

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number		Report Filled 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		1956 Ridgeland Ave			
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 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		
05/14/2023		2023		<input type="checkbox"/>		<input type="checkbox"/>		

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	01/01/2023	05/01/2023	
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

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.

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number	Michael Colón
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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
All Other Contributions (Part B)	\$	0
Total for the reporting period (2)	\$	0

3. Contributions Over \$250.00 (From Part C and Part D)		
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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)		
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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	Michael Colon
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						Amount
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
House #					Street Address	
City					State	Zip Code
					Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
House #					Street Address	
City					State	Zip Code
					Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
House #					Street Address	
City					State	Zip Code
					Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
House #					Street Address	
City					State	Zip Code
					Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
House #					Street Address	
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	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]	\$

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.

File 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]	\$

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)

Aller Identification Number	Michael Colon
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Full Name of contributor				Date [MM/DD/YYYY]		S	
House #	Street Address			Date [MM/DD/YYYY]		S	
City	State	Zip Code			Date [MM/DD/YYYY]		S
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business							
Full Name of contributor				Date [MM/DD/YYYY]		S	
House #	Street Address			Date [MM/DD/YYYY]		S	
City	State	Zip Code			Date [MM/DD/YYYY]		S
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business							
Full Name of contributor				Date [MM/DD/YYYY]		S	
House #	Street Address			Date [MM/DD/YYYY]		S	
City	State	Zip Code			Date [MM/DD/YYYY]		S
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business							
Full Name of contributor				Date [MM/DD/YYYY]		S	
House #	Street Address			Date [MM/DD/YYYY]		S	
City	State	Zip Code			Date [MM/DD/YYYY]		S
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business							

PART E

Other Receipts

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

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

File Identification Number	Michael Colon
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Full Name					
House #	Street Address				
City	State	Zip Code	Date (MM/DD/YYYY)	S	
Receipt Description					
Full Name					
House #	Street Address				
City	State	Zip Code	Date (MM/DD/YYYY)	S	
Receipt Description					
Full Name					
House #	Street Address				
City	State	Zip Code	Date (MM/DD/YYYY)	S	
Receipt Description					
Full Name					
House #	Street Address				
City	State	Zip Code	Date (MM/DD/YYYY)	S	
Receipt Description					
Full Name					
House #	Street Address				
City	State	Zip Code	Date (MM/DD/YYYY)	S	
Receipt Description					

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

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

File Identifier Number	Michael Colon
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
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TOTAL for the reporting period	(1)	\$	
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2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
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TOTAL for the reporting period	(2)	\$	
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3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART F)	
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TOTAL for the reporting period	(3)	\$	
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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)		\$	
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SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

Election Identification Number	Michael Colón
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Full Name of Contributor		Date [MM/DD/YYYY]		
House #	Street Address	Date [MM/DD/YYYY]	S	
City	State	Zip Code	Date [MM/DD/YYYY]	S
Description of Contribution				
Full Name of Contributor		Date [MM/DD/YYYY]		
House #	Street Address	Date [MM/DD/YYYY]	S	
City	State	Zip Code	Date [MM/DD/YYYY]	S
Description of Contribution				
Full Name of Contributor		Date [MM/DD/YYYY]		
House #	Street Address	Date [MM/DD/YYYY]	S	
City	State	Zip Code	Date [MM/DD/YYYY]	S
Description of Contribution				
Full Name of Contributor		Date [MM/DD/YYYY]		
House #	Street Address	Date [MM/DD/YYYY]	S	
City	State	Zip Code	Date [MM/DD/YYYY]	S
Description of Contribution				
Full Name of Contributor		Date [MM/DD/YYYY]		
House #	Street Address	Date [MM/DD/YYYY]	S	
City	State	Zip Code	Date [MM/DD/YYYY]	S
Description of Contribution				

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Employer 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		

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.

File Identification Number	Michael Colon
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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	<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		1956 Ridgeland Ave							
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 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)		05/16/2023		Year	2023		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
		03/21/2023	
A: Amount Brought Forward From Last Report	\$	0	
B: Total Monetary Contributions and Receipts (From Schedule I)	\$	3,150	
C: Total Funds Available (Sum of Lines A and B)	\$	3,150	
D: Total Expenditures (From Schedule III)	\$	551.99	
E: Ending Cash Balance (Subtract Line D from Line C)	\$	2,598.01	
F: Value of In-Kind Contributions Received (From Schedule II)	\$	949.50	
G: Unpaid Debts and Obligations (From Schedule IV)	\$	3,947.37	

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.

