

Commonwealth of Pennsylvania - Campaign Finance Report

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

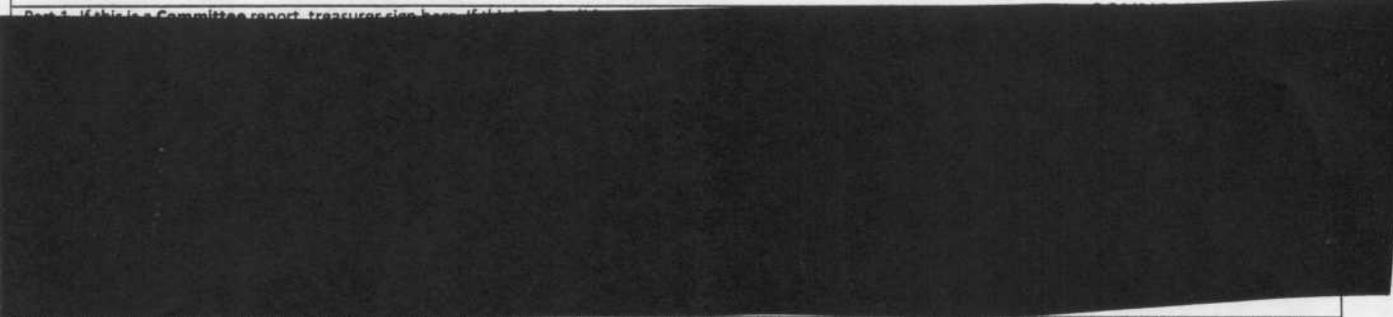
Filer Identification Number	Report Filed By (Mark X)	Candidate	<input checked="" type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Michael Colón					
Street Address		215 W-Broad St Apt 4					
City	Bethlehem	State	PA	Zip Code	18018		

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		5/19/15	Year	2015	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	17/1/15	5/4/15	
A. Amount Brought Forward From Last Report	\$	0	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0	
C. Total Funds Available (Sum of Lines A and B)	\$	0	
D. Total Expenditures (From Schedule III)	\$	260	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	-260	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

Affidavit Section



PENNSYLVANIA
Public
County
24, 2018

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

_____ day of _____ 20____

Signature

My Commission expires _____
MO. DAY YR.

Signature of Candidate

Printed Name

Area Code Daytime Telephone Number

SCHEDULE I
Contributions and Receipts

Detailed Summary Page

Filer Identification Number	Michael Colón
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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]		\$
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]	\$

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 Colón
------------------------------	---------------

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 Colón

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, INTREST 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
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Full Name							
House #	Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							
Full Name							
House #	Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							
Full Name							
House #	Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							
Full Name							
House #	Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							
Full Name							
House #	Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							
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: Michael Colon

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$
2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$
3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$

SCHEDULE II
PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number: Michael Colon

Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #					Date [MM/DD/YYYY]	\$
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 #					Date [MM/DD/YYYY]	\$
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 #					Date [MM/DD/YYYY]	\$
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 #					Date [MM/DD/YYYY]	\$
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 #					Date [MM/DD/YYYY]	\$
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: 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]	\$
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 Colón

To Whom Paid		<u>Northampton County Voter Registration</u>			Date [MM/DD/YYYY]	\$	<u>25.00</u>
House #	Street Address				Description of Expenditure		
<u>670</u>	<u>Wolf Ave</u>						
City	State	Zip Code					
<u>Easton</u>	<u>PA</u>	<u>18042</u>	<u>Voter List</u>				

To Whom Paid		<u>Northampton County Voter Registration</u>			Date [MM/DD/YYYY]	\$	<u>25.00</u>
House #	Street Address				Description of Expenditure		
<u>670</u>	<u>Wolf Ave</u>						
City	State	Zip Code					
<u>Easton</u>	<u>PA</u>	<u>18042</u>	<u>Petition Filing Fees</u>				

To Whom Paid		<u>Bethlehem City Democratic Committee</u>			Date [MM/DD/YYYY]	\$	<u>85.00</u>
House #	Street Address				Description of Expenditure		
	<u>Po Box 1792</u>						
City	State	Zip Code					
<u>Bethlehem</u>	<u>PA</u>	<u>18016</u>	<u>Event ticket with campaign Ad</u>				

To Whom Paid		<u>Jerry Green-USW Local 12599</u>			Date [MM/DD/YYYY]	\$	<u>125.00</u>
House #	Street Address				Description of Expenditure		
<u>53</u>	<u>E. Lehigh St.</u>						
City	State	Zip Code					
<u>Bethlehem</u>	<u>PA</u>	<u>18018</u>	<u>Event ticket with campaign Ad</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:	Michael Colón
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Name of Creditor					Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$
City	State	Zip Code			
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$
City	State	Zip Code			
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$
City	State	Zip Code			
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$
City	State	Zip Code			
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$
City	State	Zip Code			
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$
City	State	Zip Code			
Description of Debt					

