CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred *each* <u>did not exceed \$250.00</u> during the reporting period.

FILER IDENTIFICATION NUMBER			REPORT ON BEHA	100	CANDIDATE	1	COMMITTEE	2.	LOBBYIST	3,
NAME OF FILING COMMITTEE, CA Jeremy Binder	NDIDATE OR LOBBYIST									
STREET ADDRESS										
553 W Turner Street										
Allentown			PA			181		_	_	
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANE Allentown City Council	DIDATE	DIS	TRICT NO.	PARTY DEM		MO.	DA		EAR
6TH TUESDAY PRE-PRIMARY					PLIVI		05 FOR	20 OFFICE	USE ONLY	25
2ND FRIDAY PRE-PRIMARY	DATES OF REPORTING PERIOD 05		06 20	-						
30 DAY. POST-PRIMARY. 4.	CASH BALANCE AT OF REPORTING PER		§ 0.0	0						
6TH TUESDAY PRE-ELECTION 5. PRE-ELECTION	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 1000.00									
30 DAY POST-ELECTION	AMENDME REPORT?		NO			,				
ANNUAL REPORT	TERMINAT REPORT?		NO							
statement is filed of	on behalf of a <u>Political Co</u> on behalf of a <u>Candidate</u> , on behalf of a <u>Contributin</u>	mmittee or Ca	must sic	's Comr			surer mu	ıst siç	gn here.	
	T THE AGGREGATE RECEIPTS OR DIS ID FIFTY DOLLARS (\$250.00) AND T	SBURSEMENTS OR LI	ABIL IEA NCL		•		ERIOD INDIC	ATED A	BOVE DID NO	ОТ
SWORN TO AND SU	BSCRIBED BEFORE ME THIS	2025/	No. of the second	1/	/					-
	SIGNATURE	757	2 (0 (0 (0 (0 (0 (0 (0 (0 (0 (0 (0 (0 (0	THY BITTU		NTED N	AME			-
MY COMMISSION EX	4 19	27 18 2 2 YR.	Selection of the select	A CODE	225-7		TELEPHON	E NUM	BER	-
PART II - f statement is filed o	on behalf of a <u>Candidate's</u>	23 25	/	e, Candi	idate mus	st sign	here.			
I SWEAR (OR AFFIRM JUNE 3, 1937 (P.L) THAT TO THE BEST OF MY KNOWLI 1333, No. 320) AS AMENDED.	EDGE AND BELIEF TH	IS POLITICAL	COMMITTEE	E HAS NOT VIO	OLATED A	ANY PROVISIO	ONS OF	THE ACT OF	F
SWORN TO AND SU	BSCRIBED BEFORE ME THIS		-		SIGNATI	RE CE C	ANDIDATE			
DAY OF		20			JIGHATU	OF 6	CHUIUMIE			
Marking and Antonian Statement & Co.					PRI	NTED N	AME			
	SIGNATURE									

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	33-21984444
*	

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	
Total for the reporting period (1)	\$ 0.00
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)	\$ 500.00
All Other Contributions (Part D)	\$ 1000.00
Total for the reporting period (3)	\$ 1500.00
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 (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	\$ 1500.00

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.

					Amount
full Name of Co	atributing			Date [MM/DD/YYYY]	\$
Committee	acributing				
louse #	Street Address	3		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributing			Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address	S		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
				Date (BARA/DD/MMM)	
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Addres	s		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	entributing			Date [MM/DD/YYYY]	\$
House #	Street Addres	s		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ontributing			Date [MM/DD/YYYY]	\$
House #	Street Addres	18		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ontributing			Date [MM/DD/YYYY]	\$
Committee House #	Street Addres	ss		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:	33-21984444

Full Name of Contrib	utor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contrib	putor		tu.	Date [MM/DD/YYYY]	8
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contrib	outor		/	Pate [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contrib	outor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contril	outor		* - :	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contril	outor	Α	1	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$

PART C

Contributions Received From Political Committees

Over \$250.00

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

Filer Identification		3-21984444					
Full Name of						Date [MM/DD/YYYY]	\$ ·
Contributing Co	mmittee	nt'l Union of O	perating E	ngineers Local 542 PAC		05/12/2025	500.00
House # 1375	Street	Address	ginia Dr. St	:. 100		Date [MM/DD/YYYY]	\$
City Fort Was	shington		State	Zip Code	19034	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	mmittee					Date [MM/DD/YYYY]	\$
House #	THE REAL PROPERTY.	Address	-			Date [MM/DD/YYYY]	\$
City	= 11.		State	Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	mmittee					Date [MM/DD/YYYY]	\$
House #	Stree	Address				Date [MIN/DD/YYYY]	\$
City		Jan	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]	\$
Full Name of Contributing Co	ommittee					Date [MM/DD/YYYY]	\$
House #	Stree	t Address	/	<u> </u>		Date [MM/DD/YYYY]	\$
City	III (S)		State	Zip Code		Date [MM/DD/YYYY]	\$

