

# 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 <i>Michael Colón</i>							
Street Address <i>1956 Nidzawlawn Ave</i>							
City	<i>Bethlehem</i>	State	<i>PA</i>	Zip Code	<i>18018</i>		

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of Election (MM/DD/YYYY)			Year		Amendment Report	Termination Report		
<i>11/7/2023</i>			<i>2023</i>		<input type="checkbox"/>	<input type="checkbox"/>		

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
A. Amount Brought Forward From Last Report	<i>11/28/23</i>	<i>12/31/23</i>	
B. Total Monetary Contributions and Receipts (From Schedule I)			<i>0</i>
C. Total Funds Available (Sum of Lines A and B)			<i>0</i>
D. Total Expenditures (From Schedule III)			<i>1,050.00</i>
E. Ending Cash Balance (Subtract Line D from Line C)			<i>-1,050.00</i>
F. Value of In-Kind Contributions Received (From Schedule II)			<i>0</i>
G. Unpaid Debts and Obligations (From Schedule IV)			<i>0</i>

**Affidavit Section**

Part I- 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.

Sworn to and subscribed before me this

*30* day of *January* 20 *24*

*Nancy E. Jamann*  
Signature

My Commission expires *05* *08* 20*24*  
MO. DAY YR.

Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

*30* day of *January* 20 *24*

*Nancy E. Jamann*  
Signature

My Commission expires *05* *08* 20*24*  
MO. DAY YR.

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal  
 Nancy E. Jamann, Notary Public  
 Northampton County  
 My commission expires May 8, 2026  
 Commission number 1231245  
 Member, Pennsylvania Association of Notaries

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

Filer Identification Number	Michael Colon
-----------------------------	---------------

**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 <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>	\$	0

PART A

## Contributions Received From Political Committees

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees  
with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number	Michael Colón
-----------------------------	---------------

						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]	

PART B

# All Other Contributions

\$50.01 TO \$250

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

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

Filer Identification Number:	Michael Colon
------------------------------	---------------

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:	Michael Colon
------------------------------	---------------

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)

Filer Identification Number:	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					
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.

Filer Identification Number:	Michael Colón
------------------------------	---------------

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

File Identification Number	Michael Colon		
----------------------------	---------------	--	--

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the reporting period	(1)	\$	0

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

3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART G)			
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 II  
PART F

### In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	Michael Colón
------------------------------	---------------

Full Name of Contributor		Date [MM/DD/YYYY]	\$	
House #	Street Address	Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution				
Full Name of Contributor		Date [MM/DD/YYYY]	\$	
House #	Street Address	Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution				
Full Name of Contributor		Date [MM/DD/YYYY]	\$	
House #	Street Address	Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution				
Full Name of Contributor		Date [MM/DD/YYYY]	\$	
House #	Street Address	Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution				
Full Name of Contributor		Date [MM/DD/YYYY]	\$	
House #	Street Address	Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution				

SCHEDULE II  
Part G

**In-Kind Contributions Received**

VALUE OVER \$250

Elder Identification Number:	Michael Colvin
------------------------------	----------------

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

Filer Identification Number: Michael Colon

To Whom Paid	Friends of Michael Colon	Date (MM/DD/YYYY)	\$	1,050.00
House #	Street Address	Description of Expenditure		
1156	Ridgeman Ave	Donation to Campaign Committee		
City	State	Zip Code		
Bethlehem	PA	18018		

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.

Filer Identification Number	Michael Cilon
-----------------------------	---------------

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

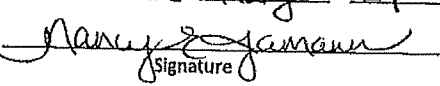
(Note: This report must be clear and legible. It should be typed)

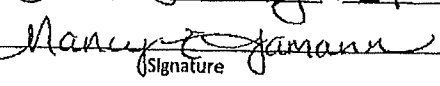
Filer Identification Number	Report Filed By (Mark X)	Candidate	Committee	Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Friends of Michael Colon			
Street Address	1956 Ridgelyown Ave			
City	State	Zip Code		
Bethlehem	PA	18019		

Type of Report (Place x under report type)									
1-6 <sup>th</sup> Tuesday Pre-Primary	2-20 <sup>th</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 type="checkbox"/>	<input checked="" 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"/>				

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	11/28/23	12/31/23	
A- Amount Brought Forward From Last Report	\$	2,122.33	
B- Total Monetary Contributions and Receipts (From Schedule II)	\$	1,299	
C- Total Funds Available (Sum of Lines A and B)	\$	3,421.33	
D- Total Expenditures (From Schedule III)	\$	3,415.79	
E- Ending Cash Balance (Subtract Line D from Line C)	\$	5.54	
F- Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G- Unpaid Debts and Obligations (From Schedule IV)	\$	0	

### Affidavit Section

**Part I- 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.  
 Sworn to and subscribed before me this  
30 day of January 2024  
  
 My Commission expires 05 08 2024  
 MO. DAY YR.

