

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	Report Filed By (Mark X)	Candidate	<input checked="" type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Michael Colon					
Street Address		215 W Broad St Apt 4					
City	13 - 711 Whelan	State	PA	Zip Code	15018		

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		Year		Amendment Report		Termination Report		
		05/21/2019		2019				

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
A. Amount Brought Forward From Last Report	1/1/19	5/3/19	
B. Total Monetary Contributions and Receipts (From Schedule I)		0	
C. Total Funds Available (Sum of Lines A and B)		0	
D. Total Expenditures (From Schedule III)		0	
E. Ending Cash Balance (Subtract Line D from Line C)		0	
F. Value of In-Kind Contributions Received (From Schedule II)		0	
G. Unpaid Debts and Obligations (From Schedule IV)		0	

Affidavit Section

If this is a Candidate report, candidate sign here

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

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

Contributions Received From Political Committees

\$ 50.01 TO \$ 250.00

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

Filer Identification Number	Michael Colon
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							Amount
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$ 0
House #	Street Address			Date [MM/DD/YYYY]		\$ 0	
City	State		Zip Code		Date [MM/DD/YYYY]		\$ 0
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$ 0
House #	Street Address			Date [MM/DD/YYYY]		\$ 0	
City	State		Zip Code		Date [MM/DD/YYYY]		\$ 0
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$ 0
House #	Street Address			Date [MM/DD/YYYY]		\$ 0	
City	State		Zip Code		Date [MM/DD/YYYY]		\$ 0
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$ 0
House #	Street Address			Date [MM/DD/YYYY]		\$ 0	
City	State		Zip Code		Date [MM/DD/YYYY]		\$ 0
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$ 0
House #	Street Address			Date [MM/DD/YYYY]		\$ 0	
City	State		Zip Code		Date [MM/DD/YYYY]		\$ 0
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$ 0
House #	Street Address			Date [MM/DD/YYYY]		\$ 0	
City	State		Zip Code		Date [MM/DD/YYYY]		\$ 0
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$ 0
House #	Street Address			Date [MM/DD/YYYY]		\$ 0	
City	State		Zip Code		Date [MM/DD/YYYY]		\$ 0

PART B

All Other Contributions

\$50.01 TO \$250

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

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

Filer Identification Number:	Michael Colon
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Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$

50

PART C

Contributions Received From Political Committees

Over \$250.00

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

Filer Identification Number:	Michael Colon
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Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$
House #	Street Address		Date [MM/DD/YYYY]		
City	State	Zip Code	Date [MM/DD/YYYY]		
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$
House #	Street Address		Date [MM/DD/YYYY]		
City	State	Zip Code	Date [MM/DD/YYYY]		
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$
House #	Street Address		Date [MM/DD/YYYY]		
City	State	Zip Code	Date [MM/DD/YYYY]		
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$
House #	Street Address		Date [MM/DD/YYYY]		
City	State	Zip Code	Date [MM/DD/YYYY]		
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$
House #	Street Address		Date [MM/DD/YYYY]		
City	State	Zip Code	Date [MM/DD/YYYY]		
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$
House #	Street Address		Date [MM/DD/YYYY]		
City	State	Zip Code	Date [MM/DD/YYYY]		

\$ 0

PART D
All Other Contributions

Over \$250.00

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

Filer Identification Number:	Michael Colon
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Full Name of Contributor				Date [MM/DD/YYYY]		\$
House #				Street Address		Date [MM/DD/YYYY]
City				State		Zip Code
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business						
Full Name of Contributor				Date [MM/DD/YYYY]		\$
House #				Street Address		Date [MM/DD/YYYY]
City				State		Zip Code
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business						
Full Name of Contributor				Date [MM/DD/YYYY]		\$
House #				Street Address		Date [MM/DD/YYYY]
City				State		Zip Code
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business						
Full Name of Contributor				Date [MM/DD/YYYY]		\$
House #				Street Address		Date [MM/DD/YYYY]
City				State		Zip Code
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business						

\$0

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

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

Filer Identification Number:	Michael Colon
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Full Name							
House #	Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							
Full Name							
House #	Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							
Full Name							
House #	Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							
Full Name							
House #	Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							
Full Name							
House #	Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							
Full Name							
House #	Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							

\$0

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD
DETAILED SUMMARY PAGE

Filer Identification Number:	Michael Colon
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$ 0

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

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$ 0

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$ 0
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SCHEDULE II

PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	Michael Colon
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Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$		
Description of Contribution						
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$		
Description of Contribution						
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$		
Description of Contribution						
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$		
Description of Contribution						
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$		
Description of Contribution						

