Commonwealth of Pennsylvania - Campaign Finance Report

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Filer identification Number				Repo (Mar	rt Filed B k X)	У	Candida	ite	4	Comm	ittee			Lobbyls	
Name of Filling Comm Lobbyist	nittee, Car	ndidate o		m;	cha-	ı	Lo	lón		A CONTRACTOR OF THE CONTRACTOR					
Street Address				19	56	121	25-21	awn	Au-	د					
City	Bat	トレー	イストラ				State	PA		Zip Co	de	180	18		
Type of Report (Place	x under r	eport typ	e)												
1-6 th Tuesday 2-2 Pre-Primary Pre-			100000000000000000000000000000000000000		Fuesday lection		Friday Election	100000000000000000000000000000000000000	100	7- Anı	nual	Special Pre-Elec	2 nd Frida :tlon	y Special Post-Ele	
				Ī				X							
Date Of Election (MM/DD/YYYY)		11/7/	155g	Year		20	~23	Amendi Report	nent		j	Termin Report	ation		
Summary of Receipts Expenditures		From D a 0 24	123		To Date		<u> </u>				For (Office Us	e Only		
A. Amount Brought F B. Total Monetary Co (From Schedule I) C. Total Funds Availa (Sum of Lines A and I	ontributio ble			\$ \$	D D										
D. Total Expenditure: (From Schedule III) E. Ending Cash Balan (Subtract Line D from	s ce i Line C)	n. Is		\$	D O										
F, Value of In-Kind Co (From Schedule II) G. Unpaid Debts and (From Schedule IV)			ea	\$	0				***************************************						
Part 1- If this is a Comm	ittee renor	t. treasure	r sign her	e. If th	ils is a Car		fidavit Se		n here						
I swear (or affirm) that t	this report,	including t								lpe and K	Blinter	4+m n = 1			

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

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Filer Identification Number			
(

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	
2, Contributions of \$50.01 to \$250,00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	
All Other Contributions (Part B)		\$	
Total for the reporting period	(2)	\$	
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	
Total for the reporting period	(3)	\$	
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period	(4)	\$	
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, Re Cover Page, Item B)		\$	

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					
AND CONTROL OF THE PROPERTY OF					Amount
Full Name of Contributin	B			Date [MM/DD/YYYY]	
Cammittee					
House # St	treet Address			Date [MM/DD/YYYY]	\$
City	State	e Zip Code	e l	Date [MM/DD/YYYY]	
				STATES OF THE ST	
Full Name of Contributin Committee	16		144	Date [MM/DD/YYYY]	\$
				Date [MM/DD/YYYY]	
House # 5	treet Address				
	State	e Zip Code		Date [MM/DD/YYYY]	S
5.3 7	Stat	- Lib coa		1.00.00 × // E.S.1	
Full Name of Contributin)Ē	Description		Date [MM/DD/YYYY]	\$
Committee					
House N S	treet Address		-1455/h	Date [MM/DD/YYYY]	
City	Stati	e Zip Cod	e l	Date [MM/DD/YYYY]	
Full Name of Contributir Committee	ng	100 - 101	<u> </u>	Date [MM/DD/YYYY]	S
	street Address			Date [MM/DD/YYYY]	S
2				A STATE OF THE PROPERTY OF THE	
City	Stat	e Zip Cod	e [Date [MM/DD/YYYY]	S
Full Name of Contribution	ng	Personal		Date [MM/DD/YYYY]	5
Committee					
House # S	Street Address			Date [MM/DD/YYYY)	\$
City	Stat	e Zip Cod	e	Date [MM/DD/YYYY]	\$
Full Name of Contributin	ng			Date [MM/DD/YYYY)	\$
	Street Address			Date [MM/DD/YYYY]	S
3	======================================				
City	Stat	e Zip Cod	e	Date [MM/DD/YYYY]	\$
	oldi				
				₹	

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:

House Street Address Date IMM/DD/YVV S Follower Street Address Date IMM/DD/YVVI S		
FULL Name of Contributor Figure 12 Follows Street Address Street Address Follows Follows From Date (MM/DD/YYY) Street Address Follows Follows From Date (MM/DD/YYYY) Street Address Follows From Date (MM/DD/YYYY) Street Address Follows From Date (MM/DD/YYY) Street Address Follows From Date (
Pull Name of Contributor State S	Eull Name of Contributor	ZDatca(MM/Job/AXXXX) = \$
Pull Name of Contributor State S		
Pake MM/DD/YYYY S	House# Street Address	Date [MM/DD/YYYY] \$
Pake MM/DD/YYYY S		
House II Street Address Date IMM/DD/YYYY S	City State Zip Code	Date (MM/OD/YYYY) \$
House II Street Address Date IMM/DD/YYYY S		
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City State Zip Code Date [MM/DD/YYYY] \$ Fibulic # Street Address Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ FUll Name of Contributor Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$		5 77 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
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Gity State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$		anata immynigyxyxyy a se
Full Name of Contributor City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributor House # Street Address Date [MM/DD/YYYY] \$ Full Name of Contributor City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributor City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributor City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$	Street Address	
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House # Street Address Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$ House # Street Address Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$		
House # Street Address Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$ House # Street Address Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$	Sallen sacrification of the sallen and the sallen a	E SE SANANGEN MIESTER
Gity State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributor 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] \$		
Gity State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributor 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] \$	House# Street Address	Date [MM/DD/YYYY] 5
Full Name of Contributor Date [MM/DD/YYYY] S		
Full Name of Contributor Date [MM/DD/YYYY] S	City State Zip.code	Date [MM/BD/YYYY] \$
House # Street Address Date [MM/DD/YYYY] \$ City Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$ House # Street Address Date [MM/DD/YYYY] \$		
State Zip Code Date [MM/DD/YYYY] \$	apul Namero Contributor	Date [MM//JDD/XYXY] 5
State Zip Code Date [MM/DD/YYYY] \$		
Full Name of Contributor Date [MM/DD/YYYY] \$ House# Street-Address Date [MM/DD/YYYY] \$	House# Street Address	Date [MM/DD/AWY] 5
Full Name of Contributor Date [MM/DD/YYYY] \$ House# Street-Address Date [MM/DD/YYYY] \$		
House:# Street:Address Date:[MM/DD/YYYY] \$	Gity. State Zip Code.	Date [MM/6D/AYYY) 5
House:# Street:Address Date:[MM/DD/YYYY] \$		
	Full Name of Contributor	Pate:[MM/SB/AAM] >
		B. Transformation
City Date [MM/DD/YYYY] \$	House# Street Address	Date (WW/DD/TTTT)
State (MINI/PD/ACE)	FEWER CHEST	TRACETRANA/SIS MODOLE SE
	City State Lipicode	EVAC (WIN)/PD/ATERE 32

PART C

Contributions Received From Political Committees

Over \$250.00

Filer identification Numbers

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

				AND
Full Name of Contributing Committee			Date [MM/DD/XXXX]	5
House # Street Address			Date [MM/DD/YYYY)	š
City .	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee	[chycomycode	ess (\$1.70 (\$200) \$1.00 (\$200) \$1.00 (\$200)	Date [MW/DD/YYYY]	\$
House # Street Address			Date (MM/DD/YYYY)	₹
G(ty	State	Zip Code	Date [MM/60/YYYY]	•
Full Name of Contributing Committee	(Control of Control of		Date (MIV/DD/YVYY)	*
House# Street Address			Date (MIV/DD/WWX)	\$
City	State	Zip Code	Date (MM/DD/YYYY)	\$
Full Name of Contributing Committee	According to the control of the cont		zoare (MIVI/OD/XXXV)	5
House# Street Address			Date (MM/DD/YYYY)	4.
City	State	Zip Code	The state of the s	•
Full Name of Contributing Committee			Date (MM/DD/YYYY)	'
House# Street Address				\$
G(i)	State	Zip Code	Date (MIV)/DD/AVVVI	
Full Name of Contributing Committee				•
House# Street Address				\$
Chy	State	Zlp 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)

