Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	33	-2198444	Report Filed (Mark X)	By Candida	ite,		Committee		X	Lobbyist	
Name of Filing Committee, Candidate or Lobbyist		Friends of Jerer	ny Binder	,							
Street Address			1553 W Turne	er Street							
City	Allentow	n	State PA Zip Code 18102								
Type of Report (Place	x under i	report type)									
to a contract of the first term of the contract of the contrac	nd Friday Primary	3- 30 Day Post Primary	4- 6th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Election	Post	7- Annual	Special 2 ⁿ Pre-Electi		Special 30 Post-Elec	Service Control
					X						
Date Of Election (MM/DD/YYYY)		11/04/2025	Year	2025	Amendme Report	ent		Terminati Report	on		
Summary of Receipts	and	From Date	To Dat	e		1 10	For	Office Use (Only	<u> </u>	7,010 01
Expenditures		10/24/2025	12	2/04/2025						;	
A. Amount Brought P	orward F		1 1	4234.36	<u> </u>						
B. Total Monetary Co (From Schedule I)	ntributio	ns and Receipts	\$	0.00							
C. Total Funds Availa (Sum of Lines A and I			\$	4234.36							
D. Total Expenditures (From Schedule III)			\$	104.64							
E. Ending Cash Balance (Subtract Line D from Line C)		\$	4026.72								
F. Value of In-Kind Co (From Schedule II)			\$	0.00							
G. Unpaid Debts and (From Schedule IV)	Obligatio	ins	\$	1000.00							
Part 1- If this is a Comm	ittee renor	t treasurer sign h	ere If this is a Ca	Affidavit Se		horo					
I swear (or affirm) that t	his report,	including the atta	ched schedules o	on paper, is to the	best of my kr	nowled	ge and belief tr	ue, correct a	nd comple	ete.	
Sworn to and subscribed		e this \$ 20 2 5			-All	he	1	a e service			
1 Desa	P. A.	5)	VOI ANDA	of Pennsylvania - A PINTO - Notary P Lehigh County	ublic Sign	ature o	of Person Subm	nitting report			
Signat	dre //	24 -2	My Commission	Expires November sion Number 1199	r 24, 2028		Printed Nam			 -	
iviy Commission expires	My Commission expires 10 1 225-7403 MO. DAY YR. Area Code Daytime Telephone Number										
Part II- If this is a report	of a Candi o	date's Authorized	Committee, can	didate shall sign h	ere.					A COLUMN TO THE	
I swear (or affirm) that t amended.	o the best	of my knowledge a	and belief this po	olitical committee	has not violat	ted any	provisions of t	the Act of Jun	e 3, 1937	(P.L. 1333, N).320) as
Sworn to and subscribed	before m	e this	C	h	1		2				
day of 1	REME	20 25	_ YOUAN	th of Pennsylvania DA PINTO - Notary Lehigh County	- Notary Seat Public	Sign	ature of Candid	date			
Signa	ture	244 03		on Expires Novem ission Number 119			Printed Name			<u> </u>	
My Commission expires	11	04 08		4	84	4	477-5	5308			
	MO.	DAY YR.			Area Code	e:	Dayt	time Telepho	ne Numbe	r.	

SCHEDULE I Contributions and Receipts

Detailed Summary Page

Filer Identification Number	
	33-21984444

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	_	
1.Ontentized Contributions and Receipts-430.00 of Less per Contributor		
Total for the reporting period (1)	\$	0.00
2. Contributions of CFO 01 to C2FO 00 (From		
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	0.00
All Other Contributions (Part B)	\$	0.00
Total for the reporting period (2)	\$	0.00
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	0.00
All Other Contributions (Part D)	\$	0.00
Total for the reporting period (3)	\$	0.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	ste	
Total for the reporting period (4)	\$	0.00
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)	\$	0.00

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				
					Amount
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MIM/DD/YYYY]	\$
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	entributing		- I	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$

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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: 33-219844	44			
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$ /
House #	Street Address	6		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributor			Date [MM/DD/YYYY]	8
House #	Street Address	S		Date [MM/DD/yYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Addres	s		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Addres	S		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Addres			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	entributor			Date [MM/DD/YYYY]	\$
House #	Street Addres	S		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.