\$ 0

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	Michael Colon
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Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Mailing Address / Principal Place of Business				Description of Contribution	
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Mailing Address / Principal Place of Business				Description of Contribution	
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Mailing Address / Principal Place of Business				Description of Contribution	
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Mailing Address / Principal Place of Business				Description of Contribution	

\$0

SCHEDULE III
Statement of Expenditures

Filer Identification Number: Michael Colon

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

\$0

SCHEDULE IV

Statement of Unpaid Debts

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

Filer Identification Number: Michael Colon

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

\$ 0

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number		Report Filed By (Mark X)		Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Friends of Michael Colon							
Street Address		1262 Seibersville Road							
City	Bethlehem	State	PA	Zip Code	18015				

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Date Of Election (MM/DD/YYYY)		05/21/2019		Year	2019		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	11/1/19	5/2/19	
A. Amount Brought Forward From Last Report		\$168.84	
B. Total Monetary Contributions and Receipts (From Schedule I)		\$4,360.00	
C. Total Funds Available (Sum of Lines A and B)		\$4,528.84	
D. Total Expenditures (From Schedule III)		559.09	
E. Ending Cash Balance (Subtract Line D from Line C)		3,969.75	
F. Value of In-Kind Contributions Received (From Schedule II)		100	
G. Unpaid Debts and Obligations (From Schedule IV)		1,577.28	

Affidavit Section

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

SCHEDULE I
Contributions and Receipts

Detailed Summary Page

Filer Identification Number	Friends of Michael Colon
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1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	
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Total for the reporting period (1)	\$ 655.00
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2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	
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Contributions Received from Political Committees (Part A)	\$ 300.00
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All Other Contributions (Part B)	\$ 2,405.00
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Total for the reporting period (2)	\$ 2,705.00
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3. Contributions Over \$250.00 (From Part C and Part D)	
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Contributions Received from Political Committees (Part C)	\$ 1,000.00
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All Other Contributions (Part D)	\$ 0
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Total for the reporting period (3)	\$ 1,000
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4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	
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Total for the reporting period (4)	\$ 0
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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)	\$ 4,360.00
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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						Amount	
Friends of Michael Colon							
Full Name of Contributing Committee			Date [MM/DD/YYYY]		§		200.00
Friends of J. William Reynolds			03/21/2019				
House #	Street Address		Date [MM/DD/YYYY]		§		
34	2 Elizabeth Ave						
City	State	Zip Code	Date [MM/DD/YYYY]		§		
Bethlehem	PA	18018					
Full Name of Contributing Committee			Date [MM/DD/YYYY]		§		100.00
McNeil for PA			03/21/2019				
House #	Street Address		Date [MM/DD/YYYY]		§		
3163	N Front St.						
City	State	Zip Code	Date [MM/DD/YYYY]		§		
Whitethell	PA	18052					
Full Name of Contributing Committee			Date [MM/DD/YYYY]		§		
House #	Street Address		Date [MM/DD/YYYY]		§		
City	State	Zip Code	Date [MM/DD/YYYY]		§		
Full Name of Contributing Committee			Date [MM/DD/YYYY]		§		
House #	Street Address		Date [MM/DD/YYYY]		§		
City	State	Zip Code	Date [MM/DD/YYYY]		§		
Full Name of Contributing Committee			Date [MM/DD/YYYY]		§		
House #	Street Address		Date [MM/DD/YYYY]		§		
City	State	Zip Code	Date [MM/DD/YYYY]		§		
Full Name of Contributing Committee			Date [MM/DD/YYYY]		§		
House #	Street Address		Date [MM/DD/YYYY]		§		
City	State	Zip Code	Date [MM/DD/YYYY]		§		

PART B

All Other Contributions

\$50.01 TO \$250

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

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

Filer Identification Number:	Friends of Michael Colon
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Full Name of Contributor		Ryan + Michaela Smith			Date [MM/DD/YYYY]	\$	250.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
11640	Charles Boyle Pl						
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
El Paso	TX	79934					
Full Name of Contributor		David Colon			Date [MM/DD/YYYY]	\$	200.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
	N New Street						
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
Bethlehem	PA	18018					
Full Name of Contributor		Raymond + Jeanne Cruz			Date [MM/DD/YYYY]	\$	100.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
844	Rebecca Ln						
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
Orfield	PA	18069					
Full Name of Contributor		Glenn + Suz Ann Reibman			Date [MM/DD/YYYY]	\$	250.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
1231	Lieb Rd						
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
Easton	PA	18040					
Full Name of Contributor		Kathleen Dimalay + Michael Shiffer			Date [MM/DD/YYYY]	\$	75.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
703	8th Ave						
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
Bethlehem	PA	18018					
Full Name of Contributor		Kevin + Shirone Kelly			Date [MM/DD/YYYY]	\$	100.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
5784	Monocacy Dr						
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
Bethlehem	PA	18017					

