

# Commonwealth of Pennsylvania - Campaign Finance Report

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

Name of Candidate Name	Report Filed By (Name)	Candidate	Committee
Name of Filing Committee Candidate for Office			
Street Address			
City	State	Zip Code	

Type of Report (Place x under report type)

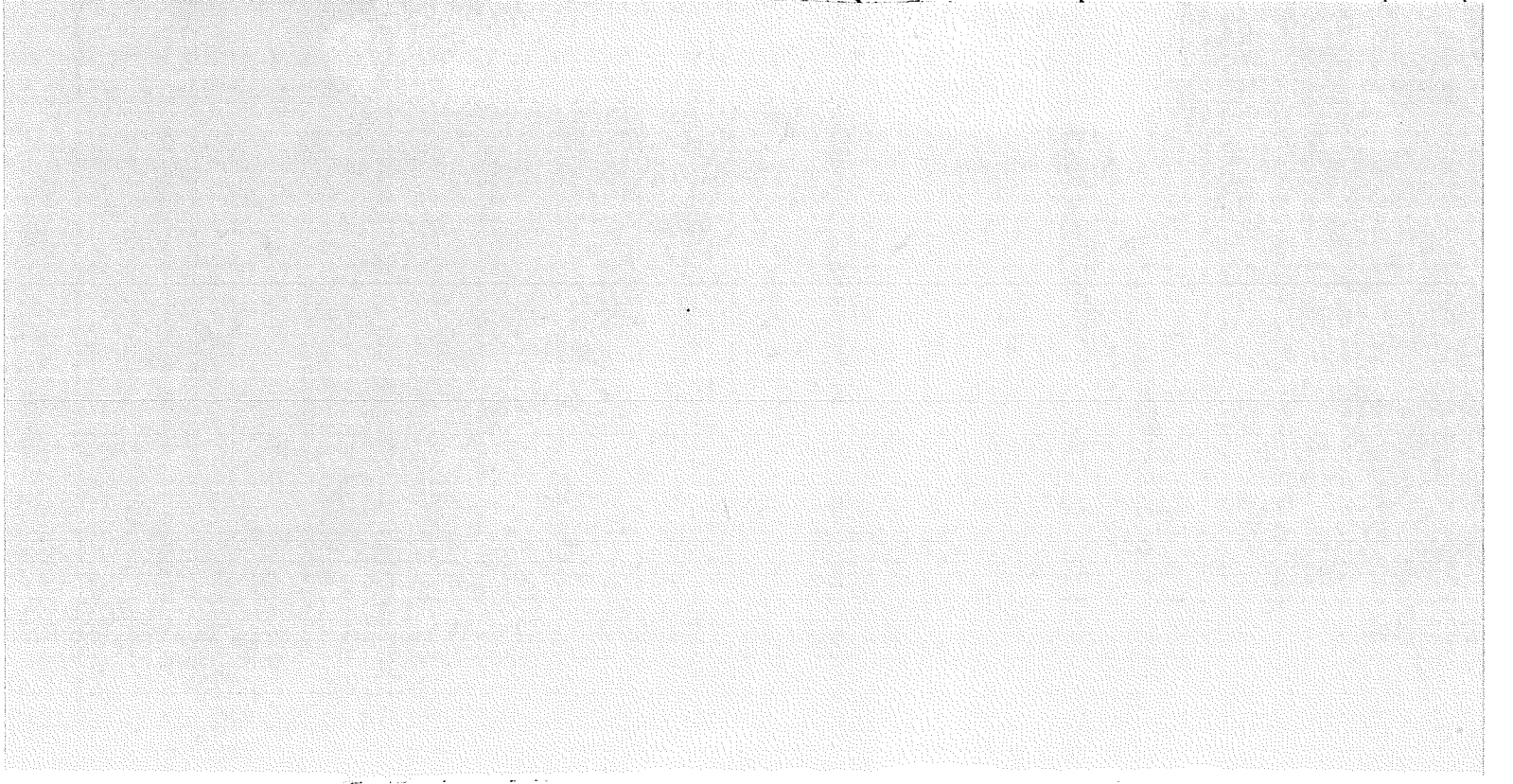
Pre-Primary <input type="checkbox"/>	Pre-Primary <input type="checkbox"/>	Pre-Primary <input type="checkbox"/>	Pre-Primary <input type="checkbox"/>	Pre-Primary <input checked="" type="checkbox"/>	Pre-Primary <input type="checkbox"/>	Annual <input type="checkbox"/>	Special <input type="checkbox"/>	Special <input type="checkbox"/>
Date of Election (MM/DD/YYYY)	Year	Amendment Report	Termination Report					

Summary of Receipts and Expenditures	Date	Amount	Description
	6/6/23	10/23/23	
Amount of Cash Received from Campaign		\$ 147.20	
Total Monetary Contributions and Receipts (From Schedule A)		\$ 850.00	
Total Funds Available (Schedule A)		\$ 997.20	
Total Expenditures (From Schedule B)		\$ 61.41	
Ending Cash Balance (Schedule B)		\$ 935.79	
Value of In-Kind Contributions Received (From Schedule C)		\$ 0	
Unpaid Debts and Obligations (From Schedule D)		\$ 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 information provided, is true, correct and complete, to the best of my knowledge and belief.



