Commonwealth of Pennsylvania - Campaign Finance Report

1 of 12

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

Filer (dentification Number		Report Filed By Cand (Mark X)		date Committee			Lobbyist	
Name of Filing Committee, Candidate or Lobbyist	Jeremy Binder							
Street Address	1553	W Turner S	Street					
City Allentown	*1		State	PA		Zip Code	18101	
Type of Report (Place x under report type)								
1-6 th Tuesday 2-2 nd Friday 3-30 Day Post Pre-Primary Pre-Primary Primary		Tuesday Election	5- 2 nd Friday Pre-Election	V 7 1 24 - 1 2		7- Annual	Special 2 nd Friday Pre-Election	y Special 30 Day Post-Election
Date Of Election (MM/DD/YYYY) 05/20/2025	Yea		2025	Amend Report	***		Termination Report	
Summary of Receipts and From Date		To Date	•			For	Office Use Only	
Expenditures 01/01/2024		12	/31/2024					
A. Amount Brought Forward From Last Repor		\$	0.00				Legisland Make the	The state of the same and the same and the same
B. Total Monetary Contributions and Receipt (From Schedule I)	s	\$	0.00					
C. Total Funds Available (Sum of Lines A and B)		\$	0.00					
D. Total Expenditures (From Schedule III)		\$	1,000.00					
E. Ending Cash Balance (Subtract Line D from Line C) F. Value of In-Kind Contributions Received		\$	0.00					HEFCIION EDI 17.58749: Vosco
(From Schedule II)			0.00				*	A STABLARED HELL LA CONTRA HE
G. Unpaid Debts and Obligations (From Schedule IV)		\$	0.00					
Part 1- If this is a Committee report, treasurer sign			Affidavit S					
I swear (or affirm) that this report, including the att Sworn to and subscribed before me this 30 January 20 21				e best of m	y knowle			plete.
Signature			-	Jeremy Bind	der	Printed Nar	na	
		, 1		610			7-5308	
My Commission expires MO. DAY YE	₹.		ā	Area Code	-	Da	ytime Telephone Nu	mber
Part II- If this is a report of a Candidate's Authorize	d Com	mittee. can	didate shall sign	here.				
I swear (or affirm) that to the best of my knowledge amended. Sworn to and subscribed before me this					olated ar	ny provisions of	the Act of June 3, 19	37 (P.L. 1333, NO.320) as
and substituted perofe file tills		٠,١			Sic	gnature of Cano	lidate	3 3
day of20		i						
	_	,	:		3,6	Printed Name		<u> </u>
day of20				Area Code		Printed Name		pher

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)	\$ 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)	\$ 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 (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	(- 14 Table 1 - 14 - 14 - 14 - 14 - 14 - 14 - 14 -		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	ntributing			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
Gity		State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Co Committee	intelbating		Panel M	Date [MM/DD/YYYY] \$
House #	Street Addres	5		Date [MM/DD/YYYY] \$
City	The Light	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 (dentification Number:		make Birlanda Sin	
Full Name of Contributor		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]	
House # Street Address		Date [MM/DD/YYYY] \$	
City	Zip Code	Date [MKI/DD/YYYY] \$	
Full Name of Contributor		Pate [MM/DD/YYYY] \$	
House # Street Address		Date [MM/DD/YYYY] \$	
City	Zip Code	Date [MM/DD/YYYY] \$	F
Full Name of Contributor		Date [MM/DD/YYYY] \$	
House # Street Address		Date [MM/DD/YYYY] \$	
City State Full Name of Contributor	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	zip code	Date [MM/DD/YYYY] \$	
House # Street Address		Date [MM/DD/YYYY] \$,
	Zip Code	Date [MM/DD/YYYY] \$	
City		77.00	