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	Report Filed By (Mark X)	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Friends of Michael Colon					
Street Address		11 W. 2 nd St. Unit 377					
City	Bethlehem	State	PA	Zip Code	18015		

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Date Of Election (MM/DD/YYYY)		5/19/15		Year	2015		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	1/1/15	5/31/15	
A. Amount Brought Forward From Last Report	\$	0	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	5,390	
C. Total Funds Available (Sum of Lines A and B)	\$	5,390	
D. Total Expenditures (From Schedule III)	\$	2,39.30	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	5,150.70	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	959	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	-6,100	

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL

ary Public
on County
ber 24, 2018

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

SYLVANIA

ary Public
n County
er 24, 2018

SCHEDULE I
Contributions and Receipts

Detailed Summary Page

Filer Identification Number	Friends of Michael Colón
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1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	
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Total for the reporting period (1)	\$	\$ 1,095
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2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	
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Contributions Received from Political Committees (Part A)	\$	0
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All Other Contributions (Part B)	\$	2,845
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Total for the reporting period (2)	\$	2,845
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3. Contributions Over \$250.00 (From Part C and Part D)	
--	--

Contributions Received from Political Committees (Part C)	\$	0
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All Other Contributions (Part D)	\$	1,450
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Total for the reporting period (3)	\$	1,450
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4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	
--	--

Total for the reporting period (4)	\$	0
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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)	\$	5,390
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PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00

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

Filer Identification Number	Friends of Michael 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]	\$
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:		Friends of Michael Colón					
Full Name of Contributor		Elizabeth Collins-Colón			Date [MM/DD/YYYY]	\$	200.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
8713	Grady Dr						
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
Breinigsville	PA	18031					
Full Name of Contributor		John + Kim Anderson			Date [MM/DD/YYYY]	\$	100.00
House #	Street Address				Date [MM/DD/YYYY]	\$	150.00
5804	Holly Oak Dr				02/05/2015		
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
Fayetteville	NC	28314			03/15/2015		
Full Name of Contributor		Ryan + Mihaela Smith			Date [MM/DD/YYYY]	\$	250.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
11640	Charles Boyle PL				02/18/2015		
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
El Paso	TX	79934					
Full Name of Contributor		Patricia + Thomas Lyons			Date [MM/DD/YYYY]	\$	100.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
2450	Center St.				02/22/2015		
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
Bethlehem	PA	18017					
Full Name of Contributor		Bruce + Joann Haines			Date [MM/DD/YYYY]	\$	100.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
15743	Glendale Way				02/26/2015		
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
Fort Myers	FL	83912					
Full Name of Contributor		Justin Blocki			Date [MM/DD/YYYY]	\$	100.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
1613	SE 7th St.				02/27/2015		
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
Deerfield Beach	FL	33441					

PART B

All Other Contributions

\$50.01 TO \$250

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

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

Filer Identification Number:		Friends of Michael Colon					
Full Name of Contributor		Scott + Kimberly Exaros			Date [MM/DD/YYYY]	\$	100.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
2007	Sunrise Dr						
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
Allentown	PA	18104					
Full Name of Contributor		Rafael + Margarita Ramirez			Date [MM/DD/YYYY]	\$	100.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
3237	Garrett Road						
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
Bethlehem	PA	18017					
Full Name of Contributor		Mathew + Kristin Rehardo			Date [MM/DD/YYYY]	\$	100.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
203	S. Watson St.						
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
Easton	PA	18045					
Full Name of Contributor		Carmen Gonzalez			Date [MM/DD/YYYY]	\$	150.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
4341	SW 72 nd Way						
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
Davie	FL	33314					
Full Name of Contributor		Evan + Ty Howard			Date [MM/DD/YYYY]	\$	100.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
4341	W. 2 nd St. Unit 377						
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
Bethlehem	PA						
Full Name of Contributor		Richard + Gabriel Hutchinson			Date [MM/DD/YYYY]	\$	75.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
515	Vallant Dr						
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
Williamsport	PA	17701					

