

## 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)	<input checked="" type="checkbox"/>	Candidate	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist <i>Michael Colin</i>							
Street Address <i>215 W Broad St. Apt 4</i>							
City	<i>Bethlehem</i>	State	<i>PA</i>	Zip Code	<i>18018</i>		

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre- Election	5- 2 <sup>nd</sup> Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date Of Election (MM/DD/YYYY)	<i>11/3/15</i>	Year	<i>2015</i>	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>
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Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	<i>10/20/15</i>	<i>11/23/15</i>	
A. Amount Brought Forward From Last Report	\$	<i>0</i>	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	<i>0</i>	
C. Total Funds Available (Sum of Lines A and B)	\$	<i>0</i>	
D. Total Expenditures (From Schedule III)	\$	<i>0</i>	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	<i>0</i>	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	<i>0</i>	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	<i>0</i>	

**Affidavit Section**

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

Part 2- If this is a report of a candidate or authorized committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

_____ Signature	_____ Signature of Candidate
_____ My Commission expires MO. DAY YR.	_____ Printed Name
_____ MO. DAY YR.	_____ Area Code      _____ Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA  
 JAMES  
 Upper Merion  
 PA  
 MEMBER, PA

SCHEDULE I  
**Contributions and Receipts**  
 Detailed Summary Page

Filer Identification Number	Michael Colon
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<b>1. Unitemized Contributions and Receipts—\$50.00 or Less per Contributor</b>		
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Total for the reporting period (1)	\$	0
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<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</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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<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>		
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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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<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>		
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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]	\$
House #						Date [MM/DD/YYYY]	\$
Street Address							
City						Date [MM/DD/YYYY]	\$
State							
Zip Code							
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #						Date [MM/DD/YYYY]	\$
Street Address							
City						Date [MM/DD/YYYY]	\$
State							
Zip Code							
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #						Date [MM/DD/YYYY]	\$
Street Address							
City						Date [MM/DD/YYYY]	\$
State							
Zip Code							
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #						Date [MM/DD/YYYY]	\$
Street Address							
City						Date [MM/DD/YYYY]	\$
State							
Zip Code							
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #						Date [MM/DD/YYYY]	\$
Street Address							
City						Date [MM/DD/YYYY]	\$
State							
Zip Code							
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #						Date [MM/DD/YYYY]	\$
Street Address							
City						Date [MM/DD/YYYY]	\$
State							
Zip Code							

\$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 Colón
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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]	\$	

\$ 0

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)

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

\$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
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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)	\$	0
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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)		\$	0
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SCHEDULE II  
PART F

**In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer Identification Number:	<i>Michael Colon</i>
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Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #					Date [MM/DD/YYYY]	
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 #					Date [MM/DD/YYYY]	
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 #					Date [MM/DD/YYYY]	
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 #					Date [MM/DD/YYYY]	
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 #					Date [MM/DD/YYYY]	
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 Colón
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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		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		

\$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 Colón
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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							

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		11 W. 2 <sup>nd</sup> St. Unit 377					
City	Bethlehem	State	PA	Zip Code	18015		

Type of Report (Place x under report type)								
1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre-Election	5- 2 <sup>nd</sup> Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		11/3/15		Year	2015		Amendment Report	Termination Report
							<input type="checkbox"/>	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	10/20/15	11/23/15	
A. Amount Brought Forward From Last Report		\$ 172.84	
B. Total Monetary Contributions and Receipts (From Schedule I)		\$ 0	
C. Total Funds Available (Sum of Lines A and B)		\$ 172.84	
D. Total Expenditures (From Schedule III)		\$ 14.00	
E. Ending Cash Balance (Subtract Line D from Line C)		\$ 158.84	
F. Value of In-Kind Contributions Received (From Schedule II)		\$ 0	
G. Unpaid Debts and Obligations (From Schedule IV)		\$ 0	

### Affidavit Section

Part 1- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.  
 I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 2, 1952 (Act No. 17) as amended, relating to campaign finance reporting requirements for political committees.

COMMONWEALTH OF PENNSYLVANIA  
 Notarial Seal  
 Jennie R. Repsher, Notary Public  
 Upper Merion Twp.,  
 My Commission Exp. 01/15/18  
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

SCHEDULE I  
**Contributions and Receipts**  
 Detailed Summary Page

Filer Identification Number	Friends of Michael Colón
-----------------------------	--------------------------

<b>1. Unitemized Contributions and Receipts—\$50.00 or Less per Contributor</b>		
	Total for the reporting period (1)	\$ 0
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>		
Contributions Received from Political Committees (Part A)	\$	0
All Other Contributions (Part B)	\$	0
	Total for the reporting period (2)	\$ 0
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>		
Contributions Received from Political Committees (Part C)	\$	0
All Other Contributions (Part D)	\$	0
	Total for the reporting period (3)	\$ 0
<b>4. Other Receipts—Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>		
	Total for the reporting period (4)	\$ 0
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

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	Friends of Michael Colon
-----------------------------	--------------------------

						Date [MM/DD/YYYY]	\$	Amount
Full Name of Contributing Committee								
House #	Street Address					Date [MM/DD/YYYY]	\$	
City	State			Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee								
House #	Street Address					Date [MM/DD/YYYY]	\$	
City	State			Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee								
House #	Street Address					Date [MM/DD/YYYY]	\$	
City	State			Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee								
House #	Street Address					Date [MM/DD/YYYY]	\$	
City	State			Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee								
House #	Street Address					Date [MM/DD/YYYY]	\$	
City	State			Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee								
House #	Street Address					Date [MM/DD/YYYY]	\$	
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:	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]	\$	
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]	\$	

\$0



**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.

<b>Filer Identification Number:</b>	Friends of Michael Colón
-------------------------------------	--------------------------

<b>Full Name of Contributing Committee</b>					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]		
City	State		Zip Code		Date [MM/DD/YYYY]	
<b>Full Name of Contributing Committee</b>					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]		
City	State		Zip Code		Date [MM/DD/YYYY]	
<b>Full Name of Contributing Committee</b>					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]		
City	State		Zip Code		Date [MM/DD/YYYY]	
<b>Full Name of Contributing Committee</b>					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]		
City	State		Zip Code		Date [MM/DD/YYYY]	
<b>Full Name of Contributing Committee</b>					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]		
City	State		Zip Code		Date [MM/DD/YYYY]	
<b>Full Name of Contributing Committee</b>					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:	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]	\$
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								

\$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:	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								

\$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:	Friends of Michael Colón
------------------------------	--------------------------

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:	<i>Friends of 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]	\$		
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:	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					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:	Friends of Michael Colón
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To Whom Paid		PNC Bank			Date [MM/DD/YYYY]	\$	14.00
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				
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address			Description of Expenditure			
City	State		Zip Code				

\$14

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 Cobin
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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						

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

\$ 0