



Reset Form

Print Form

Commonwealth of Pennsylvania - Campaign Finance Report

1 of 13

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

Filer Identification Number		Report Filed By (Mark X)	<input type="checkbox"/> Candidate	<input checked="" type="checkbox"/> Committee	<input type="checkbox"/> Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Friends of Jeremy Binder				
Street Address	1553 W Turner Street				
City	Allentown	State	PA	Zip Code	18102

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)	05/20/2025	Year	2025	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	01/01/2024	12/31/2024	
A. Amount Brought Forward From Last Report	\$	0.00	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	304.58	
C. Total Funds Available (Sum of Lines A and B)	\$	304.58	
D. Total Expenditures (From Schedule III)	\$	200.00	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	104.58	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	979.24	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	1000.00	

Affidavit Section

Part I- 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 paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

30 day of January 20 2025
Signature

Signature of Person Submitting report
Brian Parker
Printed Name

My Commission expires 12 31 2025
MO. DAY YR.

484 255-7403
Area Code Daytime Telephone Number

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

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

30 day of January 20 2025
Signature

Signature of Candidate
Jeremy Binder
Printed Name

My Commission expires 12 31 2025
MO. DAY YR.

610 477-5308
Area Code Daytime Telephone Number

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number		
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period	(1)	\$ 54.58
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)		\$ 250.00
Total for the reporting period	(2)	\$ 250.00
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)		
Total for the reporting period	(4)	\$ 0.00
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>		\$ 300.00

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 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:	
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Full Name of Contributor					Shane Fillman		Date [MM/DD/YYYY]	\$	200.00
							12/16/2024		
House #	120	Street Address	22nd Street				Date [MM/DD/YYYY]	\$	
City	Allentown	State	PA	Zip Code	18104			\$	
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				\$	

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																			
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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]		\$	

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:	
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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, 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:	
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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: **1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR**

TOTAL for the reporting period	(1)	\$	58.14
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2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)

TOTAL for the reporting period	(2)	\$	921.10
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3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)

TOTAL for the reporting period	(3)	\$	0.00
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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)		\$	979.24
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**SCHEDULE II
PART F**

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:									
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Full Name of Contributor						Date [MM/DD/YYYY]		\$	
Darian and Yolanda Colbert						12/16/2024		\$	100.00
House #	Street Address		State		Zip Code	Date [MM/DD/YYYY]		\$	
	337 W Lehigh Street		PA		18018			\$	
City	Bethlehem		PA		18018	Date [MM/DD/YYYY]		\$	
Description of Contribution						Food for Kick-off Event			
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
Wesley Works						12/10/2024		\$	150.00
House #	Street Address		State		Zip Code	Date [MM/DD/YYYY]		\$	
	500 Chestnut St.		PA		18049			\$	
City	Emmaus		PA		18049	Date [MM/DD/YYYY]		\$	
Description of Contribution						Head Shot			
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
Sherri Binder						12/8/2024		\$	144.00
House #	Street Address		State		Zip Code	Date [MM/DD/YYYY]		\$	
	1553 W Turner		PA		18102			\$	
City	Allentown		PA		18102	Date [MM/DD/YYYY]		\$	
Description of Contribution						Website			
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
Sherri Binder						12/15/2024		\$	162.62
House #	Street Address		State		Zip Code	Date [MM/DD/YYYY]		\$	
	1553 W Turner		PA		18102			\$	
City	Allentown		PA		18102	Date [MM/DD/YYYY]		\$	
Description of Contribution						Food/drinks for kick-off event			
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
Sherri Binder						12/16/2024		\$	250.00
House #	Street Address		State		Zip Code	Date [MM/DD/YYYY]		\$	
	1553 W Turner		PA		18102			\$	
City	Allentown		PA		18102	Date [MM/DD/YYYY]		\$	
Description of Contribution						Entertainment			

SCHEDULE II
PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:									
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Full Name of Contributor						Date [MM/DD/YYYY]		\$	
Sherri Binder						12/16/2024		\$	114.48
House #	Street Address					Date [MM/DD/YYYY]		\$	
	1553 W Turner							\$	
City	Allentown				State	PA	Zip Code	18102	Date [MM/DD/YYYY]
									\$
Description of Contribution						LV Print Center			

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									

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

Filer Identification Number:	
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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:	
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To Whom Paid		Ripple Church			Date [MM/DD/YYYY]		\$	150
House #		1421			Street Address		Turner Street	
City		Allentown			State		PA	
Zip Code		18101			Description of Expenditure			
Venue Rental for Kickoff								
To Whom Paid		Graciela Santana			Date [MM/DD/YYYY]		\$	50
House #		975			Street Address		W Green Street	
City		Allentown			State		PA	
Zip Code		18102			Description of Expenditure			
Photography								
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	

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									
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Name of Creditor						Jeremy Binder				Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$		1000			
1553		W Turner Street		12/12/2024							
City		Allentown		State		PA		Zip Code		18101	
Description of Debt						Committee Loan					

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											