

CAMPAIGN FINANCE REPORT

MAY 9 '25 PM 3:43 RCVD
ELECTION BOARD

NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number:		Report Filed By:		1. CANDIDATE <input checked="" type="checkbox"/>		2. COMMITTEE <input type="checkbox"/>		3. LOBBYIST <input type="checkbox"/>	
Name of Filing Committee, Candidate or Lobbyist: Palmer for the People									
Street Address: 607 W Allen St									
City: Allentown				State: PA		Zip Code: 18102 -			
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	YES	NO
	8TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	YES	NO
	ANNUAL REPORT	7.	YEAR		FILING METHOD () CHECK ONE		PAPER	<input checked="" type="checkbox"/>	DISKETTE
Name of Office Sought by Candidate:					DATE OF ELECTION		District Number	Office Code	Party Code
					MO. DAY YEAR				
							(SEE INSTRUCTIONS FOR CODES)		
Summary of Receipts and Expenditures from:					MO. DAY YEAR		FOR OFFICE USE ONLY		
					2 18 2025				
					To				
					5 9 2025				
A. Amount Brought Forward From Last Report					\$				
B. Total Monetary Contributions and Receipts (From Schedule I)					\$				
C. Total Funds Available (Sum of Lines A and B)					\$				
D. Total Expenditures (From Schedule III)					\$				
E. Ending Cash Balance (Subtract Line D from Line C)					\$				
F. Value of In-Kind Contributions Received (From Schedule II)					\$				
G. Unpaid Debts and Obligations (From Schedule IV)					\$				

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 or computer diskette, are to the best of my knowledge and belief true, correct and complete.	
Sworn to and subscribed before me this	
09 day of 05 20 25	
Brinn M Brinn - Jan	
Signature	
My commission expires 4 3 2029	
MO. DAY YR.	
	Signature of Person Submitting Report
	Patrick Palmer
	Printed Name
	484 661-3069
	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	
09 day of 05 20 25	
Brinn M Brinn - Jan	
Signature	
My commission expires 4 3 2029	
MO. DAY YR.	
	Signature of Candidate
	Patrick Palmer
	Printed Name
	484 661-3069
	Area Code Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal
 Brianna M. Nigrone-Souza, Notary Public
 Lehigh County

My commission expires April 3, 2029

Commission number 1457457

Member, Pennsylvania Association of Notaries
 Bureau of Commissions, Elections and Legislation
 Harrisburg, PA 17120-0029 (717) 737-3280

ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate PALMER for The People	Reporting Period From 2/13/2025 To 5/9/2025
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$

PART C

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

OVER \$250.00

WAYS 25 PMS 44RCVD
HIGH ELECTION COMMISSION

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

Name of Filing Committee or Candidate Palmer for the People	Reporting Period From 2/18/2025 To 5/9/2025
---	--

Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	
XXXXXXXXXXXXXXXXXXXX PA stands up State PA				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
XXXXXXXXXXXXXXXXXXXX P.O. Box 31975				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
XXXXXXXXXXXXXXXXXXXX Philadelphia				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
XXXXXXXXXXXXXXXXXXXX				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
XXXXXXXXXXXXXXXXXXXX				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
XXXXXXXXXXXXXXXXXXXX				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
XXXXXXXXXXXXXXXXXXXX				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
XXXXXXXXXXXXXXXXXXXX				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
XXXXXXXXXXXXXXXXXXXX				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$

PAGE TOTAL

\$

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate

Reporting Period

From _____ To _____

To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address			Description of Expenditure			\$
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address			Description of Expenditure			\$
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address			Description of Expenditure			\$
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address			Description of Expenditure			\$
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address			Description of Expenditure			\$
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address			Description of Expenditure			\$
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address			Description of Expenditure			\$
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address			Description of Expenditure			\$
City	State	Zip Code (Plus 4)				

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL

\$

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.

