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	e	Committee	[X]	Lobbyist
Name of Filing Committee, Candidate or Eriznde ph Michael Colon						
Street Address	1956 12	idga	lawn Au	1e_		
City Brthlal	rem	State	PA	Zip Code	18019	
Type of Report (Place x under report type)						
1- 6 th Tuesday 2- 2 nd Friday 3-30 Day Pos Pre-Primary Primary Primary	57 H35 C 4- (\$40-00) 29 K 52 K 54 H 12 K 52 C	COMPANY OF THE PARTY OF THE PAR		7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
Date Of Election (MM/DD/YYYY)	Year		Amendment Report		Termination Report	X
Summary of Receipts and From Date Expenditures	To Date	1/21		For	Office Use Only	
A. Amount Brought Forward From Last Repo	irt \$	1 12	The state of the s			
B; Total Monetary Contributions and Receip (From Schedule I)		6				•
C. Total Funds Available (Sum of Lines A and B)	\$	D				
D. Total Expenditures (From Schedule III)	\$	Ь			·	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0				
F: Value of In-Kind Contributions Received (From Schedule II)	\$	0				Seal
G. Unpaid Debts and Obligations (From Schedule IV)	\$	1. June 10				Notary Seal Public , , 8,2022 1245
Afficavit Section						
Part 1- If this is a Committee report, treasurer sign	here. If this is Candid	ate réport, ca	indidate sign here.	d_a and bal!=64	wie gorroot and compl	r Mania
I swear (or affirm) that this report, including the a	tached schedules on pa	ber is roune	pest of my knowled	age and belief t	rue, correct and compl	nsylvar n, Not on Co pires I

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

				amende de la 2004 fant 1900	
Filer Identification: Number !	Friznd	3 06	Michael	. Colon	

1:Unitemized Contributions and Receipts-\$50:00 or Less per Contributor		
Total for the reporting period (1)	\$	D
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)	\$	b
All Other Contributions (Part D)	\$	· V
Total for the reporting period (3) \$	Ü
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4) \$	U
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 8)	t \$	D

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	e ub m	icharl Colon	
		70.00 (20.00)	Amount	
Full Name of Contributing			Date [MM/DD/YYYY] \$	
Committee				
House # Street Addr	ess		Date [MM/DD/YYYY] \$	
		•		
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing			Date [MM/DD/YYYY] \$	
Committee				
House# Street Addr	less		Date [MM/DD/YYYY] \$	
City.	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing			Date [MM/DD/YYYY] S	
Committee				
House:# Street Add	ress		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing			Date [MM/DD/YYYY] \$	
Committee				
House # Street Add	ress		Date [MM/DD/YYYY] \$	
Gity	State	Zip Code	Date [MM/DD/YYYY] 5	•
Full Name of Contributing			Date [MM/DD/YYYY] \$	
Committee				
Hause # Street Add	ress		Date [MM/DD/YYYY] \$	
	377			
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing			Date [MM/DD/YYYY] \$	
Committee			Para Para Victoria	
House:# Street Add	iress		Date [MM/DD/YYYY] 5	
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 dentification Number:	indo of	Michael Colon	
Full Name of Gontributor		Date [MM/DD/YYW] = 5	
House# Street Address		Date [MM/DD/YYYY] /S	
City	State Zip Gode	Date MM/DD/MYYY	
Füll Name of Contributor		Date MM/DD/YYYY)	
House# Street Address		Date (MM/DD/YYYY)	
City	State Zip Code	Date (MM/DD/AXXX)	·
Füll Name: of Contributor	to to late	Date MNI/DD/AYYYI S	
House# Street Address		Date IMM/DD/YYYYI	
City	State Zip Code	Date IMM/DD/MMA	
Fall Name of contributor	Date of the second seed Seed and the second	Date [MM/DD/YYY)] \$	
House# Street Address		Date [MM/DD/YYYY] . \$	
City	State ZipiCode	Date [MM/DD/YYM] \$	
Eull Namerof Contributor		Date [MM/JDD/YYYY]	
House# Street Address		Date [MM/DD/YYYM] \$	La Vezaga razar a
	State Zip Code		
Still Name of Contributor		Date [MM/DD/XXXX] \$	
Ribuse # Street Address		Date [MM/DD/YYYM] S	
	State Zip Code	Pate:[MM/DD/YYYY] \$	Ä

PART C

Contributions Received From Political Committees

Over \$250.00

Filer dentification Number:

