Commonwealth of Pennsylvania - Campaign Finance Report

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

	(Note: This rep			to a construction of the c	With the second
Filer identification Number	(Mar	nt Filed By Candid k X)	late /	Committee	Lobbylst:
Name of Filing Committee, C Lobbyist	andidate or	i harl C	2010n		
Street Address	17	56 Ries	-lawn A	V-	
City B-	2thlaham	State	PA	Zip.Code /801	8
Type of Report (Place x unde			Company of the Compan	a normalistic de la companya de la c	riday Special 30 Day
1–6 th Tuesday 2- 2 nd Frida Pre-Primary Pre-Primary	y 3-30 Day Post 4-6 th Primary Pre-E	Tuesday 5-2 nd Frida lection Pre-Election	y 6-30 Day Post in Election	7- Annual Special 2 nd F Pre-Election	
Date Of Election (MM/DD/YYYY)	Year	2021	Amendment Report	Termination Report	
Summary of Receipts and Expenditures	From Date 11	To Date	71	For Office Use Or	ily
A. Amount Brought Forward		D			
B. Total Monetary Contribut (From Schedule I)	tions and Receipts S	0			
C. Total Funds Available (Sum of Lines A and B)	Ş	e			
D. Total Expenditures (From Schedule III)		D			
E. Ending Cash Balance (Subtract line Difrom Line C		0			
F. Value of In-Kind Contribution (From Schedule:II)	172	\$ D			
G. ២npaid Debts and Obliga (Ercm.Schedule IV)	itions	\$ v			
			t Section		
Part 1- If this is a Committee re	port, treasurer sign here. If	this is a Candidate repo	rt, candidate sign here	3.	

I swear (cr affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

SCHEDULE I

Contributions and Receipts Detailed Summary Page

Filer Identification Number	Micha-	a Colon	
A CASA CASA CASA TO A CASA CASA CASA CASA CASA CASA CASA C			

	_	
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 Aland Part B)		
Contributions Received from Political Committees (Part A)	\$	(2
All Other Contributions (Part B)	\$	20
Total for the reporting period (2)	\$	n
3. Contributions Over:\$250:00 (From Part Cland Part D)		
Contributions Received from Political Committees (Part C)	\$	D
	[
All Other Contributions (Part D)	\$	D
All Other Contributions (Part D) Total for the reporting period (3)	\$	0
		D
Total for the reporting period (3)	\$	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	Mi sha	< Colon		
The control of the co		N .		Amount
Full Name of Contributing			Date [MM/DD/YYYY] \$	
Committee				
House # Street Address			Date [MM/DD/YYYY)] S	
City	State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Contributing			Date [MM/DD/YYYY] \$	
Committee				,
House# Street Address			Date [MM/DD/YYYY] S	
City.	State	Zip Code	Date [MM/DD/YYYY]. \$	
Full Name of Contributing			Date [MM/DD/YYYY] \$	
Committee				
House# Street Address		And the second s	Date [MIVI/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/XXXX] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
	3	AND THE RESIDENCE OF THE PERSONNEL STREET, T	Date [MM/DD/YYYY] \$	
House # Street Address				
	State	Zip Code	Date [MM/DD/YYYY]5	
City	-51816	Zip.code	Date (INIVI) DU/, ILLII [1.81.7	
			Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Pare Initial Dollarid 20	
	2	Washing and the second of the	DEAL TRANSPORTATION OF THE COMMENT	
House:# Street Address	S		Date [MM/DD/YYYY] \$	
	Za Za Za za	[2724.00_20200000001	E PARAMETER ANNANTON DESIGNATION	
City	State	'Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing			Date [MM/DD/YYYY] \$	
Committee				
House # Street Addres	s		Date [MM/DD/YYYY] S	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
	(5.5000000)			

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.)

	The second secon	August and Armed August and Augus	Control of the contro	The first of the second	The state of the s	5 - 5 - 10 - 10 - 10 - 10 - 10 - 10 - 10
Filer Identification Number		ha-el	Colón			

Füll Name of Contributor			Date (MN//DD/24444)	
Höuse# Street-Address		and the second s	Date IMM/DD/AWW	\$
City	State	Zip Code //	Date MM/DD/XXX	
Pull Name of Contributor.	PROCESSION FOR	An provide to Allian Musicination Co. of Muser	Date MM/DD/WW/	
House# Street Address			170	
[PithLader of processing the control of the control	Sate:	ZIP Code		
EUII Name of Contributor			The part of the second	
House# Street Address				
City S	State	Zip Code	Pate [MIN/DD/AAA]	\$
isul Name of Contributor			SELA of College Trade of the Second of the College Trade College Trade College Trade of the C	
House # Street Address			Date IMM/DD/MMM	
Colly College	State	Zip Code	Date MM/JOD/AXXXII	
Full Name of Contributor			Date (MM/DD/XXXX)	
House# Street Address			The restaurant of the second o	
City	State	ZipiCode		
Full Name of Contributor				
House:#- Street Address			Date MM/DD/XXXX	
(City)	State	Zip Code	Date IMM/DD/AYYY	S