Filer Identification Number:

Full Name of Contributor			Date (MM/DD/YYYY)	\$
House'ff Street Address			Date (MM/DD/YYYY)	4
City	State	Zip Code	Pate [MM/DD/AYXX]	
Employer Name			Occupation.	
Employer Mailing Address / Principal Place of Business				
Full Name of Contributor			sbate (MM/60//YYYY)	1
House# Street Address				\$
Cly	State	Zip Cade	Date (MM/ND/AWY)	•
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business				
Full Name of contributors			Date (MM/DD/APAX)	\$
House# Street Address			Date (MM/DD/AXXX)	
City:	State	Zip:Code	Date [MM/DD/XXXV]	\$
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business				
Full Name of Contributor			oate [MW/OD/AYW)	
Hause# Street Address			Date [MM/DD/AYYY]	S
City	State	2 p Gode	Date (MM/,DD/4YYY)	*
Emplayer Name			Oscupation	
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.

Eller Iden tiffcation Number				
laujavame				
	et Address			
City		State	2(p	Date [MM/DD/YYYY] \$
Receipt Description			Code	
Full Name		Vesilles (2011). Unioniose, pro-		
	et Address			P 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
City		State	Zîp Code	Date (MM/DD/YYYY) \$
Receipt Description				
Full Name				
	et Address		() () () () () () () () () () () () () () () () () ()	Bawysin yun addudese 2
City		State.	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Vame				
	et Address			
City		State	Z p Code	Date [MM/DD/YYYY] \$
Receipt: Description				PEGG
Euli Vame				
	et Address			
Giry		State	Zip Code	Date(MM/DD/WYY) \$
Receipt Description				
Full Name		: ************************************		
	et Address	Pro-Constitution of the Constitution of the Co	TANGE OF THE PARTY	W. D. Daries Commission
Clty		State	Zip Code	Date [MM/00/AVAM] \$
Receipt Description			DIEGOTALISTA	ESSAGE I

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

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

Filer, identification Number:	
No. of the control of	
UNITEMIZED IN KIND CONTRIBUTIONS RECEIVED VALUE OF \$5 TOTAL for the reporting period (1)	UROCON EESS PER CONTRIBUTOR
TOTAL for the reporting period (1)	
2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50:01 TO \$250	OO (FROM PART F)
TOTAL for the reporting period (2)	\$
: INAKIND CONTRIBUTION RECEIVED VALUE OVER \$250,00 (FRO	M.PARIFG)
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)	\$

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer identification Numb	er.				
Marter & Carbon Wall Acceptance of the Con-					
Full Name of Contribu	lor			SPATE (MIN/DP/AVVVI)	\$
House#	Street Address			- bate (MM/DD/VVVVI)	\$
City		State	Zip Code	Date (MM/DD/XXXXI)	\$
Bescription of Contrib	ution				233331
Full Name of Contribu	tar			Date [MM/DD/WY4]	.
House#	Street Address			Patel(MM//OP/AXXXX)	
City		State	Zip Code	Date (MM/Job/AVVV)	
Description of Contrib	outlan				
Full Name of Contribu	iter			DATE: IMM/DD/ANNA	(\$
Flouse#	Street Address			্রচরকে(MM/DD/AWYY)	5
civ		State	Zlp.Code:	Date (MM/DD/AVA)	\$
Description of Contrib					DANSE .
Full Name of Contribu	iter:			Date [MN/DD/YYYY)	
House #	Street Address			Date [MM/DD/XYYY)]	
Gly		State	Zip Code		
Description of Contri					
Eull Vame of Contillat	((a)			Pate [MM/JDD/ASSAS]	
House #	Street Address			Pate IMM/ODYANAAL	
City		State	Zlp Code	Date (MM/DD/AWY)	•
lagscription of contri	pution				

