

# 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	<input type="checkbox"/> Committee	<input type="checkbox"/> Lobbyist
Name of Filing Committee, Candidate or Lobbyist		Michael Colón			
Street Address		1956 Ridge Lawn 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 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)		Year		Amendment Report		Termination Report		
11/7/2023		2023		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	10/24/23	11/27/2023	
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 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	

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 and correct.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 2023.

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

Filler Identification Number	
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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)	\$	
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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)	\$	
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All Other Contributions (Part B)	\$	
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Total for the reporting period (2)	\$	
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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)	\$	
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All Other Contributions (Part D)	\$	
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Total for the reporting period (3)	\$	
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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)	\$	
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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>	\$	
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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												
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$	Amount
House #	Street Address						Date [MM/DD/YYYY]	\$				
City	State			Zip Code			Date [MM/DD/YYYY]	\$				
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$	
House #	Street Address						Date [MM/DD/YYYY]	\$				
City	State			Zip Code			Date [MM/DD/YYYY]	\$				
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$	
House #	Street Address						Date [MM/DD/YYYY]	\$				
City	State			Zip Code			Date [MM/DD/YYYY]	\$				
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$	
House #	Street Address						Date [MM/DD/YYYY]	\$				
City	State			Zip Code			Date [MM/DD/YYYY]	\$				
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$	
House #	Street Address						Date [MM/DD/YYYY]	\$				
City	State			Zip Code			Date [MM/DD/YYYY]	\$				
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$	
House #	Street Address						Date [MM/DD/YYYY]	\$				
City	State			Zip Code			Date [MM/DD/YYYY]	\$				
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$	
House #	Street Address						Date [MM/DD/YYYY]	\$				
City	State			Zip Code			Date [MM/DD/YYYY]	\$				

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

File Identification Number:	
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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]	\$
Full Name of Contributor		Date [MM/DD/YYYY]	\$	
House #	Street Address	Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$

PART C

## Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number:	
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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]
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]
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]
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]
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]
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]
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)

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

PART E  
**Other Receipts**

REFUNDS, 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.

<b>Filer Identification Number</b>	
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<b>Full Name</b>							
<b>House #</b>	<b>Street Address</b>						
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date (MM/DD/YYYY)</b>	<b>\$</b>
<b>Receipt Description</b>							

<b>Full Name</b>							
<b>House #</b>	<b>Street Address</b>						
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date (MM/DD/YYYY)</b>	<b>\$</b>
<b>Receipt Description</b>							

<b>Full Name</b>							
<b>House #</b>	<b>Street Address</b>						
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date (MM/DD/YYYY)</b>	<b>\$</b>
<b>Receipt Description</b>							

<b>Full Name</b>							
<b>House #</b>	<b>Street Address</b>						
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date (MM/DD/YYYY)</b>	<b>\$</b>
<b>Receipt Description</b>							

<b>Full Name</b>							
<b>House #</b>	<b>Street Address</b>						
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date (MM/DD/YYYY)</b>	<b>\$</b>
<b>Receipt Description</b>							

<b>Full Name</b>							
<b>House #</b>	<b>Street Address</b>						
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date (MM/DD/YYYY)</b>	<b>\$</b>
<b>Receipt Description</b>							

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

Efiler Identification Number:	
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$

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

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

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

Ruler/Identification Number:	
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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							

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

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

SCHEDULE III  
Statement of Expenditures

Efilr Identification Number:	
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To Whom Paid		Date [MM/DD/YYYY]	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		
To Whom Paid		Date [MM/DD/YYYY]	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		
To Whom Paid		Date [MM/DD/YYYY]	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		
To Whom Paid		Date [MM/DD/YYYY]	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		
To Whom Paid		Date [MM/DD/YYYY]	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		
To Whom Paid		Date [MM/DD/YYYY]	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		
To Whom Paid		Date [MM/DD/YYYY]	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		
To Whom Paid		Date [MM/DD/YYYY]	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filler Identification Number:	
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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					

# 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 <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)		11/7/23	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
	10/24/23	11/27/23	
A. Amount Brought Forward From Last Report	\$	935.79	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	1,235.00	
C. Total Funds Available (Sum of Lines A and B)	\$	2,170.79	
D. Total Expenditures (From Schedule III)	\$	48.46	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	2,122.33	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	198.00	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	3,406.34	

**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 or papers, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed to:

Commonwealth of Pennsylvania - Notary Seal

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)	\$	35.00
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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)	\$	450.00
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Total for the reporting period (2)	\$	450.00
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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)	\$	750.00
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Total for the reporting period (3)	\$	750.00
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<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>		
--	--	--