PART B

All Other Contributions

\$50.01 TO \$250

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

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

Filer Identification Number:		Friends of Michael Colon					
Full Name of Contributor		AFU Global Supply Chain Services			Date [MM/DD/YYYY]	\$	100.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
City	Philadelphia	State	PA	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Ali Nabavian			Date [MM/DD/YYYY]	\$	60.00
House #	Street Address	Roth St			Date [MM/DD/YYYY]	\$	
City	Bethlehem	State	PA	Zip Code	Date [MM/DD/YYYY]	\$	1732
Full Name of Contributor		Jeremy Pildis			Date [MM/DD/YYYY]	\$	75.00
House #	Street Address	Shelbourne Dr			Date [MM/DD/YYYY]	\$	
City	Bethlehem	State	PA	Zip Code	Date [MM/DD/YYYY]	\$	1413
Full Name of Contributor		Glenn + Sue Ann Reisman			Date [MM/DD/YYYY]	\$	250.00
House #	Street Address	Lizb Road			Date [MM/DD/YYYY]	\$	
City	Easton	State	PA	Zip Code	Date [MM/DD/YYYY]	\$	1831
Full Name of Contributor		Kathleen O'Malley + Michael Shaffer			Date [MM/DD/YYYY]	\$	100.00
House #	Street Address	6 th Ave			Date [MM/DD/YYYY]	\$	
City	Bethlehem	State	PA	Zip Code	Date [MM/DD/YYYY]	\$	703
Full Name of Contributor		Jesse Buggsey + Emily Anderson			Date [MM/DD/YYYY]	\$	60.00
House #	Street Address	E. Washington Ave			Date [MM/DD/YYYY]	\$	
City	Bethlehem	State	PA	Zip Code	Date [MM/DD/YYYY]	\$	1716

PART B

All Other Contributions

\$50.01 TO \$250

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

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

Filer Identification Number:	Friends of Michael Colon
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Full Name of Contributor		Misdaline F Rodriguez Fontanez		Date [MM/DD/YYYY]	\$	75.00	
House #	959	Street Address	Hilton Street	Date [MM/DD/YYYY]	\$		
City	Bethlehem	State	PA	Zip Code	18017	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Aziz Attich		Date [MM/DD/YYYY]	\$	100.00	
House #	1144	Street Address	W. Rosemont Dr	Date [MM/DD/YYYY]	\$		
City	Bethlehem	State	PA	Zip Code	18018	Date [MM/DD/YYYY]	\$
Full Name of Contributor		James Serrattelli		Date [MM/DD/YYYY]	\$	200.00	
House #	403	Street Address	Center St.	Date [MM/DD/YYYY]	\$		
City	Bethlehem	State	PA	Zip Code	18018	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Eileen Serrattelli		Date [MM/DD/YYYY]	\$	200.00	
House #	403	Street Address	Center St.	Date [MM/DD/YYYY]	\$		
City	Bethlehem	State	PA	Zip Code	18018	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
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Full Name of Contributing Committee		Date [MM/DD/YYYY]	\$
House #	Street Address	Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY] \$
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: Friends of Michael Colón

Full Name of Contributor					Date [MM/DD/YYYY]	\$
<u>Matthew Deschler</u>					<u>02/27/2015</u>	<u>500.00</u>
House #	Street Address			Date [MM/DD/YYYY]	\$	
<u>323</u>	<u>S. Frankfurt St.</u>			<u>04/16/2015</u>	<u>150.00</u>	
City	State	Zip Code		Date [MM/DD/YYYY]	\$	
<u>Bethlehem</u>	<u>PA</u>	<u>18018</u>				
Employer Name					Occupation	
<u>Gittner, Deschler +</u>					<u>Attorney</u>	
Employer Mailing Address / Principal Place of Business						
<u>572 N. New St Gittner Bethlehem, PA 18018</u>						
Full Name of Contributor					Date [MM/DD/YYYY]	\$
<u>William Ortiz Jr.</u>					<u>04/08/2015</u>	<u>100.00</u>
House #	Street Address			Date [MM/DD/YYYY]	\$	
<u>1219</u>	<u>Westbury Dr</u>			<u>04/10/2015</u>	<u>200.00</u>	
City	State	Zip Code		Date [MM/DD/YYYY]	\$	
<u>Bethlehem</u>	<u>PA</u>	<u>18017</u>				
Employer Name					Occupation	
<u>Pennsylvania State Police</u>					<u>Trooper</u>	
Employer Mailing Address / Principal Place of Business						
<u>Retired</u>						
Full Name of Contributor					Date [MM/DD/YYYY]	\$
<u>Luis Colón</u>					<u>04/10/15</u>	<u>200.00</u>
House #	Street Address			Date [MM/DD/YYYY]	\$	
<u>1130</u>	<u>N 18th St. Apt 1</u>			<u>04/11/2015</u>	<u>300.00</u>	
City	State	Zip Code		Date [MM/DD/YYYY]	\$	
<u>Allentown</u>	<u>PA</u>	<u>18184</u>				
Employer Name					Occupation	
<u>Unemployed</u>					<u>Disabled</u>	
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
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Full Name						
House #	Street Address					
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Receipt Description						