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

VALUE OV	EK \$250
Filer Identification Number:	
Full Name of Contabutor	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/YYYV] \$
House# Styeet-Address	Oate (MM//DD/YYYY) 5
City State Zip Code	Date (MM/bD/YYYY) \$
Employer Name	Cocupation
Employer Mailing Address / Principal Place of Business	Description of Contribution
Etill Name of Contributor	Date (MM/DB/YYYY) \$
House H Street Address	Date [MM/QD/YYYY] \$
City State Zip Code	Date [MM//dd/XYXY] \$
Employer Name	(Occupation:
Employer Mailing Address / Principal Place of Business	Description of Contribution
Füll Name of Contributor	Space (MM/Jbb//YYYY) \$5
House # Street Address	Date [MN/DD/YYYY] \$
City State 72 p Code	Date IMM/DD/YYYY) \$
Employer Name	Occupation
Employer:Mailing Address / Principal Place of Business	Description of Contribution

Statement of Expenditures

		Maring Designation (see a company of the company of	the second residue to	The state of the s
Filer identification Number:				
	1			

	And a repair of the Control of the C	en de la companya de			
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
Gity		State	Ziji Code		
To Whom Pald				Date (MM/DD/XXXX) \$	
House#	Street Address			Description of Expenditure	J
City		State	2(p Code		
To Whom Paid	V VV V V V V V V V V V V V V V V V V V			Date:(MM//DB//YYYY) \$	
House#	Street Address			Description of Expenditure	
City	NOCONICONES VINE DE CONSCI	State	Zip Copie		
To Whom Raid				Pate [MM/ab//YYY] \$	
House#	Street Address			Description of Expenditure	
Eliy		State.	Zip Code		
To Whom Paid				oate(MM/lov/WW) \$	
House#	Street Address			Description of Expenditure	
CITY.		State	Ziji Gode		
To Whom Pald				Date (MIX/ADD/XXXV) \$	
Flouise #	Street Address			Description of Expenditure	
Gity		State	Zíp Cade		
To Whom Raid	· · · · · · · · · · · · · · · · · · ·			Date [MM/DD//YYY)]\$	
House#	Street Address			Description of Expenditure	
aty.		State	Zip Code		
To Wham Pald				Date (MM/Db/XYYY) \$	
House #	Street Address			Description of Expanditure	
City		State	Zip Gode		

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:				
Name of Creditor				Outstanding Balance of Debt
House # Stre	et Address		E DEBT INCURRED MM/DD/YYYY]	*
City		State	Z)p Code	
Description of Debt			code	
Name of Creditor	524755355902551			Outstanding Balance of Debt
House # Strei	et Address		e debt incurred MM/DD/YYYY]	
Clty		State	Z p Code	
Description of Debt				
Name of Greditor House # Stre	et Address	i i i i i i i i i i i i i i i i i i i	E DEBINGURRED	OutstandingBalance of Debt
I I I I I I I I I I I I I I I I I I I	erauress		MM/DB/YYYY)	
City		State	Zip Code	
Description of Debt Name of Greditor				Outstanding Balance of Debt
	et Address		E DEBT NEURRED	\$
City		State	MM/615/YYYY] 2 5	
Description of Debt			Cade	
Name of Greditor				Outstanding Balance of Debt
House# Stre	let Address		E DEBT INCURRED MM/DD/X:(YY)	5
Gity		State	2 (p	
Description of Debt			Code	
Name of Greditor				Outstanding Balance of Debt.
Hause # Stre	et Addréss		E DEBT (NOURRED MM/DD/YYYY)	\$
City		State	Zip Code	
Description of Debt	4		**************************************	



Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

(Note: This report must be clear and legible. It should be typed)							
Filer identification Number	Report Filed ((Mark X)	By Candida	te	Committee	H	Lobbýlst	
Name of Filing Committee, Candidate or Lobbyist	Frizz	23 0F	Michaz	1 Color		Production of the Control of the Con	
Street Address	1956/	2ilizalau	un Auc				
City Bzthlzh-	1.m	√ State	PA	Zip Code	18018		
Type of Report (Place x under report type)							
1-6 th Tuesday 2-2 nd Friday 3-30 Day Po Pre-Primary Pre-Primary Primary	st 4-6 th Tuesday Pre-Election	5-2 nd Friday Pre-Election		7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election	
			W				
Date Of Election (MM/DD/YYYY) 11/1/2/3	Year	2023	Amendment Report		Termination Report		
Summary of Receipts and Front Date Expenditures A. Amount Brought Forward Front Last Report From Schedule I) C. Total Funds Available (Sum of Lines A and B) D. Total Expenditures (From Schedule III) E. Ending Cash Balance (Subtract Line D from Line C) F. Value of In-Kind Contributions Received (From Schedule II) G. Unpaid Debts and Obligations (From Schedule IV)	93	27/23 5,79 35,00 0,79 8,46 27,33 18.00 06.34	ction	For	Office Use Only		
Part 1- If this is a Committee report, treasurer sign	here. If this is a Ca					· · · · · · · · · · · · · · · · · · ·	
I swear (or affirm) that this report, including the at				dge and belief to	rue_correct and como	eta.	

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number Friends of Michael Colon			to the beautiful to the	Color	
		s of 1	mocharl	Colon	

1. Unitemized Contributions and Receipts-\$50,00 or Less per Contributor	
Total for the reporting period (1)	\$ 35.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	
Contributions Received from Political Committees (Part A)	\$ D
All Other Contributions (Part B)	\$ 450.00
Total for the reporting period (2)	\$ 450.00
3, Contributions Over \$250:00 (From Part G and Part D)	
Contributions Received from Political Committees (Part C)	\$ D
All Other Contributions (Part D)	\$ 750.00
Total for the reporting period (3)	\$ 750.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	
Total for the reporting period (4)	\$ D
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)	\$ 1,235.00

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 Mi	
	Amount
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	Date [MM/DD/YYYY] \$
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	e Date [MM/DD/YYYY] S
Full Name of Contributing Committee	Date [MM/DD/YYYY] 5
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	e Date [MM/DD/YYYY] \$
Euil Name of Contributing Committee	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	e 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.)

Frica & 1 of Michael Colon		
Full Name of Contributor Stort Karain House # Street Address	Date [MM/DD/YYYY] \$	50.00
457 W. LMCWITH AN APT A		
Hwrstord PA 210, Code 19041	Date (MIN/JDD/YYYY) \$	O LEGISLAND
Full Name of Contributor Jiii Karala	Date [MM/DD/WW] 3	100.00
House# 1949 Street Address Nwon Dr.	Coate (MN/ADD/XVVV) \$	
Bzthlzhm PA 18018	pate (MM/db//YYY) S	
Fzrnudo Torres	Date [MM/DD/YYYY] \$	50.00
1556 Street Address Stokz Park N.	EDatě [MM/DD/YYYY] \$	
City Bzthizham State PA Zipcode 18017	Date [MM/DD/YYW) 5	ANACCHE CONTRACTOR OF THE CONT
Full Name of Contributors SLott Exwos	Date [MM/DD/YYW] \$	100.00
House# 3770 Street Address Africa Court	Dafe (I/M/DD/YYYY) \$	Color
3770 April Court City Allantown State PA Zipcode 18104	Date(MM/DD/WYW) 5	A STATE OF THE STA
Full Name of Contributor Justin Blocki	Date [MM/DD/YYYY] \$	50,00
House # 11996 Street Address BZULh Bluz. Apt. 156	Date (MM/DD/YYYY) \$	ACCEPTAGE AND AC
JULK Jonu; 112 FL 32246	Date (MM/DD/YYYY) \$	
Throph; lu 1 Mixon	Date (MM/OD/YYYY) \$	50.00
House# 74 Street Address Pin-cland RJ	Date [MM/DD/YYYY] 5	
City State Zip Code	Date [MM/DD/M///] \$	and the second s