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	n Number:				
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY] \$	
House #	Street Address	7		Date [MM/DD/YYYY] \$	-/-
City		State	Zip Code	Date [MM/DD/YYYY] \$	/
Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	R. 90 Sec. 20 Sec. 20	State	Zip Code	Date [IVMV/DD/YYYY] \$	
Full Name of Contributing Co				Sate [MM/DD/YYYY] \$	
House #	Street Address		/	Date [MM/DD/YYYY] \$	
City :	E STATE	State	Zíp Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
		State	Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	
Contributing Co	ommittee			Date [MM/DD/YYYY] 5	
	Street Address		Zin Caib	Date [MM/DD/YYYY] \$:
City Full Name of		State	Zip Code	Date [MM/DD/YYYY] \$	***************************************
Contributing C	omporttee Street Address			Date [MM/DD/YYYY] \$	
City	Street, Audress	State	Zip Code	Date [MM/DD/YYYY] \$	
		3.d.e	Lip sode	Date (min/DD/1711)	

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:		
Izuli Nameso (≪onuributos		Date [MM/DD/YYYY] \$
House # Street Addres	S	Date [MM/DD/YYYY] \$
City	State Zip Gode	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		
Full Name of Contributor		Date [MM/DO/YYYY] \$
House # Street Addres	ss	Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	[1.00 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A	Occupation
Employer Mailing Address / Principal Place of Business		
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Addre	SS	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 Addre	'SS	Date [MM/DD/YYYY] \$
City	State Zip Code.	Date [MM/DD/YYYY] \$
Employer Name	Action (Control of Control of Con	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.

rijei identilication (vo				
Full Name				
House #	Street Addre	255		
City		State	Żip Code	Date [MM/DD/YYYY] \$
Receipt Description	i			****
Full Name	He I HE VI		a.	
House #	Street Addre	255		
City		State	Zip Code	Date [MIV/DD/YYYY] \$
Receipt Description	1	Broght C. St	1 2 2 100 100 100 100 100 100 100 100 10	
Full Name		29 f.b.s.	a zed Charles Su	
House #	Street Addre	255		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	i	2 4 4 5 4 4 5 4 4 5 4 5 4 5 4 5 4 5 4 5		[250]
Full Name			/	
House #	Street Addre	ess /	/	
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	1			FY-
Full Name				
House #	Street Addr	ess		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	n /	N S PAZ C	11	162.4
Full Name			general de la companya de la company	No. 10 April
House #	Street Addr	ess		
		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descriptio	n			

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 Numbert							
	N	× 1					
1. UNITEMIZED IN-KIND CONTRI	BUTIONS RECEIVED-VALUE OF \$5().00 C	R LESS PER CONTRIBUTOR				
TOTAL for the reporting period	(1)	\$	0.00				
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.01 TO \$250.	00 (FI	ROM PART F)				
TOTAL for the reporting period	(2)	\$	0.00				
3: IN-KIND CONTRIBUTION RECE							
TOTAL for the reporting period	(3)	\$	0.00				
TOTAL VALUE OF IN-KIND CONTRIBUTION	ONS DURING THIS REPORTING	\$	The second of the first process with the second of the sec				
PERIOD (Add and enter amount totals f on Page 1, Report Cover Page, Item F)	rom boxes 1, 2, and 3; also enter		0.00				
the same of the sa		-	which has more than the second and the second secon				

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification	Number	THE RESERVE OF THE PERSON		
	(Votaber			
Tall Name of Con	tizibutora ,			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	8 (2 4 8 7 1 1 4 2 2 1 2 7 N 1	State	Zip Code	Date [MM/DD/YYYY] \$
Description of Co	ntribution	4		
Full Name of Con				Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/Dp/YYYY] \$
City	i i i i i i i i i i i i i i i i i i i	State	Zip Code	Date MM/DD/YYYY] \$
1				
	ntribution			
Full Name of Con				Date [MM/DD/YYYY] \$
	34			
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Description of Co	ntribution			1 9 (A
				When the state of
Full Name of Con	tributor	/		Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
			12.29. 70. 70. 70.	
City		State	Zip Code	Date [MM/DD/YYYY] \$
Description of Co	ntribution			N. A
Full Name of Con	See that the transfer of the see of the see of the see			P. Acciana (Apriliana)
				Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
	27 T. La V.			
Description of Co	ntribution			