PART B

All Other Contributions

\$50.01 TO \$250

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

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

Filer Identification Number:	Friends of Michael Colan
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Full Name of Contributor		Michael Howard			Date [MM/DD/YYYY]	\$	100.00
House #	4070	Street Address	Jacksonville Rd		Date [MM/DD/YYYY]	\$	
City	Bethlehem	State	PA	Zip Code	18017	Date [MM/DD/YYYY]	\$
Full Name of Contributor		William + Yvonne Ortiz			Date [MM/DD/YYYY]	\$	100.00
House #	1219	Street Address	Westbury Dr		Date [MM/DD/YYYY]	\$	
City	Bethlehem	State	PA	Zip Code	18017	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Matthew Deschler			Date [MM/DD/YYYY]	\$	200.00
House #	313	Street Address	E. Frankford St		Date [MM/DD/YYYY]	\$	
City	Bethlehem	State	PA	Zip Code	18018	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Louis Fontanez			Date [MM/DD/YYYY]	\$	180.00
House #	1462	Street Address	Englewood Street		Date [MM/DD/YYYY]	\$	
City	Bethlehem	State	PA	Zip Code	18017	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Rachel + Christian Birch			Date [MM/DD/YYYY]	\$	150.00
House #	1819	Street Address	Loring Place		Date [MM/DD/YYYY]	\$	
City	Bethlehem	State	PA	Zip Code	18017	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Theophilus Mixon			Date [MM/DD/YYYY]	\$	200
House #	1501	Street Address	W. Atlantic Ave		Date [MM/DD/YYYY]	\$	
City	Manassquan	State	NJ	Zip Code	08736	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:	Friends of Michael Colon
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	
Elizabeth Collins-Colon					04/27/2019		200.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
8713	Grady Dr						
City	State	Zip Code				\$	
Breinigsville	PA	18031					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
Lance Adelsberger					04/29/19		100.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
3036	Summer Lane						
City	State	Zip Code				\$	
Bethlehem	PA	18217					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
Bruce + Joann Haines					04/29/19		100.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
15742	Glenisle way						
City	State	Zip Code				\$	
FT Myers	FL	33912					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
Edward + Elizabeth Gallagher					04/29/2019		100.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
49	W. Greenwich st						
City	State	Zip Code				\$	
Bethlehem	PA	18018					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City	State	Zip Code				\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City	State	Zip Code				\$	

PART C
Contributions Received From Political Committees

Over \$ 250.00

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

Filer Identification Number:	Friends of Michael Cobin
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Full Name of Contributing Committee		Friends of Bob Danchez PAC			Date [MM/DD/YYYY]	§	1,000.00
House #		377			Date [MM/DD/YYYY]	§	
Street Address		Dwan Shirz Dr					
City		Bethlehem	State	PA	Zip Code	18017	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	§	
House #					Date [MM/DD/YYYY]	§	
Street Address							
City							
Full Name of Contributing Committee					Date [MM/DD/YYYY]	§	
House #					Date [MM/DD/YYYY]	§	
Street Address							
City							
Full Name of Contributing Committee					Date [MM/DD/YYYY]	§	
House #					Date [MM/DD/YYYY]	§	
Street Address							
City							
Full Name of Contributing Committee					Date [MM/DD/YYYY]	§	
House #					Date [MM/DD/YYYY]	§	
Street Address							
City							
Full Name of Contributing Committee					Date [MM/DD/YYYY]	§	
House #					Date [MM/DD/YYYY]	§	
Street Address							
City							
Full Name of Contributing Committee					Date [MM/DD/YYYY]	§	
House #					Date [MM/DD/YYYY]	§	
Street Address							
City							

PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C)

Filer Identification Number:	Friends of Michael Colon
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Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address		Date [MM/DD/YYYY]		\$
City	State	Zip Code	Date [MM/DD/YYYY]		\$
Employer Name				Occupation	
Employer Mailing Address / Principal Place of Business					
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address		Date [MM/DD/YYYY]		\$
City	State	Zip Code	Date [MM/DD/YYYY]		\$
Employer Name				Occupation	
Employer Mailing Address / Principal Place of Business					
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address		Date [MM/DD/YYYY]		\$
City	State	Zip Code	Date [MM/DD/YYYY]		\$
Employer Name				Occupation	
Employer Mailing Address / Principal Place of Business					
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address		Date [MM/DD/YYYY]		\$
City	State	Zip Code	Date [MM/DD/YYYY]		\$
Employer Name				Occupation	
Employer Mailing Address / Principal Place of Business					

