



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 | Rethlehem | 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 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 | | |
| | | | 2017 | | <input type="checkbox"/> | <input type="checkbox"/> | | |

| Summary of Receipts and Expenditures | From Date | To Date | For Office Use Only |
|----------------------------------------------------------------|-----------|----------|---------------------|
| | 1/1/17 | 12/31/17 | |
| 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 II) | | \$ 0 | |
| E. Ending Cash Balance (Subtract Line D from Line C) | | \$ 0 | |
| F. Value of In-Kind Contributions Received (From Schedule II) | | \$ 0 | |
| G. Unpaid Debts and Obligations (From Schedule IV) | | \$ 0 | |

Affidavit Section

Part 1- 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 pages _____ is to the best of my knowledge and belief true, correct and complete.

PENNSYLVANIA
 Notary Public
 Berks County
 Nov. 27, 2020
 COMMISSION OF NOTARIES

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----|---|
| Filer Identification Number | Michael Colón | | |
| 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 # | | | | | | Date [MM/DD/YYYY] | \$ |
| Street Address | | | | | | Date [MM/DD/YYYY] | \$ |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ |
| Full Name of Contributing Committee | | | | | | Date [MM/DD/YYYY] | \$ |
| House # | | | | | | Date [MM/DD/YYYY] | \$ |
| Street Address | | | | | | Date [MM/DD/YYYY] | \$ |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ |
| Full Name of Contributing Committee | | | | | | Date [MM/DD/YYYY] | \$ |
| House # | | | | | | Date [MM/DD/YYYY] | \$ |
| Street Address | | | | | | Date [MM/DD/YYYY] | \$ |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ |
| Full Name of Contributing Committee | | | | | | Date [MM/DD/YYYY] | \$ |
| House # | | | | | | Date [MM/DD/YYYY] | \$ |
| Street Address | | | | | | Date [MM/DD/YYYY] | \$ |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ |
| Full Name of Contributing Committee | | | | | | Date [MM/DD/YYYY] | \$ |
| House # | | | | | | Date [MM/DD/YYYY] | \$ |
| Street Address | | | | | | Date [MM/DD/YYYY] | \$ |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ |
| Full Name of Contributing Committee | | | | | | Date [MM/DD/YYYY] | \$ |
| House # | | | | | | Date [MM/DD/YYYY] | \$ |
| Street Address | | | | | | Date [MM/DD/YYYY] | \$ |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ |
| Full Name of Contributing Committee | | | | | | Date [MM/DD/YYYY] | \$ |
| House # | | | | | | Date [MM/DD/YYYY] | \$ |
| Street Address | | | | | | Date [MM/DD/YYYY] | \$ |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ |

\$ 0

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

\$ 0

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] | \$ | |
| Full Name of Contributing Committee | | | | Date [MM/DD/YYYY] | \$ | |
| House # | Street Address | | | Date [MM/DD/YYYY] | \$ | |
| City | State | Zip Code | | Date [MM/DD/YYYY] | \$ | |

\$0

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: | <i>Michael Galin</i> |
|------------------------------|----------------------|

| | | | | | | | | |
|--------------------------------------------------------|--|--|-------|----------|-------------------|-------------------|-------------------|----|
| 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 | | | | | | | | |

\$0

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 |
|------------------------------|---------------|

| | | | | | | | |
|---------------------|----------------|-------|--|----------|--|-------------------|----|
| 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 | | | | | | | |

50

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) | \$ 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 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 | | | | | | | |

\$ 0

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 | | | |

\$ 0

SCHEDULE III
Statement of Expenditures

Filer Identification Number: Michael Colón

| | | | | | | | | |
|--------------|----------------|--|-------|--|----------------------------|-------------------|----|--|
| 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 | | | |

\$ 0

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 |
|------------------------------|---------------|

| | | | | | | |
|---------------------|----------------|---------------------------------|--|--|----|-----------------------------|
| 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 | | | | | | |

\$ 0

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 | <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 Street 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 | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Date Of Election (MM/DD/YYYY) | | Year | 2017 | Amendment Report | <input type="checkbox"/> | Termination Report | <input type="checkbox"/> |
| Summary of Receipts and Expenditures | | | From Date | To Date | For Office Use Only | | |
| | | | 1/3/17 | 12/1/17 | | | |
| A. Amount Brought Forward From Last Report | | | \$ | 479.84 | | | |
| B. Total Monetary Contributions and Receipts (From Schedule I) | | | \$ | 25.00 | | | |
| C. Total Funds Available (Sum of Lines A and B) | | | \$ | 504.84 | | | |
| D. Total Expenditures (From Schedule III) | | | \$ | 168.00 | | | |
| E. Ending Cash Balance (Subtract Line D from Line C) | | | \$ | 336.84 | | | |
| F. Value of In-Kind Contributions Received (From Schedule II) | | | \$ | 0 | | | |
| G. Unpaid Debts and Obligations (From Schedule IV) | | | \$ | 0 | | | |

Affidavit Section

Part 1- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

PENNSYLVANIA
 Notary Public
 Lehigh County
 Nov 27, 2020
 NOTARY OF NOTARIES

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----|----------|
| Filer Identification Number | Friends of Michael Colon | | |
| 1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor | | | |
| Total for the reporting period | | (1) | \$ 25.00 |
| 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 (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B) | | \$ | 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 | Friends of Michael Colvin |
|-----------------------------|---------------------------|

| | | | | | | | 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] | \$ |

\$ 0

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 | | | | 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] | \$ |