MAY 9 25 PM 3:44 RCV
 ELECTION BOARD

Name of Filing Committee or Candidate Palmer for the People	Reporting Period From 2/13/2025 To 5/9/2025
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Name of Creditor Working Families Party					Outstanding Balance of Debt \$ 79.20	
Mailing Address 77 Sands St		DATE DEBT INCURRED	MO. 4	DAY 7	YEAR 2025	
City Brooklyn		State NY	Zip Code (Plus 4) 11201-			
Description of Debt Literature						
Name of Creditor Working Families Party					Outstanding Balance of Debt \$ 202.60 202.60	
Mailing Address 77 Sands St		DATE DEBT INCURRED	MO. 4	DAY 27	YEAR 2025	
City Brooklyn		State NY	Zip Code (Plus 4) 11201-			
Description of Debt Literature Update						
Name of Creditor Working Families Party					Outstanding Balance of Debt \$ 111.30	
Mailing Address 77 Sands St		DATE DEBT INCURRED	MO. 4	DAY 30	YEAR 2025	
City Brooklyn		State NY	Zip Code (Plus 4) 11201-			
Description of Debt Literature Update (DS)						
Name of Creditor Working Families Party					Outstanding Balance of Debt \$ 183.33	
Mailing Address 77 Sands St		DATE DEBT INCURRED	MO. 4	DAY 28	YEAR 2025	
City Brooklyn		State NY	Zip Code (Plus 4) -			
Description of Debt Canvas Set						
Name of Creditor Working Families Party					Outstanding Balance of Debt \$ 340.40	
Mailing Address 77 Sands St		DATE DEBT INCURRED	MO. 5	DAY 13	YEAR 2025	
City Brooklyn		State NY	Zip Code (Plus 4) -			
Description of Debt Direct Mail						
Name of Creditor Working Families Party					Outstanding Balance of Debt \$	
Mailing Address 77 Sands St		DATE DEBT INCURRED	MO.	DAY	YEAR	
City Brooklyn		State NY	Zip Code (Plus 4) -			
Description of Debt Direct Mail						

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL
\$ 931.83

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.

Name of Filing Committee or Candidate <i>Palmer for the People</i>	Reporting Period From <i>2/18/2025</i> To <i>5/9/2025</i>
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Full Name of Contributing Committee				DATE			AMOUNT
				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
State	Zip Code (Plus 4)			MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
State	Zip Code (Plus 4)			MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
State	Zip Code (Plus 4)			MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
State	Zip Code (Plus 4)			MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
State	Zip Code (Plus 4)			MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
State	Zip Code (Plus 4)			MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
State	Zip Code (Plus 4)			MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
State	Zip Code (Plus 4)			MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
State	Zip Code (Plus 4)			MO.	DAY	YEAR	\$

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL

\$

PART B
ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 to \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
---------------------------------------	---

				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$

PAGE TOTAL

\$

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

**SCHEDULE II
PART F**

PAGE _____ OF _____

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
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Full Name of Contributor				DATE			AMOUNT
				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL
\$

**SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED**

VALUE OVER \$250.00

MAY 9 '25 PM 3:43 RCVD
LEHIGH ELECTION BOARD

Name of Filing Committee or Candidate Palmer for the People	Reporting Period From 2/18/2025 To 5/9/2025
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				DATE			AMOUNT
Full Name of Contributor	Mailing Address	City	State	Zip Code (Plus 4)	MO.	DAY	YEAR
Cecilia Gerlach	435 N Hall St	Allentown	PA	18102 -	4	20	2025
							\$ 387.80
Employer of Contributor					Occupation		
Employer Mailing Address/Principal Place of Business					Description of Contribution		
Working Families Party	77 Sands St	Brooklyn	NY	11201 -	3	19	2025
							\$ 625
					4	7	2025
							\$ 74.20
					4	30	2025
							\$ 222.60
Employer of Contributor					Occupation		
Employer Mailing Address/Principal Place of Business					Description of Contribution		
Working Families Party	77 Sands St	Brooklyn	NY	11201 -	4	30	2025
							\$ 148.40
					4	28	2025
							\$ 272.25
					5	1	2025
							\$ 70.91
Employer of Contributor					Occupation		
Employer Mailing Address/Principal Place of Business					Description of Contribution		
Working Families Party	77 Sands St	Brooklyn	NY	11201 -			\$ 1000.00
							\$
							\$
Employer of Contributor					Occupation		
Employer Mailing Address/Principal Place of Business					Description of Contribution		
							\$
							\$
							\$
Employer of Contributor					Occupation		
Employer Mailing Address/Principal Place of Business					Description of Contribution		

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 2801.06