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 Numbers F. A. J.							
1 / in) / Of Michael Colon	Filer Identification Number:	Fria	m)1	01	michan	COLON	
			3.0				

property and a second s			A District of the Control of the Con	
Full Name of Contributor Phy	ib Coló	n	Date [MM/DD/YYYY] 5	50.00
House # 1472 Street Address	walled	brook pr	Dave (MM/JDD/AYVY)	
Bathlaham	State PA	ZIDIGONE 18015	Date (MM//DD//Y/Y/)	
Full Name of Contributor			Date (MM/DD/WW)	
Housest Street Address			Date (MM/DD/WYY)	
City	State	Zip Code	Date [MM/DD/XYYY)	
Full Name of Contributor 3			Pate (MM/DD/XXXX)	
Hpuse# Street Address	**************************************	W VII. 18.18	Date [MM/DD//Y/Y)	
City	State	Zip Code	Date (MM/DD/YYYY)	
Full Name of Contributor			Pate (MM/DD/XXXX)	
House# Street Address			Date [MM/DD/XYYY]	
City	State	.Zlp:Code	Date [MM/DD/XVYY] S	
Full Name of Contributor	provinceopie	processor and pr	Date (MM/DD/AVVV)	
House# Street Address	MANAGEMENT OF CONTRACT OF CONT		Date[MM/DD/4999]	
CHY	State	ZIp Code	Date (MM/DD//WW)	
Full:Name of Contributor.	Legal Consequents	1 - Andrew Control of	DATC [MM/OD/MWW]	
House# Street Address			Date [MM/DD/YYYY] : \$	<u> </u>
ENY T	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.

Eller identification Number:	Frianli	of Mizi	nuel Colón	

V				
Full Name of Contributing Committee:			Date [MM/DD/AYYY] 5	
House# Street Address	44.14		Prite (MM/DD/AYAYA)	
Gly	State	Z/p:Code	Date [MM//bD/YYYY]	
Full Name of Contributing Committee			Date (WM//DD/XYYY)	
House# Street Address			Date [MM/DD/YYYY]	1
Sciry 1	State	Z)p:Code	Date [MM/DB/YYYY]	
Full Name of Contributing Committee:			TOPIC (MM//OF/YYYY)	
House # Street Address	•	100 A	Date (VIM/DD/YYYY)	
City	State	Zip.Code		
Full Name of Contributing Committee			oare (MMM/bb/MMM)	
Höuse# Streat Address			Date MM/DD/YYYY	
Glÿ	State	Zip Code		
EUPName of Contributing Committee			Date (MM/DD/YYYY)	
House# Street Address			Date (M/M/DD/AXXX)	
Giw	State	Zip Code	Date [MM/DD/AYYY)	
Full Name of Contributing Committee			Date (MM/OD/YWW)	
House# Street Address			Date [MM/DD/YYYY)	
City	State	Zip Code	Date (MM//DD/XXXX)	

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 Numbers	Friza	1, 04	Michael	Colon	