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)	\$ 250.00
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)	\$ 1,100.00
Total for the reporting period (2)	\$ 1,100.00
3: Contributions Over \$250.00 (From Part C and Part D)	
Contributions Received from Political Committees (Part C)	\$ 500.00
All Other Contributions (Part D)	\$ 1,300.00
Total for the reporting period (3)	\$ 1,800.00
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)	\$ 3,150.00

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

							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.)

File Identification Number	Friends of Michael Colón
----------------------------	--------------------------

Full Name of Contributor	Fernando Torres	Date (MM/DD/YYYY)	03/26/2023	\$	100.00
House #	1556	Street Address	Stoke Park Rd.	Date (MM/DD/YYYY)	\$
City	Bethlehem	State	PA	Zip Code	18017
Full Name of Contributor	Ryan Smith	Date (MM/DD/YYYY)	03/26/2023	\$	250.00
House #		Street Address	MND SE Unit 20027	Date (MM/DD/YYYY)	\$
City	APU	State	AE	Zip Code	09749
Full Name of Contributor	Thomas Williams	Date (MM/DD/YYYY)	03/26/2023	\$	100.00
House #	1328	Street Address	Hottel Ave	Date (MM/DD/YYYY)	\$
City	Bethlehem	State	PA	Zip Code	18018
Full Name of Contributor	Michael Rothman MD	Date (MM/DD/YYYY)	04/06/2023	\$	100.00
House #	870	Street Address	Wafford Lane	Date (MM/DD/YYYY)	\$
City	Bethlehem	State	PA	Zip Code	18017
Full Name of Contributor	Tracy Reseter	Date (MM/DD/YYYY)	04/19/2023	\$	100.00
House #	2924	Street Address	Fornance Road	Date (MM/DD/YYYY)	\$
City	Bethlehem	State	PA	Zip Code	18020
Full Name of Contributor	Yesenia Perez	Date (MM/DD/YYYY)	04/25/2023	\$	100.00
House #	1916	Street Address	Michael Street	Date (MM/DD/YYYY)	\$
City	Bethlehem	State	PA	Zip Code	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.)

File Identifier Number: Friends of Michael Colon

Full Name of contributor				Date (MM/DD/YYYY)	\$
William Ortiz				04/26/2023	250.00
House #	Street Address		Date (MM/DD/YYYY)	\$	
1219	Westbury Dr				
City	State	Zip Code	Date (MM/DD/YYYY)	\$	
Bethlehem	PA	18017			
Full Name of contributor				Date (MM/DD/YYYY)	\$
Adam Waldron				05/01/2023	100.00
House #	Street Address		Date (MM/DD/YYYY)	\$	
511	2 nd Avenue				
City	State	Zip Code	Date (MM/DD/YYYY)	\$	
Bethlehem	PA	18018			
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.

File Identification Number	Friends of Michael Colon
----------------------------	--------------------------

Full Name of Contributing Committee	Friends of Bob Donchez PAL	Date (MM/DD/YYYY)	03/21/2023	\$	500.00		
House #	377	Street Address	Devonshire Drive	Date (MM/DD/YYYY)	\$		
City	Bethlehem	State	PA	Zip Code	18017	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)

Identification Number: Friends of Michael Colon

Full Name of Contributor				Date (MM/DD/YYYY)		Amount	
Glenn Reibman				03/21/2023		500.00	
House #	Street Address			Date (MM/DD/YYYY)		Amount	
1231	Lizb Road						
City	State	Zip Code		Date (MM/DD/YYYY)		Amount	
Easton	PA	18040					
Employer Name				Occupation			
				Retired			
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor				Date (MM/DD/YYYY)		Amount	
Matthew Deschler				03/29/2023		300.00	
House #	Street Address			Date (MM/DD/YYYY)		Amount	
313	E. Frankford Street						
City	State	Zip Code		Date (MM/DD/YYYY)		Amount	
Bethlehem	PA	18018					
Employer Name				Occupation			
Shay, Santee, Keihart & Dechler LLC and City of Bethlehem				Attorney			
Employer Mailing Address / Principal Place of Business							
44 E. Arch St. Suite 210 Bethlehem, PA 18018 and 10 E. Church St. Bethlehem, PA 18018							
Full Name of Contributor				Date (MM/DD/YYYY)		Amount	
Edgar do Colon				04/15/2023		500.00	
House #	Street Address			Date (MM/DD/YYYY)		Amount	
8713	Grady Drive						
City	State	Zip Code		Date (MM/DD/YYYY)		Amount	
Breinigsville	PA	18031					
Employer Name				Occupation			
Blue Line Logistics				Owner			
Employer Mailing Address / Principal Place of Business							
6583 Rock Road Suite B Bethlehem, PA 18017							
Full Name of Contributor				Date (MM/DD/YYYY)		Amount	
House #	Street Address			Date (MM/DD/YYYY)		Amount	
City	State	Zip Code		Date (MM/DD/YYYY)		Amount	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business							