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>	\$	1,235.00
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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 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]	\$
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 Colon
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Full Name of Contributor	Scott Kercelz	Date [MM/DD/YYYY]	10/31/2023	\$	50.00		
House #	457	Street Address	Wilmerster Ave Apt A	Date [MM/DD/YYYY]	\$		
City	Hawthorn	State	PA	Zip Code	19041	Date [MM/DD/YYYY]	\$
Full Name of Contributor	Jill Kercelz	Date [MM/DD/YYYY]	11/6/2023	\$	100.00		
House #	1949	Street Address	Roxenwood Dr.	Date [MM/DD/YYYY]	\$		
City	Bethlehem	State	PA	Zip Code	18018	Date [MM/DD/YYYY]	\$
Full Name of Contributor	Fernando Torres	Date [MM/DD/YYYY]	11/7/2023	\$	50.00		
House #	1556	Street Address	Stoke Park Rd.	Date [MM/DD/YYYY]	\$		
City	Bethlehem	State	PA	Zip Code	18017	Date [MM/DD/YYYY]	\$
Full Name of Contributor	Scott Exwos	Date [MM/DD/YYYY]	11/7/2023	\$	100.00		
House #	3370	Street Address	Apache Court	Date [MM/DD/YYYY]	\$		
City	Allentown	State	PA	Zip Code	18104	Date [MM/DD/YYYY]	\$
Full Name of Contributor	Justin Blorki	Date [MM/DD/YYYY]	11/12/2023	\$	50.00		
House #	11990	Street Address	Bzach Blvd. Apt. 156	Date [MM/DD/YYYY]	\$		
City	Jacksonville	State	FL	Zip Code	32246	Date [MM/DD/YYYY]	\$
Full Name of Contributor	Theophilus Mixon	Date [MM/DD/YYYY]		\$	50.00		
House #	74	Street Address	Pineiland Rd	Date [MM/DD/YYYY]	\$		
City	Brick	State	NJ	Zip Code	08724	Date [MM/DD/YYYY]	\$



PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	Friends of Michael Colon
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Full Name of Contributor	David Colon	Date (MM/DD/YYYY)	11/15/2023	\$	50.00
House #	1472	Street Address	Willowbrook Dr	Date (MM/DD/YYYY)	\$
City	Bethlehem	State	PA	Zip Code	18015
Full Name of Contributor		Date (MM/DD/YYYY)		\$	
House #		Street Address		Date (MM/DD/YYYY)	\$
City		State		Zip Code	
Full Name of Contributor		Date (MM/DD/YYYY)		\$	
House #		Street Address		Date (MM/DD/YYYY)	\$
City		State		Zip Code	
Full Name of Contributor		Date (MM/DD/YYYY)		\$	
House #		Street Address		Date (MM/DD/YYYY)	\$
City		State		Zip Code	
Full Name of Contributor		Date (MM/DD/YYYY)		\$	
House #		Street Address		Date (MM/DD/YYYY)	\$
City		State		Zip Code	
Full Name of Contributor		Date (MM/DD/YYYY)		\$	
House #		Street Address		Date (MM/DD/YYYY)	\$
City		State		Zip Code	

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

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
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Full Name of Contributor		AZIZ ATTIEH			Date [MM/DD/YYYY]	\$	200.00
House #	Street Address	2339 West Blvd.			Date [MM/DD/YYYY]	\$	200.00
City	State	Zip Code	Bethlehem PA 18017		Date [MM/DD/YYYY]	\$	
Employer Name		New Look Mowing & Landscaping			Occupation	Owner	
Employer Mailing Address / Principal Place of Business		2339 West Blvd. Bethlehem PA 18017					
Full Name of Contributor		Kimberly Anderson			Date [MM/DD/YYYY]	\$	350.00
House #	Street Address	448 West Middle St.			Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Hannover PA 17331		Date [MM/DD/YYYY]	\$	
Employer Name		Morningside House of Elliott			Occupation	Nurse	
Employer Mailing Address / Principal Place of Business		5330 Dorsey Hall Dr <sup>City</sup> Elliott City, MD 21042					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							

PART E

Other Receipts

REFUNDS, 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.

Filer Identification Number:	Frizon of 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							

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

Elder Identification Number	Friends of Michael Colón	
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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)	\$	0
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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)	\$	198.00
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3	IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART G)
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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)		\$	198.00
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SCHEDULE II  
PART F  
**In-Kind Contributions Received**  
VALUE OF \$50.01 TO \$250

Entity Identification Number: Friends of Michael Colon

Full Name of Contributor					Date (MM/DD/YYYY)	\$
<u>Jerzmy Bildis</u>					<u>10/30/23</u>	<u>198.00</u>
House #	Street Address			Date (MM/DD/YYYY)	\$	
<u>4475</u>	<u>Farm Drive</u>					
City	State	Zip Code	Date (MM/DD/YYYY)	\$		
<u>Allentown</u>	<u>PA</u>	<u>18104</u>				
Description of Contribution						
<u>Discount on Campaign mailer design.</u>						
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

Filler 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				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 III  
Statement of Expenditures

File Identification Number: Friends of Michael Colon

To Whom Paid		<u>Actblue.com</u>			Date [MM/DD/YYYY]	\$	<u>18.53</u>
House #	Street Address			Description of Expenditure			
City	State		Zip Code	<u>Online donation fees for reporting period</u>			
To Whom Paid		<u>Stripe.com</u>			Date [MM/DD/YYYY]	\$	<u>29.93</u>
House #	Street Address			Description of Expenditure			
City	State		Zip Code	<u>Online donation merchant fees for reporting period</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				
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address			Description of Expenditure			
City	State		Zip Code				



SCHEDULE IV

Statement of Unpaid Debts

Use this Section to Itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:	Frienza of Michael Colon
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Name of Creditor	Bethlehem Business Forms				Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)		\$	3,406.34
	PO Box 4250	10/30/2023			
City	Bethlehem	State	PA	Zip Code	18018
Description of Debt	Campaign mailer				

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					