Full Name of Contributing Committe House #	Street Address			Date [MM/DD/YYYY]	\$
				Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committe	e	JI SI A		Date [MM/DD/YYYY]	8
House #	Street Address			Date [MM/DD/YYY]	\$
City		State	Zip Code	Date [M/M/DD/YYYY]	\$
Full Name of Contributing Committe	ee			Bate [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	- u	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee	ee			Date [MM/DD/YYYY]	\$
House #	Street Address		$\overline{}$	Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committ	ee	/		Date [MM/DD/YYYY]	\$
House #	Street Address	/		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee	ee			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: 33-21984444				
Full Name of Co	atributos			Date [MM/DD/YYYY]	161
·uii Name or Co	intributor			Date [MM/DD/1111]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Mailir Principal Place o					
Full Name of Co	ntributor			Date [MM/DØ/YYYY]	\$
House #	Street Address	-		Date [MM/DD/YYYY]	\$
City	= 201.26(2)	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name	wie de hen		/	Occupation	
Employer Mailir Principal Place o					
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	1-1
Employer Mailin Principal Place o		/			
Full Name of Co	The second secon			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$

Employer Mailing Address / Principal Place of Business Occupation

PART E

Other Receipts

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:			
Full Name			
House # Stree	et Address		
City	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		10 10 2 - 40	
Full Name			/
House # Stree	et Address		
City	State	Zip Code	Date [MIV/DD/YYYY] \$
Receipt Description	1/		
Full Name			
House # Stree	et Address		
City	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			
Full Name			
House # Stree	et Address	/	
City	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			
Full Name			
House # Stree	t Address		
City	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			
Full Name			
House # Stree	t Address		
City	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	1		

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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:	33-21984444		
1. UNITEMIZED IN-KINI	D CONTRIBUTIONS RECEIVED-VALU	JE OF \$50.00 C	OR LESS PER CONTRIBUTOR
TOTAL for the reporting period		S	32.00
2. IN-KIND CONTRIBUT	TIONS RECEIVED-VALUE OF \$50.01	TO \$250.00 (FF	FROM PART F)
TOTAL for the reporting period	d (2)	\$	
3. IN-KIND CONTRIBUT	TION RECEIVED-VALUE OVER \$250.	00 (FROM PAR	RT G)
TOTAL for the reporting period	d (3)	\$	0.00
	NTRIBUTIONS DURING THIS REPOR nt totals from boxes 1, 2, and 3; als , Item F)		32.00

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	
	33-21984444

Bate MM/DD/YYYY S	Carllan da est				
City State Zip Code Date [MM/DD/YYYY] \$ Description of Contributor Date [MM/DD/YYYY] \$ House # Street Address Date [MM/DD/YYYY] \$ Description of Contributor Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Description of Contributor Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	Full Name of Contributor			Date [MM/DD/YYYY]	\$
City State Zip Code Date [MM/DD/YYYY] \$ Description of Contributor Date [MM/DD/YYYY] \$ House # Street Address Date [MM/DD/YYYY] \$ Description of Contributor Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Description of Contributor Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$					
City State Zip Code Date [MM/DD/YYYY] \$	House # Street Address			Date [MM/DD/YYYY]	s
City State Zip Code Date [MM/DD/YYYY] \$					
Description of Contributor Full Name of Contributor City Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Description of Contribution Full Name of Contributor City State Zip Code Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ City Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ City Date [MM/DD/YYYY] \$ Description of Contributor Date [MM/DD/YYYY] \$ Description of Contributor Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$	12 "				
Description of Contributor Full Name of Contributor Street Address Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Description of Contributor Full Name of Contributor City State Zip Code Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor Date [MM/DD/YYYY] \$		13:55			
House # Street Address Date [MM/DD/YYYY] \$ Description of Contribution	Description of Contribution	No. 1			
House # Street Address Date [MM/DD/YYYY] \$ Description of Contribution	Full Norm of Countleston				
Date [MM/DD/YYYY] S	ruii Name of Contributor			Date [MM/DD/YYYY]	\$
City State Zip Code Date MM/DD/YYYY] \$ Description of Contribution Date [MM/DD/YYYY] \$ House # Street Address Date [MM/DD/YYYY] \$ Description of Contribution Date [MM/DD/YYYY] \$ Description of Contribution Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Description of Contribution Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ House # Street Address Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ City Street Address Date [MM/DD/YYYY] \$					
City State Zip Code Date [MM/DD/YYYY] \$ Description of Contribution Full Name of Contributor City State Zip Code Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ City Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ City Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$	House # Street Address			Date [MM/Dp/YYYY]	\$
City State Zip Code Date MM/DD/YYYY] \$ Street Address Date MM/DD/YYYY] \$ State Zip Code Date MM/DD/YYYY] \$ State Zip Code Date MM/DD/YYYY] \$ State Zip Code Date MM/DD/YYYY] \$ City State Zip Code Date MM/DD/YYYY] \$ State Zip Code Date MM/DD/YYYY] \$ City State Zip Code Date MM/DD/YYYY State Zip Code Date					
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Description of Contributor Full Name of Contributor City State Date [MM/DD/YYYY] \$ Description of Contributor Full Name of Contributor Full Name of Contributor Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$	E103194.9	State	Zip Code	Date [MM/DD/YYYY]	\$
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House # Street Address Date [MM/DD/YYYY] \$ City Description of Contribution Full Name of Contributor House # Street Address Date [MM/DD/YYYY] \$ Description of Contribution Full Name of Contribution Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$					1- V/- 3:
House # Street Address Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Description of Contributor Date [MM/DD/YYYY] \$ House # Street Address Date [MM/DD/YYYY] \$ Description of Contribution Date [MM/DD/YYYY] \$ Description of Contribution Date [MM/DD/YYYY] \$ Description of Contribution Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$	Full Name of Contributor			Date [MM/DD/YYYY]	\$
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Description of Contributor Date [MM/DD/YYYY] \$					
Description of Contributor Date [MM/DD/YYYY] \$	Cit.				
Full Name of Contributor Date [MM/DD/YYYY] \$	City	State	Zip Cøde	Date [MM/DD/YYYY]	\$
Full Name of Contributor Date [MM/DD/YYYY] \$		3.2927			
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] \$ City State Zip Code Date [MM/DD/YYYY] \$	Description of Contribution			711	
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] \$ City State Zip Code Date [MM/DD/YYYY] \$	Full Name of Contributor		/	Date (State Int) honor	4
City State Zip Code Date [MM/DD/YYYY] \$ Description of Contributor Date [MM/DD/YYYY] \$ House # Street Address Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$		/		Date [WWW/DD/1111]	3
City State Zip Code Date [MM/DD/YYYY] \$ Description of Contributor Date [MM/DD/YYYY] \$ House # Street Address Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$					
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City State Zip Code Date [MM/DD/YYYY] \$ Description of Contributor 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 Contributor Full Name of Contributor House # Street Address Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$		State	7in Code	Date [BABA/DD/WWW]	6
Full Name of Contributor House # Street Address Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$		01111	Lip code	Date [WWW/DD/1111]	3
Full Name of Contributor House # Street Address Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$	Description of Contribution	LUES - 125-111			(dela
House # Street Address Date [MM/DD/YYYY] \$ City State Zip Code 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]	\$
City State Zip Code Date [MM/DD/YYYY] \$					
City State Zip Code Date [MM/DD/YYYY] \$	11				
	Street Address			Date [MM/DD/YYYY]	\$
	City	State	Zip Code	Date [MM/DD/YVVVI	Ś
Description of Contribution					
	Description of Contribution		Marin Marin		
	/				