Date [MM/DD/YYYY]

Date [MM/DD/YYYY]

Date [MM/DD/YYYY]

\$

\$

\$

Full Name of

House #

City

Contributing Committee

Street Address

State

Zip Code

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	n Number: 33-2198444	4					ne.	
Full Name of Co	ontributor				Date [MM/DD/	/YYYY]	\$	***
	Charles and	d Ruth Marcon			05/21/20)25		1000.00
House # 326	Street Address	N 27th Street			Date [MM/DD/YYYY]			
City Allentow	vn	State P/	Zip Code	18104	Date [MM/DD/	/YYYY]	\$	
Employer Name	a de la companya de	Retired			Occupation R	etired		
Employer Mailin								
Full Name of Co					Date [MM/DD/		\$	
House #	Street Address				Date [MM/DD/	/YYYY]	\$	
City		State	Zip Code		Date [MM/DD/	/ (((((((((((((((((((\$	
Employer Name					Occupation			
Employer Mailin Principal Place								
Full Name of Co	ontributor				Date [MM/DD/	/YYYY]	\$	
House #	Street Address		·		Date [MM/DD/	/YYYY]	\$	
City		State	Zip Code		Date [MM/DD/	/YYYY]	\$	
Employer Name					Occupation			

Date [MM/DD/YYYY]

Date [MM/DD/YYYY]

Date [MM/DD/YYYY]

Occupation

\$

\$

\$

Employer Mailing Address / Principal Place of Business Full Name of Contributor

Street Address

State

Zip Code

House #

Employer Name

Employer Mailing Address / Frincipal Place of Business

City

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	nber:				•
Full Name					
House #	Street Add	ress			
City		State	Zip Code	Date [N	IM/DD/YYYY] \$
Receipt Description				!	
Full Name					
House #	Street Add	ress			
City		State	Zip Code	Date [N	MIN/DD/YYYY] \$
Receipt Description					
Full Name					
House #	Street Add	iress			
City		State	Zip Code	Date [N	MM/DD/YYYY] \$
Receipt Description				1	
Full Name					
House #	Street Add	7.54			
City		State	Zip Code	Date (N	/M/DD/YYYY] \$
Receipt Description					
Full Name					
House #	Street Add	iress			
City	1	State	Zip Code	Date [M	/IM/DD/YYYY] \$
Receipt Description					
Full Name	/				
House #	Street Add	iress			
City		State	Zip Code	Date [F	MM/DD/YYYY] \$
Receipt Description	1	100			- I

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		
· · · · · · · · · · · · · · · · · · ·		
UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$5	0.00	OR LESS PER CONTRIBUTOR
TOTAL for the reporting period (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250	.00 (F	ROM PART F)
TOTAL for the reporting period (2)	\$	124.95
3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FRO	M PAF	λT G)
TOTAL for the reporting period (3)	\$	0.00
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)		124.95

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	
	33-21984444
LECTURE MALE DISCOURS	

Full Nan	ne of Contri	butor						Date [MM/DD/YYYY]	\$	
			Jeremy Bin	der				5/8/2025		124.95
House #		Stre	et Address					Date [MM/DD/YYYY]	\$	
	1553	iejs:		W Turner Stre	eet					
City	24			State		Zip Code		Date [MM/DD/YYYY]	\$	
	Allentown				PA		18102			
Descrip	tion of Cont	ributio	n	Translat	ion Service	es				
Full Nar	ne of Contri	butor		-ku-J				Date [MM/DD/YYYY]	\$	
House #		Stre	et Address					Date [MM/DD/YYYY]	\$	
		34								
City		23(State		Zip Code		Date [MM/DD/YYYY]	\$	
									/	
Descrip	tion of Cont	ributio	n –							
Full Mas	ne of Contri	hadaa	PERIOD.					Data face to a bonno	1 4	III-
Full Nar	ne or Contri	DUCOT						Date [MM/DØ/YYYY]	\$	
House #		Stre	et Address					Date [MM/DD/YYYY]	\$	
City				State		Zip Code		Date [MM/DD/YYYY]	\$	
Descrip	tion of Cont	ributio		Li di			/			
Full Nar	ne of Contri	butor						Date [MM/DD/YYYY]	\$	
									189	
House #		Stre	et Address			/		Date [MM/DD/YYYY]	\$	
		July	- Address							
City				State	-	Zip Code	2	Date [MM/DD/YYYY]	\$	
				/						
Descrip	tion of Cont	ributio	n							
Full Nar	ne of Contri	butor	/					Date [MM/DD/YYYY]	\$	
AV.										
House #		Stre	et Address					Date [MM/DD/YYYY]	\$	
PICE S	/									
City	/			State		Zip Code		Date [MM/DD/YYYY]	\$	
Descrip	tion of Cont	ributio	n	10.1	1,			0.		
/	A 18 18 18		STATE OF THE STATE	184						

