

Commonwealth of Pennsylvania - Campaign Finance Report

101 13

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

Filer Identification Number	Report Filed By (Mark X)	Candida	te	Committee	X	Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Friends of Jeremy 8	Binder				
Street Address	1553 W Turner Stre	eet				
Gity Allentown		State	PA	Zip Code	18102	
Type of Report (Place x under report type)						
1: 6 th Tuesday 2- 2 nd Friday 3- 30 Day Pos Pre-Primary Pre-Primary Primary	5 15 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- 2 nd Friday re- Election	6-30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
Date Of Election (MM/DD/YYYY) 05/20/2025	Year	2025	Amendment Report		Termination Report	
Summary of Receipts and From Date	To Date			For	Office Use Only	
Expenditures 01/01/202	12/3	1/2024				
A. Amount Brought Forward From Last Repo	rt \$ 0	.00	The second	i i i i i i i i i i i i i i i i i i i		Maria (S. A. Bernston, N. D. D. D. D.
B. Total Monetary Contributions and Receip (From Schedule I)	\$ 0 \$	4.58				
C. Total Funds Available (Sum of Lines A and B)		4.58				9 40113777 14
D. Total Expenditures (From Schedule III)		00.00				
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 10)4.58				
F. Value of In-Kind Contributions Received (From Schedule II)	\$ 97	9.24				
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 100	00.00				
Part 1- If this is a Committee report, treasurer sign	hara Ifthis is a Candi	Affidavit Se				
I swear (or affirm) that this report, including the at	ached schedules on p	aper, is to the	best of my knowled	lge and belief t	rue, correct and comple	te.
Sworn to and subscribed before me this			Parke.			
30 day of January 20 2025	_	_				_
- C/r		В	rian Parker	of Person Subr	nitting report	
Signature	. 1			Printed Nan	ne	
My Commission expires /2 // 202 MO. DAY YI		V.	84 Area Code	_	-7403 ytime Telephone Numb	
					yame relephone Numb	CI
Part II- If this is a report of a Candidate's Authorize I swear (or affirm) that to the best of my knowledg amended.	d Committee, candidate and belief this polition	ate shall sign h cal committee	ere. has not violated an	y provisions of	the Act of June 3, 1937	(P.L. 1333, NO.320) as
Sworn to and subscribed before me this						
30 January 2025	• •		(h=	75		
day of 20 20 20			Sign	nature of Cand	date	
Signature	-	Je	eremy Binder	Printed Name		
My Commission expires 12 31 202	<u></u>	6	10	477-	5308	
MO. DAY YR.		,	Area Code	Day	time Telephone Numbe	r

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	

1. Unitermized Contributions and Receipts-\$50.00 or Less per Contributor	왕왕왕 (1985년 - 1985년 - 1985년 - 1985년
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 Farned, Returned Checks, ETC. (From Part E)	
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E) Total for the reporting period (4)	\$ 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				
ang salah di kacamatan dan	Congress Control of the Control of t				Amount
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	魔术的。在这样的 。	State	Zip Code	Date [MM/DD/YYYY] \$	/
Full Name of Co Committee	ntributing	Massing a	a design of the state of	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	The off it, At 1 met	State	Zîp 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		/		Date [MM/DD/YYYY] \$	
House #	Street Address	•		Date [MM/DD/YYYY] \$	
City	k 0.448 13% -45.	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	

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					
					-	
Full Name of Con	(Date [MM/DD/YYYY]	\$	
	Shane Fillman	1		12/16/2024		200.00
House #	Street Address			Date [MM/DD/YYYY]	\$	
120	2	22nd Street				
City		State PA	Zip Code 18104	Date [MM/DD/YYYY]	\$	
		PA	18104			
Full Name of Cor	ntributor			Date [MM/DD/YYYY]	\$	
200000000000000000000000000000000000000	*** *********************************					
House #	Street Address			Date [MM/DD/YYYY]	\$	
					5301	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Cor					4	
				Date [MM/DD/YYYY	\$	
House#						
SALES ENGLIS	Street Address			Date [MIM/DD/YYYY]	\$	
0.6		7.2.2.3				
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
APAILED AND AND AND AND AND AND AND AND AND AN	· · · · · · · · · · · · · · · · · · ·				4.2	
Full Name of Cor			/	Date [MM/DD/YYYY]	\$	
House #	Street Address			Data Issas IDD honny		
				Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date (MARA/DD (MARA)		
		3.6.6	Zip code	Date [MM/DD/YYYY]	\$	
Full Name of Cor	itributor			Date (MM/DD/YYYY)	\$	
		/				
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Cor	ntributor		The Name of Street, and Street	Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	12 (A 12) 14 (X 1) 1	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 (dentification	Numbera	V		
	CONTROL 1 DO - CONTROL - CO - B - CO - CO			
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY] 5
House#	Street Address			Date [MM/DD/XYYY] \$
City		State	Zip Code	Date [IVIV]/DD/YYYY] \$
Full Name of				/date [MM/DD/YYYY] \$
Contributing Co	Street Address		-	Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of				Date [MM/DD/YYYY] \$
Contributing Co	mmittee			
	Street Address	10 and 10		Date [MM/DD/YYYY] \$
City Full Name of		State	Zip Code	Date [MM/DD/YYYY] \$
Contributing Co				Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributing Co	mmittee			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:

ull Name of Contributors			Date [MM/DD/YYYY] \$
House # Stree	t Address		Date [MM/DD/YYYY] \$
City_	State	Zip Code	Date [MM/DD/YYYY] \$
imployer Name			Occupation
Employer Mailing Address / Principal Place of Business			
ull Name of Contributors	Met I Section 1		Date [MM/DØ/YYYY] \$
House # Stree	t Address		Daye [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address	4		
Principal Place of Business			
Full Name of Contributor	·		Date [MM/DD/YYYY] \$
House # Stre	et Address		Date [MM/DD/YYYY] \$
City S	State: /	Zip Code	Date [MM/DD/YYYY] \$
		Zip Code	
Employer Name		The second of the second	Occupation .
Employer Mailing Address			
Principal Place of Business			Market Control of the
Full Name of Contributor	. /		Date [MM/DD/YYYY] \$
	/		
House # Stree	et Address		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		1 For the Research	Occupation
Employer Mailing Address			

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 Num	per:			
En Name				
Full Name House #	Street Address			
		State	Zip	Date [MM/DD/YYYY] \$
City Receipt Description		*#	Code	
Receipt Description		Sept. 23314 [-1]	PO 425 - 00%	
Full-Name : is,				/
House #	Street Address			
City		State	Zip Code	Date [MIW/DD/YYYY] \$
Receipt Description		Post of the second	The page of a second	
Full Name			/	
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				N.S.Y
Full Name			/	Company of the Compan
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		Jan San San San San San San San San San S	No. of the East	[
Full Name		760° 12 h	e deservate e e e e e e e e e e e e e e e e e e	A SECOLOGIC CONTRACTOR CONTRACTOR OF THE SECOLOGICAL SECONOMICS.
House #	Street Address			
City.		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name			in south and proportion of the south in the	And the second of the second o
House #	Street Address			
City /"		State	Zip Code	Daté [MM/DD/YYYY] \$
Regeipt Description	1984 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Participation of the state of t	1 172

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			
		157	
1 UNITEMIZED IN KIND CONTRIBU	TIONS RECEIVED-VALUE OF \$5	0.00 (DR LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	58.14
2 = in kind contributions receiv	ED VALUE OF \$50.01 TO \$250	.00 (F	ROM PART F)
TOTAL for the reporting period	(2)	\$	921.10
3 IN-KIND CONTRIBUTION RECEIVE			
TOTAL for the reporting period	(3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS	DURING THIS REPORTING	\$	
PERIOD (Add and enter amount totals from on Page 1, Report Cover Page, Item F)	n boxes 1, 2, and 3; also enter		979.24

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

		THE RESERVE AND ADDRESS OF THE PARTY OF THE	
The second secon			
Titles tolerationation Alexandre			
Selice identification satisfications			
Filer identification Number:			
The same of the sa			
・ サイド をからからからできない。このできない。			
The state of the second of the			