PART C

Contributions Received From Political Committees

Over \$250.00

Filer identification Number:

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

	LM 24	Colon		
Full Name of Contributing Committee			Date [MM/DD/XXXX]	3
House# Street Address			:Date [MM/DD/XXXX]	
icity.	State	-Zipicode	Date:[MM/DD/XXXX]	
Eull Name of Contributing Committee	pacish and detail	Last China Control of Control o	Date MM/DD/MXXX	
House:# Street Address			Date MM/DD/XXXXI	
	State	Zip Code	Date IMM/DD/YYYYI	
Full Name of Contributing Committee			@Date(IMIM/DD/AWYY)	
Houseil Street Address			SDATE (MM/NDD/VSVA)	
COLVE STATE OF STATE	State	Zin code	Date [MIV/DD/AYXY)	
Full Name of Contributing Committee			Date [MM/DD/YYYY]	
Housel# Street Address			Date (MM/DD/AWA)	
EXAMPLED TO COMMENT OF THE PROPERTY OF THE PRO	State	Zip Code	Date (MM/DD/AVA)	
Eul/Nameof Contributing Committee			Date [MM/DD/YYYY)	
House # Street Address	Transition and the state of the	Bearing and a second	Date [MM/DD/YYYY]	
icity.	Stare	Zip Code	Date IMM/DD/YYY	
Full Name of Contributing Committee			Date [MM/DD/XXXX]	
House# Street Address	Sec. Teleponi	Execute Action of the Section of the	Date [MM/DD/YYYY]	
(GLY)	State	Zip Code	Date [MM/DD/YYY]	

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:

	ighan C	-0 Lon	
Fill Name of Contributors			Date (MM/DD/YYYY)
House # Street Address			Date [MM/DD/YYYY] \$
City Employer Name	State 4	Zip Code:	Date [MM/DD/WW]
Employer Mailing Address / Principal Place of Business			
Full Name of Contributor			EDate MM/DD/YYYY] \$
House# Street:Address			Date MM/DD/YYYY) \$1
City/ ismployer Name	State	Zip.Code	Date [MM/DD/YYYY] \$
Employer Malling Address/ Principal Placesof Business			
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Addres	10 S		Date MM/DD/MYY)
Chy	State	Zip Code	Date [MM/DD/YYYY] 5
Employer Name Employer Mailing Address /			
Principal Place of Business Full Name of Contributor			pare [MM/DD/YYYN] \$
House# Street Addres			Date [MM/DD/YYYY]
Giv	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name. Employer Mailing Address:/			Occupation
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.

	Michael Colon
Full Name	
	eet Address State Zip Date MM/DD/YYY/1 S
City City City City City City City City	State Zip Date MM/DD/YYYY] \$ Code
Receipt Description	
自思想性的 15 57到185	eet Address
City	State Zip Date MM/DD/YYYY S
Receipt Description	paraterioreal processorial
Full Name: Full Name: Street Str	Recaduress
City A	State: Zip Date [MM/DD/XYXX] S
Receipt Description	
Fill Name	
House# Str	ceet Address State: Zip: Date [MM/DD/MYY] \$
Receipt Description	Code
Full Name	
	reet-Address State Zip Date MM/DD/XXXII S
City	State Zip Date MM/DD/YYYM S.
Receipt Description	
Full Name So	reetAddress
City	State Zip Date [MM/DD/YYY] \$ Code
Receipt Description	[25 [25 A 24 00 24 1] [25 A 24 00 24 1]

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

Filler Wentification Numbers M) Lhar C	-o lon
	createstates and constraint of the constraint of
T UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE	
TOTAL for the reporting period (1)	\$ 0
2.7 IN-KIND GONTRIBUTIONS RECEIVED WARUE OF \$50.01.1	TO \$250,000 (FROM PART F)
TOTAL for the reporting period (2)	\$ 0
3 LIN-KIND CONTRIBUTION RECEIVED VALUE OVER \$2500	DI(FROM PART G)
TOTAL for the reporting period (3)	\$ 12
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORT PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also on Page 1, Report Cover Page, Item F)	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer (dentification) Number:	milharl	Colin		
Full Name of Contributor			Date IMM/DD/YYYI	
House# Street Ad	dress		Date [MM/OD/AXXM] 5%	
Gity 1	State	Zip Code	Date [MM/DD/YYYX]	
Description of Contribution			产型度 完成200	
		The second secon	Date MM/DD/AVM	2.000
Full Name of Contributor				
House# Street Ad	ldressi		Date [MM/DD/YYYY] \$5	
Ciby	State	Zip Code	Date (MM/DD/XXXX)	-
Description of Contribution		自己	(三)	- Indiana Article
FulliName of Contributors			Date [MM/DD/XXXV] S	
				A STATE OF THE STA
House# Street Ar	doress		Date [MIV/DD/WYY1] \$	
CIRV	State	ZipiCode.	Date [MM/DD/XYYY] 5.	
Description of Contribution a				
Full Name of Contribution			Date[MM/DD/XYYM] S	
House# Street A			Date [MM/DD/XXX] S	
GIV:	State	Zip Code	Date [MM/DD/XYY1] \$	
Description of Contribution		Provide of the Control of the Contro		
Fall Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street A	(duress		Date [MM/DD/XYXX]	
env.	State	Zíp Code	Date [MM/DD/YYYY] (\$)	. 00.1
Description of Contribution				Market Market Control of the Control