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	
	33-21984444

Full Name of Contributor			Date [MM/DD/YYYY] \$	
			Sate [mindsSq.111]	
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	-114		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] \$	
			Sate [mm/pb/111]	
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business	1		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	RI FISH	8.29(1.2)	Occupation	
Employer Mailing Address / Principal			Description	
Place of Business			of Contribution	

Statement of Expenditures

Filer Identification Number:	33-21984444

To Whom Paid					Date [MM/DD/YYYY]	\$			
GoDaddy Operating Company, LLC				12/2/25	101.64				
House # 100	Street Address	S Mill Ave, Su	ite 1600			Description of Expend	iture		
City Tempe		State	AZ	Zip Code	85281	Emial			
To Whom Paid Essa Bank				Date [MM/DD/YYYY]	\$	3.00			
						11/28/2025			
House # 600	Street Address	Hamilton St.	STE 100			Description of Expendi	ture		
City Allentown	1	State	PA	Zip Code	18101	Bank Fee			
To Whom Paid						Date [MM/DD/YYYY]	\$		
House #	Street Address					Description of Expendi	ture		
City		State		Zip Code					
To Whom Paid			M		1100	Date [MM/DD/YYYY]	\$		
House #	Street Address					Description of Expendi	ture		
City	City State Zip Code								
To Whom Paid			li.			Date [MM/DD/YYYY]	\$		
House #	Street Address					Description of Expendi	ture		
City		State		Zip Code				ERSEN INTOX	
To Whom Paid				/		Date [MM/DD/YYYY]	\$		
House #	Street Address					Description of Expendi	ture		
City		State		Zip Code		The State of the S			
To Whom Paid		/		3343		Date [MM/DD/YYYY]	\$		
House #	louse # Street Address				Description of Expenditure				
City		State		Zip Code			SAD		
To Whom Paid						Date [MM/DD/YYYY]	\$		
House #	Street Address					Description of Expendit	ture		
City		State		Zip Code	ш				
				-	4				

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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.

iler Identification	Number:						
ame of Credito	Jeremy Binder				Outstandir	g Balance of Debt	
louse # 1553	Street Address	eet Address W Turner Street		DATE DEBT INCURRED [MM/DD/YYYY]			
				12/12/2024			
lity	Allentown	State	PA	Zip Code 18101	1000		
Description of De	Committee Loan						
lame of Credito					Outstandir	g Balance of Debt	
louse #	Street Address	eet Address		DATE DEBT INCURRED		/	
			Į.	MM/DD/YYYY]			
City		State		Zip Code			
Description of De	ebt	, .		I.	/		
Name of Credito					Oytstandir	g Balance of Debt	
House #	Street Address			DEBT INCURRED	\$		
City		State		Zip Code			
Description of De	ebt	0 ====2	, -				
Name of Credito					Outstandi	ng Balance of Debi	
House #	Street Address	/	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City		State		Zip Code			
Description of D	ebt						
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