MAY9'25Px2:14RCVD

Commonwealth of Pennsylvania - Campaign Finance Report

| (Note: This report must be | clear and legible | . It sl | hould | he typed) |
|----------------------------|-------------------|---------|-------|-----------|

Filer Identification Report Filed By Candidate Committee Lobbyist 33-2198444 Number (Mark X) Name of Filing Committee, Candidate or Lobbyist Friends of Jeremy Binder **Street Address** 1553 W Turner Street City State Zip Code Allentown PΑ 18102 Type of Report (Place x under report type) 1-6th Tuesday 2- 2nd Friday 3-30 Day Post 4-6th Tuesday 5- 2nd Friday 6-30 Day Post 7- Annual Special 2nd Friday Special 30 Day **Pre-Primary** Pre-Primary **Primary** Pre- Election Pre- Election Election Pre-Election **Post-Election Date Of Election** Year Amendment Termination (MM/DD/YYYY) Report 05/20/2025 Report 2025 Summary of Receipts and From Date To Date For Office Use Only Expenditures 01/01/2025 05/05/2025 A. Amount Brought Forward From Last Report Ś 104.58 **B. Total Monetary Contributions and Receipts** \$ (From Schedule I) 25370.00 C. Total Funds Available \$ (Sum of Lines A and B) 25474.58 D. Total Expenditures \$ (From Schedule III) 21838.86 E. Ending Cash Balance \$ (Subtract Line D from Line C) 3635.72 F. Value of In-Kind Contributions Received \$ (From Schedule II) 13031.46 G. Unpaid Debts and Obligations (From Schedule IV) 1000.00 Affidavit Section Part 1- 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, is to the best of my knowledge and belief true, correct and complete. Sworn to and subscribed before me this day of Signature of Person Submitting report Brian Parker Printed Name My Commission expires & > 484 225-7403 DAY Area Code Daytime Telephone Number Part II- If this is a report of a Candidate's Authorized Committee Amonwealth of Penesylvani HECTOR PINTO Adda Lehigh Count y Commission Expires Food Commission Number 1: ign here. I swear (or affirm) that to the best of my knowledge and belief t ittee 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 20 2025 Signature of Candidate Jeremy Binder Printed Name My Commission expires_ 484 477-5308 Area Code Daytime Telephone Number

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

| Filer Identification Number | | | | |
|-----------------------------|--|--|--|--|
| | | | | |

| | - 1 | | |
|---|-----|----------|--|
| 1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor | | | |
| Tatal for the reporting paried (1) | · c | | |
| Total for the reporting period (1) | \$ | 305.00 | |
| 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) | \$ | 2965.00 | |
| Total for the reporting period (2) | \$ | 2965.00 | |
| 3. Contributions Over \$250.00 (From Part C and Part D) | | | |
| Contributions Received from Political Committees (Part C) | \$ | 13500.00 | |
| All Other Contributions (Part D) | \$ | 8600.00 | |
| Total for the reporting period (3) | \$ | 22100.00 | |
| 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.