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

				Company of the state of the sta		
Filer Identification Number	mizh	la-el C	a lin			

Full Name of Contributor		Date [MM/DD/XYYY] S
House# Street Address		Date (MM/DD/YYYY)
City Si	ate Zip Code	Date (MM/DD/XYY)
Employer Name	PROPERTY I PROPERTY IN THE PRO	Occupation
Employer Mailing Address / Principal Place of Business		Description of (Contribution)
Eill Name of Contributor		PORTORIMINAL PROPERTY STATES
Thouse# Street Address		Date (MM/DD/WW)
City	tate Zip Code	Date [MM/DD/YYYY]
Employer Name	Kusaranan in 18 Salama	Occupation:
Employer Mailing Address / Principal Place of Business		Description -off Contribution
Full Name of Contributor		Date (MM/DD/XXM) (\$3)
Flouse# Street Address		Date MM/DD/XXXXII
GLV	tate Zip Code	Date[MIM/OD/XXXX] 5
Employer Name		/Dicupation
Employer Mailing Address / Principal Place of Business		Description of Contaibution
Full Name of Contributor		Date MM/DD/MAY()
House # Street Address		Date [MM/DD/YYYY]
	State Zip Code	Date[MM/DD/MYYY] \$
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		Description (s) contribution (s)

SCHEDULE III

Statement of Expenditures

	and the second s	reaching has proven a glab transfer or a relative to the contract of the contr	the state of the s	200 miles (190 miles (
Filer Identification Number:	mizhazl	l Cerleon		

		and the second of the second o	And the second s	The state of the state of the second section of the state	124
To Whom Palo				Date [MM/DD/XYYY] S	
House#	Street-Address			Description of Expenditure	
city.	CLEAN PLANT	State	ZIP Code		
To Whom Paid				Date [MM//DD/XYXY] \$	
House #	Street Address		E. A. C. HECKER	Description of Expenditure	
City		State .	Zip Gode		
Jo Whom Paid				Date (MM/DD/AYAY/) \$	
House#:	Street Address			Description of Expenditure	
City		State	Zip Code		
io Whom Raid				Date MM/DD/MYKI	
House#	Street Address			Description of Expenditur	
Giy	A control of the Cont	State	Zip. Code		:
co.Whom Paid				sDate [MM//DD/AYYY]	
House#	Street Address			Description of Expenditur	e :
ony.	produces and the second	State	Zip Code		
To Whom Pald	We will be a second of the sec				\$
House#	Street-Address			Description of Expenditur	
COV	The state of the s	State	Zip Code		anne
Tio Whom Paid	TE THE TENER OF TH			Date (IMM/DD/AYYY)	
House #	Street Address			Description of Expenditu	
Chy a	problem minorals have a report	State	Zip Gode		
To Whom Paid					5
iouse#	Street Address			Description of Expenditu	re de la companya de
idit.	[87:348 trivited 35-35-34(75-35)]	State	Zip.		
Providence CASE	The second section of the second section is a second section of the second section of the second section is a second section of the section of the second section of the section of the second section of the section of	All processing and the second of the second			

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.

	The second secon	and the second of the second o	
Filer identification Number:	Mizhe-el	Colin	

Name of Creditor			Outstanding Balance of Debt
House# Str	eer Address	DATE DEBT INCURRED	
City (1977)	State	Zip /Code	
Description of Deht			
Name of Creditor			Outstanding Balance of Debt
House # Str	ee Address	DATE DEBT INCURRED [MM/DD/YYYY]	
Giỳ.	State	ZP.	
Description of Debt.		Code	格德图
Name of Greditor			Outstanding Balance of Debt
House#	eet Address	DATE DEBIT INCURRED (i) [MM/DD/YYYY]	
	THE COLUMN TO SERVICE THE SERVICE TH	E 1=3 7007 15-114000	
City:	State	ZIP Code	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
Hiouse# St	(eet Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City,	State	Zip & F	
Description of Debr		H HESCHALLES HAN	
Name of Greditor			Outstanding Balance of Debt
	reet Address	DATE DEBT INGURRED	S.
		[MM/JDD/AAAA]	
City	State	Zip Code	
Description of Debi			1577774
Nameoi Geditor			Outstanding Balance of Debt
	reet Address	DATE DEBT INCURRED	
		[MM/DD/XXXX]	
City	State:	Zip	
Description of Debt		到 <u>第二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十</u>	Keeten
1946年1月11日 1955年1955年1950年1950年1950年1950年1950年1950年	54t		