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

<b>1. Identification Number:</b>	Friends of Michael Colon	
<b>2. Unitemized Contributions and Receipts - \$50.00 or Less per Contributor:</b>		
Total for the reporting period (1)	\$	0
<b>3. 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)	\$	350
Total for the reporting period (2)	\$	350
<b>4. Contributions Over \$250.00 (From Part C and Part D):</b>		
Contributions Received from Political Committees (Part C)	\$	500
All Other Contributions (Part D)	\$	0
Total for the reporting period (3)	\$	500
<b>5. 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 (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	\$	850

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
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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 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)

Full Name of Contributor: Friends of Michael Colon

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



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

**NAME OF CONTRIBUTOR** Friends of Michael Colón

**IN-KIND CONTRIBUTIONS RECEIVED FROM INDIVIDUALS**  
TOTAL for the reporting period (1) \$ 0

**IN-KIND CONTRIBUTIONS RECEIVED FROM ORGANIZATIONS**  
TOTAL for the reporting period (2) \$ 0

**IN-KIND CONTRIBUTIONS RECEIVED FROM OTHER SOURCES**  
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







SCHEDULE III  
Statement of Expenditures

Friends of Michael Colvin

Payee Name	Date	Amount	Description of Expenditure
PNL Bank	07/03/2023	12.00	Bank Service Charge
PNL Bank	08/01/2023	12.00	Bank Service Charge
PNL Bank	09/01/2023	12.00	Bank Service Charge
PNL Bank	10/02/2023	12.00	Bank Service Charge
Stripe.com	10/23/2023	8.16	Online Donation Merchant Fees
Actblue.com	10/23/2023	5.25	Online Donation Fees



# Commonwealth of Pennsylvania - Campaign Finance Report

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

File No./Education Number _____	Report filed by Candidate <input checked="" type="checkbox"/> Committee <input type="checkbox"/>	Name of filing committee/candidate or initials Michael Colon	Report No. _____
Street Address 1956 Ridgeway Ave		City Bethlehem	
State PA		Zip Code 18018	

Type of Report (Place x under report type)									
1-6 Tuesday Pre-Primary	2-27 Friday Primary	3-30 Day Post Election	4-6 Tuesday Pre-Election	5-21 Friday Pre-Election	6-30 Day Post Election	7-Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 3 <sup>rd</sup> Day Post-Election	
<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of Election (MM/DD/YYYY)		Year		Amendment Return		Renewal Range			
11/7/2023		2023		<input type="checkbox"/>		<input type="checkbox"/>			

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
Amount Received for Ward from this Report	6/6/23	10/23/23	
Total Money Received (From Schedule I)		0	
Contributions Available (Schedules A and B)		0	
Other Contributions (From Schedule II)		0	
Ending Cash Balance (Subtract Int. D. from Line G)		0	
Value of Gifts and Contributions Received (From Schedule II)		0	
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 Wilson
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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 \$50.00 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)	\$	0
Total for the reporting period (2)	\$	0

<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
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>		
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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.

File Identification Number	Michael 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 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.

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

NAME	Michael Colon
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TOTAL for the reporting period	(1)	\$	0
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TOTAL for the reporting period	(2)	\$	0
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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 G

In-Kind Contributions Received

VALUE OVER \$250

NAME OF CONTRIBUTOR: *Michael Colon*

Full Name of Contributor	Date (MM/DD/YYYY)
Name: [Redacted] Street Address: [Redacted]	Date (MM/DD/YYYY): [Redacted]
City: [Redacted] State: [Redacted] Zip Code: [Redacted]	Date (MM/DD/YYYY): [Redacted]
Employer Name: [Redacted]	Occupation: [Redacted]
Employer Mailing Address / Principal Place of Business: [Redacted]	Date (MM/DD/YYYY): [Redacted]
Full Name of Contributor	Date (MM/DD/YYYY)
Name: [Redacted] Street Address: [Redacted]	Date (MM/DD/YYYY): [Redacted]
City: [Redacted] State: [Redacted] Zip Code: [Redacted]	Date (MM/DD/YYYY): [Redacted]
Employer Name: [Redacted]	Occupation: [Redacted]
Employer Mailing Address / Principal Place of Business: [Redacted]	Date (MM/DD/YYYY): [Redacted]
Full Name of Contributor	Date (MM/DD/YYYY)
Name: [Redacted] Street Address: [Redacted]	Date (MM/DD/YYYY): [Redacted]
City: [Redacted] State: [Redacted] Zip Code: [Redacted]	Date (MM/DD/YYYY): [Redacted]
Employer Name: [Redacted]	Occupation: [Redacted]
Employer Mailing Address / Principal Place of Business: [Redacted]	Date (MM/DD/YYYY): [Redacted]
Full Name of Contributor	Date (MM/DD/YYYY)
Name: [Redacted] Street Address: [Redacted]	Date (MM/DD/YYYY): [Redacted]
City: [Redacted] State: [Redacted] Zip Code: [Redacted]	Date (MM/DD/YYYY): [Redacted]
Employer Name: [Redacted]	Occupation: [Redacted]
Employer Mailing Address / Principal Place of Business: [Redacted]	Date (MM/DD/YYYY): [Redacted]



