Contribution							

SCHEDULE II Part G In-Kind Contributions Received

VALUE OVER \$ 250

particular, the contract of th	apiturus ir tuogėjas ir mingrandi tapitas, napa, tuojatus, tapitus, tapitus, tak	a Paragraphic and adjusted Williams and American Control States.		e franchista en la live de la reconstruction de la company de despetable de la company
Filer Identification Number:	Frian	ds of	Michael	Culón

BI STOLE (I PRODUCT & MATERIAL PROPERTY)		MANAGEMENT IN STATISTICAL TO THE SECOND STATES OF T
Full/Name of Contributor/		Date [MM/DD/YYYY] 8
House # Street Address		Date [MM/DD/YYYY] \$
City /	State Zip Code	Date [MM/DD/YYYY] \$
		A THE RESIDENCE OF THE PARTY OF
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] 3
City	State Zip Code	Date [MM/DD/YYYY] 8
Employer Name	AND	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/YYYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] &
Employer Name		Occupation
Employer Mailing Address / Principal	2 () () () () () () () () () (Description
Place of Business		of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] 8
Employer Name		Occupation
Employer Mailing Address:/Principal Place of Business		Description of Contribution



Statement of Expenditures

and the same of th	Contract to the contract of the September 11 or 11 or 11 or	ragidyani aktologoporus saari is ta' ta' ga ga ga kalala		tertigging Single of the Treat of the Sec.	The state of the s
Filer Identification Number:	Exilar)	1 1	muh) Cn	lón
	INI CKG	5 01	11110116-6	1 60	

ETPENTIPESS (SELVICED)	Date [MM/DD/WW/]
TOWNOM Paid PNLB Con K	01/02/2020 /0.00
House # Street Address	Description of Expenditure
City State Zip Code	Bink Sarvice Charge
To Whom Paid PNL Bunk	0 2 / 03 / 2020 10. 0 b
House # Street Address	Description of Expenditure
City State Zip	Buk Sania Chaza
Code	
To Whom Paid PNC B Con K	Date [MM/DD/YYYY] 8 8 8,59
House # Street Address	Description of Expenditure
City State Zip Code	Bull Sarvice Charge
To:Whom Paid	Date [MM/DD/YYYY] 8
/House # Street Address	Description of Expenditure
City State Zip - Code	(Best of State of General Control of the State of State o
Townon Paid	Date [MM/DD/YYYY]
House # Street Address	Description of Expenditure
City State Code	
To:Whom:Paid	Date [MM/DD/XYYY] 4
House # Street Address	Description of Expenditure
City. State Zip. Code	Specific Control (2017) and the control (2017
To Whom Paid	Date[MM/DD/XYYY]
House:# Street Address	Description of Expenditure
City State Zip Cöde	The Name of the Control of the Contr
To Whom Paid	Date [MM/DD/YYYY] 8
House # Street Address	Description of Expenditure
City 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.

Filer Identification Numb	er:	Friends	of M	ichar	J Col	, 0 \
Name of Greditor	966					Outstanding Balance of Debt
House #	Stre	st Address	34 de 25 de	DATE DEBT [MM/DI		8.
City		W. Francisco	State	Zip Code		
Description of Debt			Protection 129	(1977) 新教	701	PASSET.
Name of Creditor		2001000-0-1		NACO PROPERTY OF THE PROPERTY		Outstanding Balance of Debt
House #	Strei	et Address	Specific Commons.	DATE DEBT	INCURRED D/YYYYY]	8
City		operature (September 1994)	State	Zip Code		1
Description of Debt			Fabrusis#50]	Butter	or exercises	
Name of Creditor						Outstanding Balance of Debt
House #	Stre	et Address	\$		INCURRED D/yyyyy]	
City		ASSAUSE ENERGY	State	Zip Gode))	
Description of Debt				* semestantile		
Name of Creditor		A CHANGE CON A				Outstanding Balance of Debt
House #	Stre	et'Address			INCURRED D/YYYY]	8.
City	Long	100000000000	State	Zip Code	Y	
Description of Debt			[19] [19] [19] [19] [19] [19] [19] [19]	lesswer.	<102 Ga	.11 22.3
Name of Creditor			tangan atau 160 S. S. Son at Stage at Visio 1915 se		The second secon	Outstanding Balance of Debt
		et Address		DATE DEBI	INCURRED D/YYYYY]	98
City		1920 (1920 (1920 (1920 (1920 (1920 (1920 (1920 (1920 (1920 (1920 (1920 (1920 (1920 (1920 (1920 (1920 (1920 (19	State	eZip Gode	16 E	-
Description of Debt			1,	**************************************		
Name of Creditor			ar variation of the transfer at the top of			Outstanding Balance of Debt
House #	Stre	et Address			INCURRED D/YYYY]	9.
City		(中央)(1)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)	State	Zip Gode		-
Description of Debt						