Full Name of Conti	ributor			Date [MM/DD/YYYY]	\$	
	Darian and Yol	anda Colbert		12/16/2024		100.00
House #	Street Address			Date [MM/DD/YYYY]	\$	
337 W Lehigh Street						
City	The state while	State	Zip Code 18018	Date [MM/DD/YYYY]	\$	
Bethlehem		PA	18018			
Description of Con	tribution	Food for Kick-off				
Full Name of Cont	ributor			Date [MM/DD/YYYY]	\$	
	Wesley Work	s		12/10/2024		150.00
House #	Street Address			Date [MM/DD/YYYY]	\$	
	CO-CLASS CONTRACTOR OF THE PROPERTY OF THE PARTY OF THE P	00 Chestnut St.				
City	8 8 9 9	State	Zip Code	Date [MM/DD/YYYY]	\$	1'
Emmaus		PA	18049			
Description of Cor	itribution	Head Shot	[5] 2 作者如何,《皇帝《新典》。		ob. 309	
Full Name of Cont	ributor			Date [MM/DD/YYYY]	\$	
	Sherri Binder	6)		12/8/2024		144.00
House #	Street Address			Date [MM/DD/YYYY]	\$	
	DOLO BUTTON CONTROL OF THE PROPERTY OF THE	553 W Turner				
City	不是为在安全	State	Zip Code	Date [MM/DD/YYYY]	\$	
Allentown		PA PA	18102		T)	
Description of Co	ntribution	Website				
Full Name of Con	tributor	-		Date [MM/DD/YYYY]	\$	CA CARROLINA DE LA CARLO DE SERVICIONA DE LA CARLO DEL CARLO DE LA CARLO DE LA CARLO DE LA CARLO DEL CARLO DE LA CARLO DEL LA CARLO DE LA
	Sherri Binde	r.		12/15/2024		162.62
House #	Street Address			Date [MM/DD/YYYY]	\$	
	1 1 1 1	553 W Turner				
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Allentown		PA	18102			
Description of Co	ntribution	Food/drinks for I	kick-off event			
Full Name of Con	tributor	·	The state of the s	Date [MM/DD/YYYY]	\$	
	Sherri Binde	r		12/16/2024		250.00
House #	Street Address			Date [MM/DD/YYYY]	\$	
		1553 W Turner				
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Allentown	1	PA	18102			
Description of Co	ntribution		1.5			

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

	1 10 17 17 1	 4 4 8 N	11.5 2 1	the state of the s	
Filer Identification Number:					

Full Name of Cont	ributor			Date [MM/DD/YYYY] \$
	Sherri Binde	r		12/16/2024 114.48
House #	Street Address	Anna compresa		Date [MM/DD/YYYY] \$
		1553 W Turner		
City	Tarrent State of the Lat	State	Zip Gode 18102	Date [MM/DD/YYYY] \$
Allentown		PA	18102	
Description of Cor	ntribution	LV Print Cent	er	
Full Name of Cont	ributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Description of Co	ntribution			
Full Name of Con	Frank Tolk Co.		(Gardinio de Calva, o Gardinio de la compresión de la com	Date [MM/DD/YYYY] \$
House#	Street Address			Date [MM/DD/YYYY] \$
City	To the following the second	State	Zip Code	Date [MM/DD/YYYY] \$
Description of Co	ntribution			2000
Full Name of Con	tributor			Date [MM/DD/YYYY] \$
House #		V		
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	· Zip Code	Date [MM/DD/YYYY] \$
Description of Co	ntribution			
Full Name of Con	tributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
			1 - 2 - 3	
City		State	Zip Code	Date [MM/DD/YYYY] \$
Description of Co	ntribution			
Description of Co	ittibution			

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

	 (4) をおい、またない。	Er of Strain		
PARTIES AND			`	
Filer Identification Number:				
				1

-Full Name of Con	ributor			Date [MM/DD/YYYY] \$
				D. 1.11 (55 1000)
House #	Street Address			Date [MM/DD/YYYY] \$
City	(· · · · · · · · · · · · · · · · · · ·	State	Zip Code	Date [MM/DD/YYYY] \$
				Occupation
Employer Mailing	Address / Principal			Description of Contribution
Full Name of Con		55		Date [MM/pb/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	The Association from	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	pi 5/8			Occupation
Employer Mailing	g Address / Principal			Description of
				Contribution
Full Name of Con	tributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City =	[3:80.18.2804]	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
Employer Mailin Place of Business	e Address / Principal			Description of Contribution
Full Name of Cor	ntributor /		and include any age and	Date [MM/DD/YYYY] \$
House #	Styeet Address			Date [MM/DD/YYYY] \$
City	100.00.00	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
Employer Mailin Place of Busines	ng Address / Principal s			Description of Contribution

Statement of Expenditures

File: Identification Number:		