Full Name of Contributor A Z	iz Attieh	10/24/2023 200.0p
House II 233 9 Street Address	West Blul.	11/24/2023 200.00
B-2th rh-an	State PA 2/p.Code 18017	Date (MIX/DD//YYYY) \$
Employer Name	New Look Mowing + Lundyersin	ny Occupation Dwn Zr
Employer Mailing Address / Principal Place of Business	New Look Mowing + Lundriging	ethlichem PA 18017
Full Name of Contributor Kimi	burly Anderson	11/15/2023 350.00
FIGURE STEEL STREET STREET	•	oaie[M/M/ob/YYYY] \$
1150000	With Middle St.	Pate[MiV/DD/VVVI] \$
Employer Name	Morninglibe House of Ellicott	Occupation Norse
Employer Mailing Address / Principal Place of Business	Morningside House of Ellicott 5330 Dorlay Hall Dr	Y Ellicott City, MD 21042
Full Name of Contributor		spareston//pb/AAAAA
		Date[MM/DD/WYYY] \$
House# Street Address		Management in company is the company of the company
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Position (CA)	Occupation
Employer Malling Address / Principal Place of Business		
Füll Name af Contributar		Spare (MM/Job/Avvy)
House# Street Address		Date [MM/DD/YYYY) \$
Elty	State Zip:Code	Date [MM/DD/YYYY] \$
Employer Name		Of Ecupation
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 den Matten Number

Flier Identification Number	Frizn),	of mich	wel Colon	
Jaul Name				
House # S	treet Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
City		State	Zíp Code	Date (MM/OD/YYYY) \$
Receipt Description				
FU)! Name				
Hause # S	treet Address	State	Z (p	Date (MM/DD/XWY) \$
Receipt Description			Cotie	
Receipt Description Full Name				
	treet-Address			
Citý		State	Zip Code	Date (MM/DD/XXXX) \$
Receipt Description				
Full Name				
	treet/Address			
City		State	Zip -Code	Date (MM/DD/YYYY) \$
Receipt Description		posterior de la constante de l		I RESERVE
Full Name				
House it S	treetAddress	State	Zip	Date [MM/DD/WWY] \$
			Code	
Receipt Description Full Name				
	treetAddress			
Elty		State	Zlp 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

Eller Identification Number:	Friends of	Michael Colon	
1. UNITEMIZED IN:KIND	CONTRIBUTIONS RECEIVED AVA	QUE OF \$50,00 OR LESS PER CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$ <i>j</i>	
2. IN KIND CONTRIBUTIO	ons received value of \$500	11-TO \$250.00 (FROM-PART F)	
TOTAL for the reporting period	(2)	\$ 198.00	
з Құқыссортківиті	DIV RECEIVED VALUE OVER \$25	O;DO(FROM PARTIG)	
TOTAL for the reporting period	(3)	\$ ()	
TOTAL VALUE OF IN-KIND CONT PERIOD (Add and enter amount on Page 1, Report Cover Page, I	totals from boxes 1, 2, and 3;		

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

									the first and the second of the second of	The state of the s	44.4.5.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.
Filer identification Numberz	1	YIZN	الح	01	m	1) Lha	4-21	Colon			

PORTANT STANDON TO THE PROPERTY OF THE PROPERT	and the second second company and a second s		
Full Name of Contributor プスイスル	y Pildis		198.00
emuusesis stradeaminael	arm Drive	Date MM/OD/YYYY] \$	
Allznhown	State PA ZIPICODE 18104	Date [MM/DD/YYYY] \$	
Description of Contribution	Dillount on lumping m	wilar delign.	
Full Name of Contributor	7		
House # Street Address		Date (MM/DD/XXXX) 5	
Glty	State Zip Corie	Date [MM/DD/WYY] \$	
Description of Contribution			
#full Name of Contributor		Date (MM/DD/WW) \$	
House# Street Address		Date [MM/DD/YYYY] \$	
City Secret Contribution	State Zip Code:	Date (MM/DD/YYYY) \$	
Description of Contribution			
Full Name of Contributor		Date [MM/DD/YYYY] . \$	
House# StreetAddress		Date [MM/DD/YYYY] \$	
Gity Description of Contribution	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] \$	
Description of Contribution			

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Fromblot Michael Colon	Filar identification Number:	izndi	٥٢	Michael	Colon	grade on the