PART E

Other Receipts

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

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

File Identifier Number	Friends of Michael Colon
------------------------	--------------------------

Full Name					
House #	Street Address	State	Zip Code	Date (MM/DD/YYYY)	S
City					
Receipt Description					
Full Name					
House #	Street Address	State	Zip Code	Date (MM/DD/YYYY)	S
City					
Receipt Description					
Full Name					
House #	Street Address	State	Zip Code	Date (MM/DD/YYYY)	S
City					
Receipt Description					
Full Name					
House #	Street Address	State	Zip Code	Date (MM/DD/YYYY)	S
City					
Receipt Description					
Full Name					
House #	Street Address	State	Zip Code	Date (MM/DD/YYYY)	S
City					
Receipt Description					
Full Name					
House #	Street Address	State	Zip Code	Date (MM/DD/YYYY)	S
City					
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

1. IDENTIFICATION NUMBER	Friends of Michael Colon
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2. UNIFORMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$ 0

3. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART 3)		
TOTAL for the reporting period	(2)	\$ 0

4. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART 4)		
TOTAL for the reporting period	(3)	\$ 949.50

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)		\$ 949.50
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SCHEDULE II

PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Election 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

File/Identification Number: Friends of Michael Colón

Full Name of Contributor: Lamont McClure 4 Exec					Date (MM/DD/YYYY): 05/01/2023	\$: 340.00
House #: 4110	Street Address: Scherman Blvd.				Date (MM/DD/YYYY):	\$:
City: Bethlehem	State: PA	Zip Code: 18020		Date (MM/DD/YYYY):	\$:	
Employer Name:					Occupation: Political Committee	
Employer Mailing Address / Principal Place of Business:					Description of Contribution: List of phone numbers for robo calls	
Full Name of Contributor: Jeremy Pildis					Date (MM/DD/YYYY): 03/27/2023	\$: 500.00
House #: 4475	Street Address: Farm Drive				Date (MM/DD/YYYY): 04/28/2023	\$: 109.50
City: Allentown	State: PA	Zip Code: 18104		Date (MM/DD/YYYY):	\$:	
Employer Name: Bethlehem Business Farm 3					Occupation: Vice President	
Employer Mailing Address / Principal Place of Business: PO Box 4250 Bethlehem, PA 18018					Description of Contribution: Discount for campaign signs, rack cards, and post 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:	

SCHEDULE III
Statement of Expenditures

File Identification Number: Friends of Michael Colon

To Whom Paid	<u>Stephen Barron</u>			Date (MM/DD/YYYY)	<u>04/26/2023</u>	\$	<u>475.00</u>
House #	<u>2839</u>	Street Address	<u>Lincoln Street</u>		Description of Expenditure		
City	<u>Bethlehem</u>	State	<u>PA</u>	Zip Code	<u>18017</u>		
					<u>Robo calls</u>		
To Whom Paid	<u>Actblue.com</u>			Date (MM/DD/YYYY)	<u>05/01/2023</u>	\$	<u>30.00</u>
House #		Street Address			Description of Expenditure		
City		State		Zip Code	<u>Online Donation Fees</u>		
To Whom Paid	<u>Stripe.com</u>			Date (MM/DD/YYYY)	<u>05/01/2023</u>	\$	<u>46.99</u>
House #		Street Address			Description of Expenditure		
City		State		Zip Code	<u>Online Donation Merchant Fees</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			

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.

Federal Identification Number Friends of Michael Colvin
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Name of creditor		Bethlehem Business Forms		Outstanding balance of debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)		S	1162.82
	PO Box 4250	03/27/2023			
City	State	Zip Code			
	Bethlehem	PA	18018		
Description of Debt					
Campaign Yard Signs and Rack Cards					

Name of creditor		Bethlehem Business Forms		Outstanding balance of debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)		S	2,784.55
	PO Box 4250	04/28/2023			
City	State	Zip Code			
	Bethlehem	PA	18018		
Description of Debt					
Campaign Postcards and Postage Fees					

Name of creditor				Outstanding balance of debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)		S	
City	State	Zip Code			
Description of Debt					

Name of creditor				Outstanding balance of debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)		S	
City	State	Zip Code			
Description of Debt					

Name of creditor				Outstanding balance of debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)		S	
City	State	Zip Code			
Description of Debt					

Name of creditor				Outstanding balance of debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)		S	
City	State	Zip Code			
Description of Debt					