SCHEDULE II Part G

In-Kind Contributions Received

	and the second second		VALUE OVER \$250	
Filer Identification	Number:			A100-11-11-11-11-11-11-11-11-11-11-11-11-
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$
House #	Street Address	5		Date [MM/DD/YYYY] \$
City		State	. Zip Code	Date [MM/DD/YYYY] \$
Employer Name		223.791.1	Mary State of the	Occupation
Employer Mailir Place of Busines	ng Address / Principal s			Description of Contribution
Full Name of Co	ntributor		The Marie Control of the Control of	Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	a de la composição			Occupation
Employer Mailin Place of Busines	ng Address / Principal s			Description of Contribution
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
Employer Mailin Place of Busines	343			Description of Contribution
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$
House #	Steet Address			Date [MM/DD/YYYY] \$.
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		San San	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Occupation

Employer Mailing Address / Principal Place of Business

Description

Contribution

Statement of Expenditures

Tele Mentillation Number 1		
Filer identification Number.		
The same of the sa		

aro Whom Pale				Date [M	M/DD/YYYY] \$		
	Friends of Jeremy B	inder			/12/2024	1000	
House # 532	Street Address	Hamilton Street, Ste 1	0	A Committee of the Comm			
City		State	Zip				
Allentown	1	PA	*Code 1810	Loan to Co	Loan to Committee		
To Whom Paid				Date [M	M/DD/YYYY] \$		
House #	Street Address			Descript	ion of Expenditure		
City	983 232550 S.T. 50 V.S.	State	Zip		er er en		
	Nes		Code	1.5242784	salppingad let		
To Whom Paid				Date (IV)	M/DD/YYYY] \$		
House #	Street Address			Descript	tion of Expenditure		
		No.	● €&* *5.* \ \				
City		State	Zip Code				
To Whom Paid		The state of the s	(2) 2 4 2 2 3 (2) 2 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Date DM	M/DD/YYYY] \$	14	
				/-		Ç	
House #	Street Address			Descript	ion of Expenditure		
City		State	Zip				
		第二年 N	Code				
To Whom Paid			/	Date [M	M/DD/YYYY] \$		
House #	Street Address			Descript	ion of Expenditure		
City		State	Zíp Code				
To Whom Paid		Child while		Date [M	M/DD/YYYY] \$		
			/			×.	
House #	Street Address			Descript	ion of Expenditure		
City	SEC. 196.45.3.3.3.	State	Žip	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			
		Zin	Code				
To Whom Paid				Date IM	M/DD/YYYY] \$		
House #	Street Address			Descript	ion of Expenditure		
		NASC INVESTIG	107 <u>11</u> 111111111111111111111111111111111				
City		State	Zip Code				
To Whom Paid	7		(4. C. 77. 15	Date [M	IM/DD/YYYY] \$	Ä	
/				3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3			
House #	Street Address				tion of Expenditure		
City	MANAGE SEE	State	Zip	10 1 3 g 14			
			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 Nu	mber		
Name of Greditors			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	.
City Description of Debt	Stal	E 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Description of Debt			
Name of Creditor		/	Outstanding Balance of Debt
House #	Street Address	DATE DEST INCURRED [NAVI/DD/YYYY]	\$
City		Zip Code	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City Description of Debt	Stat	Zip Code	
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City Description of Debt	Stal	e Zip Code	
Description of Dept			
Name of Creditor	/	والمستقدمة ويأسده منه في يوان بيدونيد والبياسة ما	Outstanding Balance of Debt
House#	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
	Stat	e Zip Code	1.0
Description of Debt			