Full Name:of Contributor		Date (MM/DD/YYYY) \$
House# Street Address		©bate (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		Dake (I/IM/DD//YYYY) \$
House# Street Address		Date (MM/DD/YYYY) \$
GIV :	State 2 p Code	Date (MM/DD//YYYY) S
Employer Name		Occupation 4
Employer Mailing Address / Principal Place of Business		Description of Contribution
Full Name of Contributor		Date [MIM/DD/AYAY] 5
House# Street Address		Date (MM/DD/WYY) \$
Gity	State Zip Gode	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		Description of Contribution
Full Name of Contributor		Date (MM/db/\\\\\)
House# Street Address		Date (MM/DD/MYYY) S
City	State Zip.Gode	Date (MM/DD/YYYY) \$
Employer:Name		Occupation
Employer Mailing Address / Principal Place of Business		Description of Contribution

Statement of Expenditures

	and the second second	The state of the s			
Filer identification Number,	Friznl	2 04	mirhad	Colon	

			the state of the s	DIVERSES PROPERTY OF THE PROPE
To Whom Pald	AITEL	z. Lom		Date [MM/DD/YYYY] \$ 18.53
House #	Street Address			Dekeription of Expenditure
City		State	ZIp Code	online lunation feet for
To Whom Paid				Date MMVHOVAVA
	Street Address	:. Lom		online to nation tent for reporting pervisor \$ 29.93
House II	Street Address			Description of Expenditure
City	ECNAMORE THE PROPERTY A	State	Zip Code	Portine donation merchant feel for reporting period
To Whom Paid		Newscasses and	Partition of processing	Date MM/DD/WWW/ \$
House#	Street Address			Description of Expenditure
		Mary Company		
City		State	Zip Cade	
To Whom Raid				Date MM/OD/WWY \$
Hause#	Street Address			Description of Expenditure
City		State	Code	
To Whom Paid				PATCE (MICV/PIDY/VAXA) 5
House#	Street Aduress		***************************************	Description of Expenditure
City		State	Zip Code	
To Whom Paid		Segregations between	(Analysis and Analysis of Section 1	Date[MM/bb/YYYY] \$
House #	Street Address			Description of Expenditure
Gity		State	Zip Cade	
To:Whom/Paid	Grand at 10			Date (MM/DD/XXXX) \$
House#	Street Address			Description of Expenditure
eių.		State	Zlp Code	
To Wrom Palo	VIZZATO A PORTO DE LA CONTRACA DEL CONTRACA DE LA CONTRACA DEL CONTRACA DE LA CON			Date [MM/DB/YYYY] \$
Hause #	Street Address			Description of Expenditure
City		State	Zíp Edde	

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.

	1,1411 (14, 14, 14)	1 200							*** V. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
Eller identification Number:	F	VI	`Tm	12	04	Mich	471	Colon		

Name of Greditor	Brohlaham Russmall Forms	Outstanding Balance of Debt
	Brohlaham Busmass Forms Brokhlaham Busmass	3,406.34
City	Bethleham State Pa Code 18018	
Description of Debt	Bathlaham Pa could 18018 Campaign Mailar	
Name of Creditor		Outstanding Balance of Debt
House'# Stre	et Address DATE DEBT INCURRED [MM/DD/YYYY]	,
City	State Zip Cade	
Description of Debt		
Name of Cyeditor		Outstanding Balance of Debt
House # Stre	et Address DATE DEET INCURRED (MM/DD/YYYY)	•
City	State 2/p. Code	
Description of Debt		FORMES
Name of Greillor		Outstanding Balance of Debt
House # Stre	etAddress DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	State Zip Code	
Description of Debt	Postorian Siconaria	- FORTH CO.
Name of Greditor		Outstanding Balance of Debt
	et Address DATE DEBT INCURRED [MM/DD/YYYY]	*
City	State Zip. Code	
Description of Debt.		Name of the state
Name of Greditor		Outstanding Balance of Debt
House # Stre	et Address DATE DEBT (NCURRED [MM/DD/YYYY)]	
City	State Zip. Code	
Description of Debt		