\$0

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 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] | \$ | |

\$ 0

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] | \$ | |
| House # | | | | | Date [MM/DD/YYYY] | \$ | |
| 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 # | | | | | Date [MM/DD/YYYY] | \$ | |
| 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 # | | | | | Date [MM/DD/YYYY] | \$ | |
| 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 # | | | | | Date [MM/DD/YYYY] | \$ | |
| Street Address | | | | | Date [MM/DD/YYYY] | \$ | |
| City | State | | | Zip Code | Date [MM/DD/YYYY] | \$ | |
| Employer Name | | | | | Occupation | | |
| Employer Mailing Address / Principal Place of Business | | | | | | | |

\$ 0

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: | Friends of Michael Dobin |
|------------------------------|--------------------------|

| | |
|-----------|--|
| 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 | |
|---------------------|--|

\$ 2

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 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: | 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 | | | | | | | | | |

30

SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$250

Filer Identification Number: Friends of 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 | | |

\$ 0

SCHEDULE III
Statement of Expenditures

Filer Identification Number: Friends of Michael Colón

| | | | | | | | |
|--------------|----------------|----------|--|----------------------------|-------------------|----|-------|
| To Whom Paid | | PNC Bank | | | Date [MM/DD/YYYY] | \$ | 14.00 |
| House # | Street Address | | | Description of Expenditure | | | |
| City | State | | | Zip Code | Bank Service Fee | | |
| To Whom Paid | | PNC Bank | | | Date [MM/DD/YYYY] | \$ | 14.00 |
| House # | Street Address | | | Description of Expenditure | | | |
| City | State | | | Zip Code | Bank Service Fee | | |
| To Whom Paid | | PNC Bank | | | Date [MM/DD/YYYY] | \$ | 14.00 |
| House # | Street Address | | | Description of Expenditure | | | |
| City | State | | | Zip Code | Bank Service Fee | | |
| To Whom Paid | | PNC Bank | | | Date [MM/DD/YYYY] | \$ | 14.00 |
| House # | Street Address | | | Description of Expenditure | | | |
| City | State | | | Zip Code | Bank Service Fee | | |
| To Whom Paid | | PNC Bank | | | Date [MM/DD/YYYY] | \$ | 14.00 |
| House # | Street Address | | | Description of Expenditure | | | |
| City | State | | | Zip Code | Bank Service Fee | | |
| To Whom Paid | | PNC Bank | | | Date [MM/DD/YYYY] | \$ | 14.00 |
| House # | Street Address | | | Description of Expenditure | | | |
| City | State | | | Zip Code | Bank Service Fee | | |
| To Whom Paid | | PNC Bank | | | Date [MM/DD/YYYY] | \$ | 14.00 |
| House # | Street Address | | | Description of Expenditure | | | |
| City | State | | | Zip Code | Bank Service Fee | | |
| To Whom Paid | | PNC Bank | | | Date [MM/DD/YYYY] | \$ | 14.00 |
| House # | Street Address | | | Description of Expenditure | | | |
| City | State | | | Zip Code | Bank Service Fee | | |

SCHEDULE III
Statement of Expenditures

Filer Identification Number: Friends of Michael Colón

| | | | | | | | |
|--------------|----------------|-----------------|------|-------|-------------------|----------------------------|--------------|
| To Whom Paid | | <u>PNB Bank</u> | | | Date [MM/DD/YYYY] | \$ | <u>14.00</u> |
| House # | Street Address | | City | State | Zip Code | Description of Expenditure | |
| | | | | | | <u>Bank Service Fee</u> | |
| To Whom Paid | | <u>PNB Bank</u> | | | Date [MM/DD/YYYY] | \$ | <u>14.00</u> |
| House # | Street Address | | City | State | Zip Code | Description of Expenditure | |
| | | | | | | <u>Bank Service Fee</u> | |
| To Whom Paid | | <u>PNB Bank</u> | | | Date [MM/DD/YYYY] | \$ | <u>14.00</u> |
| House # | Street Address | | City | State | Zip Code | Description of Expenditure | |
| | | | | | | <u>Bank Service Fee</u> | |
| To Whom Paid | | <u>PNB Bank</u> | | | Date [MM/DD/YYYY] | \$ | <u>14.00</u> |
| House # | Street Address | | City | State | Zip Code | Description of Expenditure | |
| | | | | | | <u>Bank Service Fee</u> | |
| To Whom Paid | | | | | Date [MM/DD/YYYY] | \$ | |
| House # | Street Address | | City | State | Zip Code | Description of Expenditure | |
| | | | | | | | |
| To Whom Paid | | | | | Date [MM/DD/YYYY] | \$ | |
| House # | Street Address | | City | State | Zip Code | Description of Expenditure | |
| | | | | | | | |
| To Whom Paid | | | | | Date [MM/DD/YYYY] | \$ | |
| House # | Street Address | | City | State | Zip Code | Description of Expenditure | |
| | | | | | | | |

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 Colón |
|------------------------------|--------------------------|

| | | | | | | |
|---------------------|----------------|---------------------------------|--|--|----|-----------------------------|
| 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 | | | | | | |

0