

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 2						
City	Bethlehem	State	PA	Zip Code	18018			
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 type="checkbox"/>	<input checked="" 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		<input type="checkbox"/>
		05/20/2019 2019						<input type="checkbox"/>
Summary of Receipts and Expenditures		From Date	To Date		For Office Use Only			
		5/7/19	6/10/19					
A. Amount Brought Forward From Last Report								
		0						
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								

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number	Michael 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 Part A and Part B)			
Contributions Received from Political Committees (Part A)	\$		0
All Other Contributions (Part B)	\$		0
Total for the reporting period (2)	\$		0
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)	\$		0
All Other Contributions (Part D)	\$		0
Total for the reporting period (3)	\$		0
4. Other Receipts—Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period (4)	\$		0
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)		\$	0

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										<i>Michael Cohen</i>																					
										Amount																					
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]	§
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:	<i>Michael Colon</i>
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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]	§

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:	<i>Michael Cook</i>
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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]	\$

**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:	<i>Michael Golon</i>
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Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #				Date [MM/DD/YYYY]	
Street Address					
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 #				Date [MM/DD/YYYY]	
Street Address					
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 #				Date [MM/DD/YYYY]	
Street Address					
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 #				Date [MM/DD/YYYY]	
Street Address					
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:	Michael Cowin
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Full Name							
House #	Street Address					Date [MM/DD/YYYY]	\$
City		State		Zip Code			
Receipt Description							
Full Name							
House #	Street Address					Date [MM/DD/YYYY]	\$
City		State		Zip Code			
Receipt Description							
Full Name							
House #	Street Address					Date [MM/DD/YYYY]	\$
City		State		Zip Code			
Receipt Description							
Full Name							
House #	Street Address					Date [MM/DD/YYYY]	\$
City		State		Zip Code			
Receipt Description							
Full Name							
House #	Street Address					Date [MM/DD/YYYY]	\$
City		State		Zip Code			
Receipt Description							
Full Name							
House #	Street Address					Date [MM/DD/YYYY]	\$
City		State		Zip Code			
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

Filler 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)	\$

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

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

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$
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SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$ 50.01 TO \$ 250

Filer Identification Number: *Michael Colan*

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

SCHEDULE III
Statement of Expenditures

Filer Identification Number: Michael Colvin

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			
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:	<i>Michael Colón</i>
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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						

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	Committee	Lobbyist				
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Name of Filing Committee, Candidate or Lobbyist <i>Friends of Michael Colin</i>								
Street Address <i>1268 Seidersville Rd</i>								
City	State	Zip Code						
<i>Bethlehem</i>	<i>PA</i>	<i>18015</i>						
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 type="checkbox"/>	<input checked="" 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			
<i>05/01/2019</i>		<i>2019</i>	<input type="checkbox"/>		<input type="checkbox"/>			
Summary of Receipts and Expenditures			For Office Use Only					
			From Date	To Date				
			<i>5/2/19</i>	<i>4/0/19</i>				
A. Amount Brought Forward From Last Report			\$	<i>3,969.75</i>				
B. Total Monetary Contributions and Receipts (From Schedule I)			\$	<i>1,185.00</i>				
C. Total Funds Available (Sum of Lines A and B)			\$	<i>5,154.75</i>				
D. Total Expenditures (From Schedule III)			\$	<i>1,580.28</i>				
E. Ending Cash Balance (Subtract Line D from Line C)			\$	<i>3,574.47</i>				
F. Value of In-Kind Contributions Received (From Schedule II)			\$	<i>336.00</i>				
G. Unpaid Debts and Obligations (From Schedule IV)			\$	<i>4,265.88</i>				

Affidavit Section

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number	Friends of Michael Colon		
1. Unitemized Contributions and Receipts—\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	175.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	0
All Other Contributions (Part B)		\$	510.00
Total for the reporting period	(2)	\$	510.00
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	0
All Other Contributions (Part D)		\$	500.00
Total for the reporting period	(3)	\$	500.00
4. Other Receipts—Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period	(4)	\$	0
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)			\$ 1,185.00

PART A
Contributions Received From Political Committees

§ 50.01 TO § 250.00

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

Filer Identification Number	<i>Friends of Michael Colon</i>
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						Amount
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]	§

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 Cohen
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Full Name of Contributor: Patricia + Thomas Zygo					Date [MM/DD/YYYY]: 05/20/2018	\$	100.00
House #	2450	Street Address	Center St		Date [MM/DD/YYYY]	\$	
City	Bethlehem	State	PA	Zip Code	18017	Date [MM/DD/YYYY]	\$
Full Name of Contributor: Scott + Kim Exaros					Date [MM/DD/YYYY]: 05/20/2018	\$	110.00
House #	2007	Street Address	Sunrise Dr		Date [MM/DD/YYYY]	\$	
City	Allentown	State	PA	Zip Code	18104	Date [MM/DD/YYYY]	\$
Full Name of Contributor: Evan + Tyisha Howard					Date [MM/DD/YYYY]: 05/20/2018	\$	200.00
House #	1232	Street Address	Scidersville Rd		Date [MM/DD/YYYY]	\$	
City	Bethlehem	State	PA	Zip Code	18015	Date [MM/DD/YYYY]	\$
Full Name of Contributor: Gabriel Hutchinson					Date [MM/DD/YYYY]: 05/23/2018	\$	100.00
House #	575	Street Address	Vallemonk Dr		Date [MM/DD/YYYY]	\$	
City	Williamport	State	PA	Zip Code	17707	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]	\$

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:	Frien ds of Michael Colon
------------------------------	---------------------------

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]	\$

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 Colan
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Full Name of Contributor				Date [MM/DD/YYYY]		\$
Mark Pepitone				07/13/2019		500.00
House #	Street Address		Date [MM/DD/YYYY]		\$	
1432-2	Catasauqua Rd					
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
Bethlehem	PA	18017				
Employer Name				Occupation		
				Rec'd Estate		
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
-----------------------------	--------------------------

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:	<i>Friends of Michael Colby</i>
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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)	\$ 336.20

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)		\$ 336.20
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SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$ 50.01 TO \$ 250

Filer Identification Number: Friends of Michael Colon

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					

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

Filer Identification Number: Friends of Michael Colan

Full Name of Contributor					Date [MM/DD/YYYY]		\$ 336.00
Fred Fensler					05/09/2019		
House #	Street Address				Date [MM/DD/YYYY]		\$
1473	Kelchner Rd						
City	State		Zip Code		Date [MM/DD/YYYY]		\$
Bethlehem	PA		18018				
Employer Name					Occupation		\$
Bethlehem Business Farms					owner		
Employer Mailing Address / Principal Place of Business					Description of Contribution		\$
PO Box 4250 Bethlehem PA 18018					Discount on yard sign + rack cards		
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		\$

**SCHEDULE III
Statement of Expenditures**

Filer Identification Number: Friends of Michael Colon

To Whom Paid		Bethlehem Business Forms			Date [MM/DD/YYYY]	\$	1577.28
House #	Street Address			Description of Expenditure			
City	Bethlehem	State	PA	Zip Code	18018	Compare card sign + rank	
To Whom Paid		PNC Bank			Date [MM/DD/YYYY]	\$	3.00 ^{card}
House #	Street Address			Description of Expenditure			
City		State		Zip Code		Bank service charge	
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 Colan
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Name of Creditor		Bethlehem Business Forms			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$	4,205.88
	PO Box 4250	05/24/2019			
City	Bethlehem	State	PA	Zip Code	18018
Description of Debt					
Campaign mailers + postage					

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					