PART E
Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

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

Filer Identification Number:	Friends of Michael Colon
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Full Name							
House #		Street Address					
City			State	Zip Code	Date [MM/DD/YYYY]		\$
Receipt Description							
Full Name							
House #		Street Address					
City			State	Zip Code	Date [MM/DD/YYYY]		\$
Receipt Description							
Full Name							
House #		Street Address					
City			State	Zip Code	Date [MM/DD/YYYY]		\$
Receipt Description							
Full Name							
House #		Street Address					
City			State	Zip Code	Date [MM/DD/YYYY]		\$
Receipt Description							
Full Name							
House #		Street Address					
City			State	Zip Code	Date [MM/DD/YYYY]		\$
Receipt Description							
Full Name							
House #		Street Address					
City			State	Zip Code	Date [MM/DD/YYYY]		\$
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: Friends of Michael Colon

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

TOTAL for the reporting period	(1)	\$	0
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2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)

TOTAL for the reporting period	(2)	\$	100.00
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3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)

TOTAL for the reporting period	(3)	\$	0
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TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$	100.00
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SCHEDULE II
PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	Friends of Michael Culon
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Full Name of Contributor		United Steelworkers Local 2599			Date [MM/DD/YYYY]	\$	100.00
House #	53	Street Address	E. Lehigh St	Date [MM/DD/YYYY]	\$		
City	Bethlehem	State	PA	Zip Code	18018	Date [MM/DD/YYYY]	\$
Description of Contribution		Use of hall for event					

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

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

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

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

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

Filer Identification Number: Friends of Michael Colón

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

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

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

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

FO

SCHEDULE III
Statement of Expenditures

Filer Identification Number: Friends of Michael Colón

To Whom Paid		PNC Bank			Date [MM/DD/YYYY]	\$	\$14.00
House #	Street Address				Description of Expenditure		
City		State		Zip Code	Bank Service Fee		
To Whom Paid		PNC Bank			Date [MM/DD/YYYY]	\$	14.00
House #	Street Address				Description of Expenditure		
City		State		Zip Code	Bank Service Fee		
To Whom Paid		PNC Bank			Date [MM/DD/YYYY]	\$	12.00
House #	Street Address				Description of Expenditure		
City		State		Zip Code	Bank Service Fee		
To Whom Paid		Tenczas Beverage			Date [MM/DD/YYYY]	\$	64.63
House #	2330	Street Address		Jacksonville Rd	Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18017	Beverages for campaign event	
To Whom Paid		Dollar Tree			Date [MM/DD/YYYY]	\$	27.52
House #	2124	Street Address		W. Union Blvd	Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18018	Supplies for event	
To Whom Paid		Fine wine & Good Spirits			Date [MM/DD/YYYY]	\$	57.19
House #	Street Address		Lehigh shopping center		Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18018	Wine for event	
To Whom Paid		Giant			Date [MM/DD/YYYY]	\$	56.21
House #	2174	Street Address		W. Union Blvd	Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18018	Snacks for event	
To Whom Paid		Billy Bauer Band			Date [MM/DD/YYYY]	\$	320.00
House #	Street Address				Description of Expenditure		
City	Bethlehem	State	PA	Zip Code		Band for event	

SCHEDULE III
Statement of Expenditures

Filer Identification Number: Friends of Michael Colón

To Whom Paid		<u>PNC Bank</u>		Date [MM/DD/YYYY]	\$
				<u>02/01/2019</u>	<u>12.00</u>
House #	Street Address		Description of Expenditure		
City	State	Zip Code	<u>Bank Service Fee</u>		

To Whom Paid		<u>PNC Bank</u>		Date [MM/DD/YYYY]	\$
				<u>02/29/19</u>	<u>1.50</u>
House #	Street Address		Description of Expenditure		
City	State	Zip Code	<u>Counter check Fee</u>		

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

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

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

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

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

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

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:	Friends of Michael Colon
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Name of Creditor		Bethlehem Business Forms			Outstanding Balance of Debt
House #	Street Address	P O Box 4250		DATE DEBT INCURRED [MM/DD/YYYY]	\$ 1,577.28
				03/30/2019	
City	Bethlehem	State	PA	Zip Code	18018
Description of Debt					
Campaign Yard signs + Palm cards					

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

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

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

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

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

\$0