

# 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		1956 Ridgeland Ave					
City	Bethlehem	State	PA	Zip Code	18018		

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 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)		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
A- Amount Brought Forward From Last Report	05/02/2023	06/05/2023	
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 II)			\$ 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

Part 1. If this is a Committee report, treasurer signs here. If this is a Candidate report, candidate signs 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		
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 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	Michael Colon
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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)
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)	S
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)	S
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)	S
City	State	Zip Code	Date (MM/DD/YYYY)
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 number (Taxpayer Name)	Michael Colón
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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					

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's Name (Last, First, Middle Initial)	Michael Colon	
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UNREIMBURSED IN-KIND CONTRIBUTIONS RECEIVED WITHIN THE REPORTING PERIOD FROM ANY CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$ 0

IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$500 OR LESS DURING THE REPORTING PERIOD FROM PARTIES		
TOTAL for the reporting period	(2)	\$ 0

IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$500 DURING THE REPORTING PERIOD FROM PARTIES		
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

Employer Identification Number: Michael Colby

Full Name of Contributor				Date (MM/DD/YYYY)	\$	
House #	Street Address	City	State	Zip Code	Date (MM/DD/YYYY)	\$
Description of contribution						
Full Name of Contributor				Date (MM/DD/YYYY)	\$	
House #	Street Address	City	State	Zip Code	Date (MM/DD/YYYY)	\$
Description of contribution						
Full Name of Contributor				Date (MM/DD/YYYY)	\$	
House #	Street Address	City	State	Zip Code	Date (MM/DD/YYYY)	\$
Description of contribution						
Full Name of Contributor				Date (MM/DD/YYYY)	\$	
House #	Street Address	City	State	Zip Code	Date (MM/DD/YYYY)	\$
Description of contribution						
Full Name of Contributor				Date (MM/DD/YYYY)	\$	
House #	Street Address	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: *Michael Colón*

Full Name of contributor				Date (MM/DD/YYYY)	
Home #	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)	
Home #	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)	
Home #	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)	
Home #	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 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				

# 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	<input checked="" type="checkbox"/>	Lobbyist
Name of Filing Committee, Candidate or Lobbyist		Friends of Michael Colón			
Street Address		1956 Ridgeland Ave			
City	Bethlehem	State	PA	Zip Code	18013

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 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)		05/16/2023		Year	2023		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	
	05/02/2023	06/05/2023	<b>For Office Use Only</b>
A. Amount Brought Forward From Last Report			\$ 2,598.01
B. Total Monetary Contributions and Receipts (From Schedule I)			\$ 1,525.00
C. Total Funds Available (Sum of Lines A and B)			\$ 4,123.01
D. Total Expenditures (From Schedule III)			\$ 3,975.81
E. Ending Cash Balance (Subtract line D from line C)			\$ 147.20
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	Friends of 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)	\$	100
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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
All Other Contributions (Part B)	\$	925
Total for the reporting period (2)	\$	925

<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>		
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Contributions Received from Political Committees (Part C)	\$	500.00
All Other Contributions (Part D)	\$	0
Total for the reporting period (3)	\$	500.00

<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 (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	\$	1525
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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	Friends of Michazil Colon
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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.)

File Identifier/Name of Committee					Date (MM/DD/YYYY)	Amount
Friends of Michael Colon						
Full Name of contributor					Date (MM/DD/YYYY)	Amount
David Colon					05/02/2023	100.00
House #	Street Address				Date (MM/DD/YYYY)	
1472	Willowbrook Dr					
City	State	Zip Code		Date (MM/DD/YYYY)		
Bethlehem	PA	18015				
Full Name of contributor					Date (MM/DD/YYYY)	Amount
Anthony Gabriel					05/09/2023	75.00
House #	Street Address				Date (MM/DD/YYYY)	
2102	Southampton Dr					
City	State	Zip Code		Date (MM/DD/YYYY)		
Macungie	PA	18062				
Full Name of contributor					Date (MM/DD/YYYY)	Amount
Lucy Ramos					05/14/2023	100.00
House #	Street Address				Date (MM/DD/YYYY)	
1916	Peachtree Lane					
City	State	Zip Code		Date (MM/DD/YYYY)		
Bethlehem	PA	18015				
Full Name of contributor					Date (MM/DD/YYYY)	Amount
Shirana Kelly					05/15/2023	100.00
House #	Street Address				Date (MM/DD/YYYY)	
5784	Monocacy Dr					
City	State	Zip Code		Date (MM/DD/YYYY)		
Bethlehem	PA	18017				
Full Name of contributor					Date (MM/DD/YYYY)	Amount
Judith Hertzman					05/20/2023	100.00
House #	Street Address				Date (MM/DD/YYYY)	
1956	Ridgelyn Ave					
City	State	Zip Code		Date (MM/DD/YYYY)		
Bethlehem	PA	18018				
Full Name of contributor					Date (MM/DD/YYYY)	Amount
Margarita Ramirez					05/20/2023	100.00
House #	Street Address				Date (MM/DD/YYYY)	
3237	Garratt Road					
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 Colton
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Full Name of Contributor:					Date [MM/DD/YYYY]	\$
Kimberly Anderson					05/25/2023	250.00
House #	Street Address		State	Zip Code	Date [MM/DD/YYYY]	\$
448	W. Middle Street		PA	17331		
City	State		Zip Code	Date [MM/DD/YYYY]	\$	
Hanover	PA		17331			
Full Name of Contributor:					Date [MM/DD/YYYY]	\$
Avery Mixon					06/01/2023	100.00
House #	Street Address		State	Zip Code	Date [MM/DD/YYYY]	\$
74	Pineland Road		NJ	08724		
City	State		Zip Code	Date [MM/DD/YYYY]	\$	
Brick	NJ		08724			
Full Name of Contributor:					Date [MM/DD/YYYY]	\$
House #	Street Address		State	Zip Code	Date [MM/DD/YYYY]	\$
City	State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor:					Date [MM/DD/YYYY]	\$
House #	Street Address		State	Zip Code	Date [MM/DD/YYYY]	\$
City	State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor:					Date [MM/DD/YYYY]	\$
House #	Street Address		State	Zip Code	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 Colón
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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.

Organization Name: Friends of Michael Colón

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

EIN OR OTHER IDENTIFIER	Friends of Michael Colon
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1. UNIFORMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$500 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$ 0

2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$500 TO \$2500 PER DONOR PARTICIPANT		
TOTAL for the reporting period	(2)	\$ 0

3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$2500 FROM PARTICIPANT		
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

File 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					

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

File number: **Friends of Michael Colón**

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