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

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

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

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

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) \$ 380

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

TOTAL for the reporting period (3) \$ 579

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) \$ 959

SCHEDULE II
PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	Friends of Michael Colón
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Full Name of Contributor				Date [MM/DD/YYYY]	\$
David Colón				04/10/2015	180.00
House #	Street Address			Date [MM/DD/YYYY]	\$
1819	Levering Place				
City	State	Zip Code			Date [MM/DD/YYYY]
Bethlehem	PA	18017			
Description of Contribution					
Beer + Soda for Campaign Rally					

Full Name of Contributor				Date [MM/DD/YYYY]	\$
Rachel Smith				04/10/2015	200.00
House #	Street Address			Date [MM/DD/YYYY]	\$
1819	Levering place				
City	State	Zip Code			Date [MM/DD/YYYY]
Bethlehem	PA	18017			
Description of Contribution					
Food for Campaign Rally					

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]		\$	472.00
Kimberly Anderson					02/03/2015			
House #	Street Address				Date [MM/DD/YYYY]		\$	37.00
3804	Holly Oak Dr				02/20/2015			
City	State	Zip Code		Date [MM/DD/YYYY]		\$	240.00	
Fayetteville	NC	28314		04/10/2015				
Employer Name					Occupation			
Carolina Rehab					Nurse			
Employer Mailing Address / Principal Place of Business					Description of Contribution			
4600 Cumberland Dr Fayetteville, NC 28318					Buttons + Decorations for Rally			

Full Name of Contributor					Date [MM/DD/YYYY]		\$	25.00
Michael Colon					02/14/15			
House #	Street Address				Date [MM/DD/YYYY]		\$	25.00
215	W. Broad Apt 4				03/10/15			
City	State	Zip Code		Date [MM/DD/YYYY]		\$		
Bethlehem	PA	18018						
Employer Name					Occupation		Coordinator of Vol.unteers	
County of Northampton								
Employer Mailing Address / Principal Place of Business					Description of Contribution		Voter List + Filing Fees	
2 Graedel Ave 1524 27th, PA 18064								

John

Full Name of Contributor					Date [MM/DD/YYYY]		\$	85.00
Michael Colon					04/18/15			
House #	Street Address				Date [MM/DD/YYYY]		\$	125.00
215	W. Broad St. Apt 4				04/20/15			
City	State	Zip Code		Date [MM/DD/YYYY]		\$		
Bethlehem	PA	18018						
Employer Name					Occupation		Coordinator of Vol.unteers	
County of Northampton								
Employer Mailing Address / Principal Place of Business					Description of Contribution		Event Advertisements + tickets	
2 Graedel Ave 1524 27th, PA 18064								

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		Staples			Date [MM/DD/YYYY]	\$	130.20
House #	Street Address				Description of Expenditure		
238	W. Union BLVD						
City	State	Zip Code					
Bethlehem	PA	18018	Posters, Labels, Envelopes				
To Whom Paid		U.S. Postal Service			Date [MM/DD/YYYY]	\$	78.40
House #	Street Address				Description of Expenditure		
535	Wood St.						
City	State	Zip Code					
Bethlehem	PA	18018	Postage Stamps				
To Whom Paid		GoDaddy.com			Date [MM/DD/YYYY]	\$	1.17
House #	Street Address				Description of Expenditure		
					Website		
City	State	Zip Code					
To Whom Paid		GoDaddy.com			Date [MM/DD/YYYY]	\$	6.35
House #	Street Address				Description of Expenditure		
					Website		
City	State	Zip Code					
To Whom Paid		GoDaddy.com			Date [MM/DD/YYYY]	\$	10.59
House #	Street Address				Description of Expenditure		
					Website		
City	State	Zip Code					
To Whom Paid		PNC Bank			Date [MM/DD/YYYY]	\$	2.00
House #	Street Address				Description of Expenditure		
					Service Charge		
City	State	Zip Code					
To Whom Paid		GoDaddy.com			Date [MM/DD/YYYY]	\$	10.59
House #	Street Address				Description of Expenditure		
					Website		
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:	Friends of Michael Colon
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Name of Creditor		United Steelworkers Local 17599			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$	100.00
53.	E. L. High St	04/10/2015			
City	Bethlehem	State	PA	Zip Code	18018
Description of Debt					
Hall Rental for Campaign Rally					

Name of Creditor		Bethlehem Business Forms			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$	6,000 (Estimate)
1928	Union Blvd	2/8/15-5/4/15			
City	Allentown	State	PA	Zip Code	18109
Description of Debt					
Campaign Flyers, Mailers, Buttons, Postage. Auditing Invoice					

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					