**Part II- If this is a report of a Candidate's Authorized Committee, candidate sign here.**  
 I swear (or affirm) that to the best of my knowledge and belief this political report is true, correct and complete.  
 Sworn to and subscribed before me this  
30 day of January 2024  
  
 My Commission expires 05 08 2024  
 MO. DAY YR.

Commonwealth of Pennsylvania - Notary Seal  
 Nancy E. Jamann, Notary Public  
 Northampton County  
 My commission expires May 8, 2026  
 Commission number 1231245  
 Member, Pennsylvania Association of Notaries

SCHEDULE I  
**Contributions and Receipts**

Detailed Summary Page

<b>Filer Identification Number</b>	Friends of Michael Colon		
<b>1. Unitemized Contributions and Receipts \$50.00 or Less per Contributor</b>			
Total for the reporting period	(1)	\$	0
<b>2. 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)		\$	249.00
Total for the reporting period	(2)	\$	249.00
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>			
Contributions Received from Political Committees (Part C)		\$	0
All Other Contributions (Part D)		\$	1,050
Total for the reporting period	(3)	\$	1,050
<b>4. 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)		\$	1,299

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]	

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		
-----------------------------	--------------------------	--	--

Full Name of Contributor	Edgardo Colon			Date (MM/DD/YYYY)	\$	249.00	
House #	8713	Street Address	Grady Drive	Date (MM/DD/YYYY)	\$		
City	BRIMINGHAM	State	PA	Zip Code	18031	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:	Friends of Michael Colon
------------------------------	--------------------------

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)

All Other Identification Number: Friends of Michael Colon

Full Name of Contributor				Date [MM/DD/YYYY]		\$
Michael Colon				12/15/2023		1,050.00
House #	Street Address		Date [MM/DD/YYYY]		\$	
1956	Ridgeland Ave					
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
Bethlehem	PA	18013				
Employer Name			Occupation			
Northampton County & City of Bethlehem			Acting Mayor's Coordinator & City Councilman			
Employer Mailing Address / Principal Place of Business						
664 Washington Street, Exton PA 18042 10 E. Church St, Bethlehem, PA 18018						
Full Name of Contributor				Date [MM/DD/YYYY]		\$
House #	Street Address		Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
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.

Filer Identification Number:	Friends of Michael Colon
------------------------------	--------------------------

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

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$ 0

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

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART F)		
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 II  
PART F  
**In-Kind Contributions Received**  
VALUE OF \$50.01 TO \$250

Filer Identification Number: *Friends of Michael Colon*

Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution					
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution					
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution					
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution					
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution					

SCHEDULE II  
Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer 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

Filer Identification Number: Friends of Michael Colon

To Whom Paid	<u>At51wz.com</u>				Date [MM/DD/YYYY]	<u>12/13/2023</u>	\$	<u>3.74</u>
House #	Street Address				Description of Expenditure			
City	State		Zip Code		<u>Online merchant Fees</u>			
To Whom Paid	<u>Stripz.com</u>				Date [MM/DD/YYYY]	<u>12/17/2023</u>	\$	<u>5.71</u>
House #	Street Address				Description of Expenditure			
City	State		Zip Code		<u>Online merchant Fees</u>			
To Whom Paid	<u>Bethlehem Business Forms</u>				Date [MM/DD/YYYY]	<u>12/20/2023</u>	\$	<u>3406.34</u>
House #	Street Address				Description of Expenditure			
City	<u>Bethlehem</u>	State		<u>PA</u>	Zip Code	<u>18018</u> <u>Campaign Mailer</u>		
To Whom Paid					Date [MM/DD/YYYY]		\$	
House #	Street Address				Description of Expenditure			
City	State		Zip Code					
To Whom Paid					Date [MM/DD/YYYY]		\$	
House #	Street Address				Description of Expenditure			
City	State		Zip Code					
To Whom Paid					Date [MM/DD/YYYY]		\$	
House #	Street Address				Description of Expenditure			
City	State		Zip Code					
To Whom Paid					Date [MM/DD/YYYY]		\$	
House #	Street Address				Description of Expenditure			
City	State		Zip Code					

SCHEDULE IV

Statement of Unpaid Debts

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

Filer Identification Number: <i>Friends of Michael Colan</i>
--

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					