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Parks of the second second				
Filer Identification Number:				
The identification raniber.				
	33-21984444			
the transfer of the second of	33-21304417			

Full Name of Co	entributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	/
Employer Mailin	ng Address / Principal ss			Description of Contribution	
Full Name of Co	entributor			Date [MM/pb/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	(Cal Chiese	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name			CONTRACTOR OF THE PARTY OF THE	Occupation	
Employer Maili Place of Busine	ng Address / Principal ss			Description of Contribution	
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name	e year			Occupation	1.5
Employer Maili Place of Busine	ng Address / Principal ss			Description of Contribution	
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Maili Place of Busine	ng Address / Principal ss			Description of Contribution	

Statement of Expenditures

Filer Identification Number:	33-21984444

To W	hom Paid	1					Date [MM/DD/YYYY]	\$	
	2 Caren	Kennedy Printing (Company, Inc.				05/09/2025	7	1444.87
House	e # 5534	Street Address	Baltimore Av	e.			Description of Expend	iture	
City	Philadelphia	a	State	РА	Zip Code	19143	Mailers		
To W	hom Paid	Scale to Win					Date [MM/DD/YYYY]	\$	85.02
House	0.#1	Cr 1 1 1 1					05/12/2025		
nous	13742	Street Address	Harper St.				Description of Expendi	ture	
City	Allentown		State	PA	Zip Code	18104	Texting Service		
To W	hom Paid	Scale to Win			W		Date [MM/DD/YYYY]	\$	227.52
		Scale to will					05/25/2025		327.53
House	e # 13742	Street Address	Harper St.				Description of Expendi	ture	
City	Allentown		State	PA	Zip Code	18104	Texting Service		
To W	hom Paid			16.0			Date [MM/DD/YYYY]	\$	
0.5		Jeremy Binder					05/12/2025		65.00
House	e # 1553	Street Address	W Turner St.				Description of Expendi	ture	
City	Allentown	-	State	PA	Zip Code	18101	Election Day Expenses		
To W	hom Paid						Date [MM/DD/YYYY]	\$	
House	e #	Street Address					Description of Expendi	ture	
City			State		Zip Code			/	
To W	hom Paid			-			Date [MM/DD/YYYY]	\$	
House	e #	Street Address					Description of Expendi	ture	
City			State		Zip Code				
To W	hom Paid			VI			Date [MM/DD/YYYY]	\$	
House	#	Street Address					Description of Expendi	ture	
City		The state of the s	State		Zip Code				
To Wi	nom Paid						Date [MM/DD/YYYY]	\$	
House	# /	Street Address					Description of Expendi	ture	
City			State		7:				XIII
			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	n Number:					reporting periodi	
Name of Credito	or luce				Outsta	nding Balance of Debt	
louse # 1553	Jeremy Bin Street Address	W Turner Street	DATE DEBT INCURRED [MM/DD/YYYY]		\$	iding balance of Deb	
ity	Allentown	State	PA	12/12/2024 PA		1000	
escription of C	Committee	Loan					
ame of Credito	or Table				Outsta	nding Balance of Deb	
House # Street Address			DATE DATE DATE DATE DATE DATE DATE DATE		\$		
ity		State		Zip Code			
escription of D	Debt				,		
ame of Credito	or				Outsta	nding Balance of Deb	
ouse#	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$		
ity		State		Zip Code			
escription of D	Pebt			/			
ame of Credito	or		7	6	Outsta	nding Balance of Deb	
ouse #	Street Address	/		E DEBT INCURRED MM/DD/YYYY]	\$		
ity		State		Zip Code			
escription of D	ept						
ame of Credito	or				Outstai	nding Balance of Deb	
ouse#	Street Address			E DEBT INCURRED MM/DD/YYYY]	\$		
ty		State		Zip Code			
escription of D	Pept						
ame of Credito	or /				Outstai	nding Balance of Deb	
ouse #	Street Address			DEBT INCURRED MM/DD/YYYY]	\$		
ity		State		Zip Code			
Description of D	ebt						