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:	ande o	& Michae	1 Culon	
Eull Name of			Date MM/DD/YYYY	And the Second S
Contributing:Committee 2				
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 IMM/DD/AYYY4 \$	
CLV THE CONTROL OF TH	Sale	Zip Code	Date [MM/DD/WYY/] \$	
Fill Name of Contributing Committee,	[see December 2012]		Dáté [MM/DD/YYYY]	
House# Street Addres			Date [MM/DD/YYM] \$5	•
City	State	Zip Cade	Date [MM/DD/MYY]	
Full Name of Contributing Committee			Date [MM/DD/XXXI] \$5	·.
House# Street Addres			Date [MM/DD/XXXX].	
Situation of the state of the s	State	Zió Gode	Date [MM/DD/XXX/]	
Full Name of Contributing Committee			Date [MM/DD/XXXX] \$	
House # Street Addres			Date [MM/DD/XXX] 5	
City	State	Zip Gode	Date[MM/DD/MM]	
Full Name of			Date [MM/DD/YYYY]	
Rouse # Street Addres	55		Date [MM/DD/YYYY] \$	
Civ	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:	Friands	_v Ł	Milhard	Colen	
Full Name of Contributor				Date [MM/DD/XXXX)	

Full Name of Contributor			Date MM/DD/WYYI
House# Street Address			Date [MM//DD/MM//]
City (City)	State	Zip Code	Date [MM/DD/XYXX]
Employer Name	3.000		Occupation
Employer Mailing Address // Principal Place of Business			
Full Name of Committee			Date (MM/DD/MMM)
House# Street Address	·		Date [MIW/DD/YYXX]
Colsy	State	Zip Code	Date [MM/DD/YYYY] \$
Employer:Name			Occupation (
Employer Mailing Address / Principal Place of Business		V .	
Full Name of Contributor			Date [MM/DD/MM] \$
House# SixeetAddress		p.t.	Date [MM/DD/XXXX] \$
City 45	State	Zip/Code	Date [MM/DD/YYYY] \$
Employer Name	77.00		Occupation
Employer Mailing Address / Principal Place of Business			
Full Name of Contributor			Date [MM/DD/YYXY] \$
House # Street Address			Date [MM/DD/YYYY] (\$
No A Company	December 2010 A	Zip Code	Date [MM/DD/YYYY] S
	State		The principle of the control of the
Employer Name Employer Mailing Address /			Occupation

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:	Friznba	· of 1	michael a	Colon
Full Name				
House # . Stree	et Address	state	Z (),	Date [MM/DD/YYYY] \$
			Code	
Receipt Description				
	et Address			
City		State	Zip Code	Date (MM/DD/YYYY)
Receipt Description.	i i i i i i i i i i i i i i i i i i i		[225] 210)25 EES	perceité 1
Full Name House # Street	et Address			
	Marie 22	State	Zip	Date MM/DD/XXXX
Receipt Description			Code	
Receipt Description				
House # State	eet Address			
City	Company of the second s	State	Zip Code	Date (MM/DD/YYYY)
Receipt Description	II.	The Control of Control	UNIVERSITY OF THE PROPERTY O	
Full Name House#	Pet Address			
GIV Sur	eet Address	State	Z/p	Date [MM/DD/XXXX]
Receipt Description			Code	Control of the Control of Africa of Africa of Africa of the Control of the Contro
Full Name	STATE OF THE STATE			
	eet Address	12-13-14-1		Date MM/DD/WWY \$
City		State	Zip Code	Date IMMOVED/TTTTI
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 dentification Number:	Friznde	of Y	Michael	Colon	and the same of th
	<u> </u>				
i unitemized in Kind Con.	IRIBUTIONS RECEIVED V	ALUE OF \$50.00 C	DRILESS PER CONTR	BUTOR	制讀
TOTAL for the reporting period	(1)	\$	O		4
	IEGEWEDZVALWEIØESSOI	01161(0159250100111	ROMEPARTE)		设制使
TOTAL for the reporting period	(2)				
TOTAL for the reporting period					
BI IN-KIND CONTRIBUTION R	EGEIVED VALUE OVER \$2	50,00 (FROM PAR	arg)		
TOTAL for the reporting period	(3)	\$	0		
		COTING		and the second of the second s	
TOTAL VALUE OF IN-KIND CONTRIBL PERIOD (Add and enter amount tota on Page 1, Report Cover Page, Item	als from boxes 1, 2, and 3		0		
<u></u>				and the second of the second of the second	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

