

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

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

MAY 9 '25 PM 2:14
LEHIGH ELECTION BOARD

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF		CANDIDATE	1. <input checked="" type="checkbox"/>	COMMITTEE	2.	LOBBYIST	3.
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Jeremy Binder									
STREET ADDRESS 1553 W Turner Street									
CITY Allentown				STATE PA		ZIP CODE 18102			
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE Allentown City Council		DISTRICT NO.		PARTY DEM		DATE OF ELECTION	
6TH TUESDAY PRE-PRIMARY								MO. DAY YEAR	
2ND FRIDAY PRE-PRIMARY		<input checked="" type="checkbox"/>						05 20 2025	
30 DAY POST-PRIMARY									
6TH TUESDAY PRE-ELECTION									
2ND FRIDAY PRE-ELECTION									
30 DAY POST-ELECTION									
ANNUAL REPORT									
		DATES OF REPORTING PERIOD		MO. DAY YEAR TO MO. DAY YEAR				FOR OFFICE USE ONLY	
		01 01 25		05 05 25					
		CASH BALANCE AT END OF REPORTING PERIOD:		\$ 0.00					
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ 1000.00					
		AMENDMENT REPORT?		YES NO					
		TERMINATION REPORT?		YES NO					

AFFIDAVIT SECTION

Commonwealth of Pennsylvania - Notary Seal
HECTOR PINTO - Notary Public
Lehigh County
My Commission Expires 07/17/2025

PART I -
If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
If statement is filed on behalf of a Candidate, the Candidate must sign here.
If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS
DAY OF MAY 20 25

SIGNATURE
MY COMMISSION EXPIRES 5 9 25 MO. DAY YR.

SIGNATURE OF PERSON SUBMITTING REPORT
Jeremy Binder
PRINTED NAME
484 225-7503
AREA CODE DAYTIME TELEPHONE NUMBER

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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
DAY OF 20

SIGNATURE
MY COMMISSION EXPIRES MO. DAY YR.

SIGNATURE OF CANDIDATE
PRINTED NAME
AREA CODE DAYTIME TELEPHONE NUMBER