To Whom Paid					Date [MM/DD/YYYY]	\$	
	Ripple Church				12/31/2024		150
House # 1421	Street Address Tur	ner Street			Description of Expen	diture	
City Allentown	A STATE OF THE STA	State	PA	Zip Code 18101	Venue Rental for Kickoff		
To Whom Paid	Graciela Santana				Date [MM/DD/YYYY]	\$	
					12/31/2024		50
House # 975	Street Address W	Green Stree	et		Description of Expend	liture	
City Allentown		State	PA	Zip Code ¹⁸¹⁰²	Photography		
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expend	Sin of St.	
City		State		Zip Code			
To Whom Paid		to the state of the state of	er	[MC Mar No. 2]	Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expend	diture	
City		State		Zip Code			
To Whom Paid					Sate [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expend	diture	
City	galler chart and the control of the	State		Zip Code			550-801-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-
To Whom Paid		#			Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expen	diture	
City		State		Zip Code			
To Whom Paid		/			Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expen		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY	\$	
House #	Street Address				Description of Expen	diture	
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

Name of Creditor 💨	Jeremy Binder		***	Outstanding Balance of Debt
louse#	Street Address		DATE DEBT INCURRED	\$
1553	W Turner Street	9	[MM/DD/YYYY]	
		100215-10014	12/12/2024	
ity	Allentown	State	PA Zip 18101	1000
escription of Debt			1994 P. C. 1	# 28.5
	Committee Loan			
lame of Greditor	98			Outstanding Balance of Debt
louse#	Street Address		DATE DEBT INCURRED	
			[MM/DD/YYYY]	
ity		State	7 (p	
			Code	
Description of Debt			The Manager Co. 1	
Name of Creditor				Ourstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	\$
MF CONTRACTOR			[MM/DD/YYYY] /	
City		State	Zip Code/	
Description of Debt			code	
e karang				
Name of Creditor	180			Outstanding Balance of Debt
Hauca H	CONTROL .			
nouse #	Street Address		DATE DEBT INCURRED	\$
nouse #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
	Street Address	State		\$
City	Street Address	State	[MM/DD/YYYY]	\$
City	Street Address	State	[MM/db/YYYY] Zip	\$
City Description of Debt		State	[MM/db/YYYY] Zip	
City Description of Debt Name of Creditor		State	[MM/DD/YYYY] Zip Code	Outstanding Balance of Debt
City Description of Debt Name of Creditor	Street Address	State	[MM/db/YYYY] Zip	Outstanding Balance of Debt
City Description of Debt Name of Creditor		State	[MM/DD/YYYY] Zip Code DATE DEBT INCURRED	Outstanding Balance of Debt
City Description of Debt Name of Creditor House #	Street Address	State	[MM/DD/YYYY] Zip Code DATE DEBT INCURRED [MM/DD/YYYY]	Outstanding Balance of Debt
City Description of Debt Name of Creditor House #	Street Address		[MM/DD/YYYY] Zip Code DATE DEBT INCURRED [MM/DD/YYYY]	Outstanding Balance of Debt
City Description of Debt Name of Creditor House #	Street Address	State	[MM/DD/YYYY] Zip Code DATE DEBT INCURRED [MM/DD/YYYY]	Outstanding Balance of Debt
City Description of Debt Name of Creditor House # City Description of Debt	Street Address	State	[MM/DD/YYYY] Zip Code DATE DEBT INCURRED [MM/DD/YYYY]	Outstanding Balance of Debt
City Description of Debt Name of Creditor House # City Description of Debt	Street Address	State	[MM/DD/YYYY] Zip Code DATE DEBT INCURRED [MM/DD/YYYY] Zip Code	Outstanding Balance of Debt \$ Outstanding Balance of Debt
City Description of Debt Name of Creditor House # City Description of Debt	Street Address	State	[MM/DD/YYYY] Zip Code DATE DEBT INCURRED [MM/DD/YYYY]	Outstanding Balance of Debt
City Description of Debt Name of Creditor House # City Description of Debt Name of Creditor. House #	Street Address	State	[MM/DD/YYYY] Zip Code DATE DEBT INCURRED [MM/DD/YYYY] Zip Code DATE DEBT INCURRED	Outstanding Balance of Debt \$ Outstanding Balance of Debt
City Description of Debt Name of Creditor House # City Description of Debt	Street Address	State	[MM/DD/YYYY] Zip Code DATE DEBT INCURRED [MM/DD/YYYY] Zip Code DATE DEBT INCURRED	Outstanding Balance of Debt \$ Outstanding Balance of Debt