	Section of the sectio	The office formation was a second	The second special control of course News, to deposit a part of the control of th		
Filer identification Number:	Frizzz	> 06	m; hard	Colon	
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FOUR PROPERTY AND THE PROPERTY OF THE PROPERTY			
State Zip Code Date MM/DD/YYYY S Bouself Street Address Date MM/DD/YYYY S	Full Name of Contributor!		Date [MM/DD/XYXX]: (\$
State Zip Code Date MM/DD/YYYY S Bouself Street Address Date MM/DD/YYYY S			等。 经有限
Date IMM/DD/YYYY S.	House # Street Address		Date [MM/DD/YYYY] S
Date IMM/DD/YYYY S.			
### Free Address Date MM/DD/YYYY S #### Street Address Date MM/DD/YYYY S ################################	City	Zip Code	Date [MM/DD/YYYY)] \$
### Free Address Date MM/DD/YYYY S #### Street Address Date MM/DD/YYYY S ################################			
House # Street Address Date [MM/DD/YYY] \$	Description of Contribution	approximated Market Market (Market Market	
City State Zip Code Date [MM/DD/YYYY] S Description of Contribution Date [MM/DD/YYYY] S House # Street Address Date [MM/DD/YYYY] S Figure # Street Address Date [MM/DD/YYYY] S Description of Contribution Date [MM/DD/YYYY] S Figure # Street Address Date [MM/DD/YYYY] S City Date [MM/DD/YYYY] S C	Full Name: of: Contributor:		Date MM/DD/YYYM \$
City State Zip Code Date [MM/DD/YYYY] S Description of Contribution Date [MM/DD/YYYY] S House # Street Address Date [MM/DD/YYYY] S Figure # Street Address Date [MM/DD/YYYY] S Description of Contribution Date [MM/DD/YYYY] S Figure # Street Address Date [MM/DD/YYYY] S City Date [MM/DD/YYYY] S C			
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Full Name of Contributor Full Name of Contributor Description of Contributor Full Name of Contributor Full Name of Contributor Full Name of Contributor City Street Address Date [MM/DD/YYYY] S Date [MM/DD/YYYY] Full Name of Contributor Full Name of Contributor Full Name of Contributor Date [MM/DD/YYYY] S Date [MM/DD/YYYY] Date [MM/DD/YYYY] S Date [MM/DD/	Description of Contribution		· · · · · · · · · · · · · · · · · · ·
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Description of Contributor Date [MM/DD/YYYY] Street Address Date [MM/DD/YYYY]	House # Street Address		Date MM/DD/AXXXII
Description of Contributor Date [MM/DD/YYYY] Street Address Date [MM/DD/YYYY]			
Full Name of Contributor Date [MM/DD/YYYY] \$	City	Zip Code	Date MM / DD / YYYY _ \$
House # Street Address City State Zip Code Date [MM/DD/YYYY] \$ Description of Contributor Full Name of Contributor Address Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$	Description of Contribution	portioned their desirable portion	
House # Street Address City State Zip Code Date [MM/DD/YYYY] \$ Description of Contribution Full Name of Contributor Address Date [MM/DD/YYYY] \$ City Date [MM/DD/YYYY] \$ City Date [MM/DD/YYYY] \$ City Date [MM/DD/YYYY] \$	Full Name of Contributor		Date MM/DD/MMIES
City State Zip/Code Date [MM/DD/YYYY] \$ Discription of Contribution Full Name of Contributor 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/XXXY] \$ House # Street Address Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$	House:# Street Address		=Date (MM/DD/XXXX) = 5
Description of Contribution Full Name of Contributor House # Street Address Date [MM/DD/YYYY] 5 City State Zip Code Date [MM/DD/YYYY] 5	State:	Zip Code.	Date [MM/DD/XXXX] \$
Füll Name of Contributor Date [MM/DD/YYYY] \$ House Street Address Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$			
House# Street Address Date [MM/DD/YYYY] \$ City: Date [MM/DD/YYYY] \$	Description of Contribution		
City: Date [MM/DD/YYYY] \$	Full Name of Contributor		Date [MM/DD/XXXY] \$
City: Date [MM/DD/YYYY] \$		•	
	House# Street Address		Date (MM/DD/YYYY) \$
		Zip Code	Date (MM/DD/AYYY) 5
	Description of Contribution	[PSCNe-man-STAMCSTREE]	_

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250	
Elleridentification Number Friznez of Minha-	al Colon
Full Name of Contributor	Date [MM/DD/YYYY)
House# Street Address	:Date [MM/DD/AY/YY] \$
State: Zip Code	Date [MM/DD/YYYY] 5
Employer Name Employer Mailing Address // Principal Place of Business	Description of
Full Name of Contributor	Contribution Date [MM/DD/YYYY]
Höuse# Street Address	Date IMM/DD/YYYYI
Gity State Zip Code	Date[MM/DD/MYY/] 5
Employer Name Employer Mailing Address / Principal 11	Occupation Description:
Place of Business.	contribution Date [MM/DD/YYYY] \$
House # Street Address	Date IMM/DD/YYYY)
City State Zip Code	Date [MM/DD/XXXX]
Employer Name	Occupation 2
Employer Mailing Address://Principal. Place of Business	Description of Contribution
Full Name of Contributor	Date [MM/DD/YYXY] S
House # Street Address	Date [MM/DD/YYYY] 5
City State Zip Code Employer Name	Date [MM/DD/YYYY] \$
Employer Mailing Address / Principal Place of Business	Description of Contribution

SCHEDULE III

Statement of Expenditures

Filer Identification Numbers	of Mill	herd Colon
To Whom Paid		Date [MM/DD/YXXY] \$
House # Street Address		Description of Expenditure
City	Zip Code	
To Whom Paid		Date IMM/DD/XYYY) \$
House # Street Address		Description of Expenditure
City State	Zip: // Code	
To Whom Paid		Date [MM/DD/YYYY] \$
House # Street: Address		Description of Expenditure:
City	Zip Code	
To Whom Paid		Date [MM/JDD/AYAY]
House# Street:Address		Description of Expenditure
cin).	Zip Gode	
To Whom Paid		Date [MM/DD/XMM] 5
House # Street Address		Description of Expenditure
State	Zip Code	
To Whom Paid		Date [MM/DD/YMM] S
House# Street Address		Description of Expenditure
City	Zip Code	
No Whom Paid		Date [MM/DD/YYXY] 5

Zip Code :

Zip Code

Street Address

Street Address

State

State

House#

House #

City

To Whom Paid

City #

Description of Expenditure

Description of Expenditure

Date [MM/DD/AYYY] \$

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.

Flier Identification Number: Frizn 63 2 Minhard Colon			the state of the s	Anglian and Stage Community Spring Spring Spring	The second second regarded and the contract of	Carlo Sent Carlo Sent Anna Carlo Carlo Sent	 District September 2018 in the Property September 2018 in the September 201
	Filer Identification Number:	Friza	63 21	2 Min	hazl	Colon	

Name of Creditor :			Outstanding Balance of Debt
THE STREET STREET, STREET STREET, STRE	et-Address	DATE DEBT INCURRED	
City	State	Zip Code	
Description of Debt.	United or to Inference		
Name of Creditor			Ourstanding Balance of Debt
	et-Address	DATE DEBT INCURRED [MM/DD/YYYY]	
Gity	State	Zij Code	第一章 第一章 第二章
Description of Debt			
Nam≅ol:Grediro	ANNI CARRIAGIA	Establish American constitution and the second	Outstanding Balance of Debt
House # Stre	eet Address	DATE DEBT INCURRED	:
City	State	Zip Code	
Description of (Debt)			
Name of Creditor	Hillians		Ourstanding Balance of Debt
	PA TEMPERATURE DE TOTAL DE LA COMPANION DE LA	Kamesa (1222)	
House# Stre	eet Address	DATE DEBIT INCURRED [MM/DD/YYYY]	\$
City	State	[MM/DD/YYYY]	\$
City Description of Debt		[MM/DD/YYYY]	
City Description of Debt Name of Creditor	State	[MM/DD/YYYY] Zip Code	Outstanding Balance of Debt
City Description of Debt Name of Creditor	State	[MM/DD/YYYY] Zip Code DATE DEBT INCURRED [MM/DD/YYYY]	Outstanding Balance of Debt
City Description of Debt Name of Creditor House:# Stee	State	[MM/DD/YYYY] Zip Code DATE DEBT-INCURRED [MM/DD/YYYY] Zip	Outstanding Balance of Debt
City Description of Debt Name of Creditor House:# Stee	eet Address State	[MM/DD/YYYY] Zip Code DATE DEBT-INCURRED [MM/DD/YYYY] Zip	Outstanding Balance of Debt
City Description of Debt Name of Creditor City Description of Debt Name of Creditor	State State	Zip Code DATE DEBT INCURRED [MM/DD/XYYY] Zip Code	Outstanding Balance of Debt
City Description of Debt Name of Creditor City Description of Debt Name of Creditor	eet Address eet Address	Zip Code DATE DEBT INCURRED [MM/DD/YYYY] Zip Code DATE DEBT INCURRED [MM/DD/YYYY]	Outstanding Balance of Debt
City Description of Debt Name of Creditor City Description of Debt Name of Creditor	State State	[MM/DD/YYYY] Zip Code DATE DEBT INCURRED [MM/DD/YYYY] Zip Gode DATE DEBT INCURRED [MM/DD/YYYY]	Outstanding Balance of Debt