| · | (Kulliber | | | | |
|-------------------------------|----------------|-------|----------|-------------------|--------|
| | | | | | 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 | ntributing | | | Date [MM/DD/YYYY] | \$ |
| House # | Street Address | | | Date [MM/DD/YYYY] | \$ |
| City | | State | Zip Code | Date [MM/DD/YYYY] | \$ |
| Full Name of Con Committee | ntributing | | | Date [MM/DD/YYYY] | \$ |
| House # | Street Address | | | Date [MM/DD/YYYY] | \$ |
| City | | State | Zip Code | Date [MM/DD/YYYY] | \$ |
| Full Name of Cor Committee | ntributing | | | Date [MM/DD/YYYY] | \$ |
| House # | Street Address | | | Date [MM/DD/YYYY] | \$ |
| City | | State | Zip Code | Date [MM/DD/YYYY] | \$ |
| Full Name of Cor Committee | ntributing | / | | Date [MM/DD/YYYY] | \$ |
| House # | Street Address | | | Date [MM/DD/YYYY] | \$ |
| City | | State | Zip Code | Date [MM/DD/YYYY] | \$ |
| Full Name of Cor Committee | itributing | | | 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 Ide | entification Number | | | | | | | | |
|--------------------|---------------------------|----------------|-----------------|------------|----------|----------------|--------------------------|-----|---------|
| Full Na | ime of a same of | | | | | | Date [MM/DD/YYYY] | \$ | |
| 1.5 % | buting Committee | Peter Schwe | eyer | | | | 03/04/2025 | 1 | 250.00 |
| House | # S | treet Address | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | PO Box 4364 | | | | 04/28/2025 | | 750.00 |
| City | | | State | 1 | Zip Code | | Date [MM/DD/YYYY] | \$ | |
| | Allentown | | | PA | | 18105 | Ziosia rissi arabi arabi | | |
| 2 | ime of | | | | | | Date [MM/DD/YYYY] | \$ | |
| Contril | buting Committee | Allentown F | irefighters laf | f Local 30 |)2 | | 03/18/2025 | | 1000.00 |
| House | | treet Address | i | | | | Date [MM/DD/YYYY] | \$ | |
| | 723 | | W. Chew St. | Suite 302 | 2 | | | M | |
| City | 1 | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ | |
| a Na A Pilipid | Allentown | | | PA | | 18102 | | | |
| Full Na | | | | | | - * | Date [MM/DD/YYYY] | \$ | |
| Contra | buting Committee | Lehigh Valle | y Association | of Realto | ors | | 03/28/2025 | | 5000.00 |
| House | 100 | treet Address | i | | | | Date [MM/DD/YYYY] | \$ | |
| | 10 | | South Comm | erce Wa | y | | | | |
| City | Bethlehem | | State | PA | Zip Code | 18017 | Date [MM/DD/YYYY] | \$ | |
| Full Na | | | | | | | Date [MM/DD/YYYY] | \$ | |
| Contrib | buting Committee | Friends of N | lick Miller | | | | 04/09/2025 | | 2500.00 |
| House | #. SI | reet Address | 1 | | | | Date [MM/DD/YYYY] | \$ | |
| | | | PO Box 1799 | | | | 04/18/2025 | | 1000.00 |
| City | Alientown | | State | PA | Zip Code | 18105 | Date [MM/DD/YYYY] | \$ | 1500.00 |
| | | -1 | 14.30 | ۱'^ | | 18103 | 05/04/2025 | 1 | 1500.00 |
| Full Na Contrib | me of outing Committee | Mike Schlos | shora | | | | Date [MM/DD/YYYY] | \$ | |
| | | IVIIKE SEIIIOS | | | | | 02/28/2025 | | 250.00 |
| House | # S1 | reet Address | PO Box 1537 | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | 05/02/2025 | | 250.00 |
| City | Allentown | | State | PA | Zip Code | 18104 | Date [MM/DD/YYYY] | \$ | |
| Full Na | ma of | | | | | | | | |
| | me or outing Committee | IBEW Local I | Union #375 | | | | Date [MM/DD/YYYY] | \$ | 500.00 |
| | | | | | | | 04/28/2025 | n i | 500.00 |
| House | # 101 Si | reet Address | S 7th St. | | | | Date [MM/DD/YYYY] | \$ | |
| City | | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ | |
| | Allentown | | | PA | | 18101 | | | |

PART C

Contributions Received From Political Committees

Over \$250.00

Filer Identification Number:

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

| | | | | _ | |
|--------------------------------------|-----------------|----------|--------------------|----|--------|
| Full Name of | | | Date [MM/DD/YYYY] | \$ | |
| Contributing Committee Joshua Siegel | | | 05/05/2025 | | 500.00 |
| House # Street Address | Woodlawn St. Ap | t 204 | Date [MM/DD/YYYY] | \$ | |
| City Allentown | State PA | Zip Code | Date [MM/DD/YYYY] | \$ | |
| Full Name of Contributing Committee | 1 | | Date [MM/DD/YYYY] | \$ | |
| House # Street Address | | | Date [MM/DD/YYYY] | \$ | |
| City | State | Zip Code | Date [MM/DD/YYYY] | \$ | |
| Full Name of Contributing Committee | | | Date [MM/DD/YYYy] | \$ | |
| House # Street Address | | | Date [MIM/DD/YYYY] | \$ | |
| City | State | Zip Code | Oate [MM/DD/YYYY] | \$ | |
| Full Name of Contributing Committee | | / | Date [MM/DD/YYYY] | \$ | |
| House # Street Address | | | Date [MM/DD/YYYY] | \$ | |
| City | State | Zip Code | Date [MM/DD/YYYY] | \$ | |
| Full Name of Contributing Committee | / | | Date [MM/DD/YYYY] | \$ | |
| House # Street Address | -/- | | Date [MM/DD/YYYY] | \$ | |
| City | State | Zip Code | Date [MM/DD/YYYY] | \$ | |
| Full Name of Contributing Committee | | | 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.)

| entification Number: | | | |
|----------------------|--|------|--|
| | | | |

| 77 1.54 | ne of Contri | butor | | | | | | Date [MM/DD/YYYY] | \$ | |
|----------------------------------|--------------|----------|--------------|--------------|------------|----------|-------------------|-------------------|--------|--------|
| Our A | | .,, | Daniel Perss | son | | | | 01/10/2025 | | 100.00 |
| House # | | Stre | et Address | | | | | Date [MM/DD/YYYY] | \$ | |
| | 15 | | | Fremont St. | | | | | | |
| City | Arlington | - Indian | 0 - 100 | State | МА | Zip Code | 02474 | Date [MM/DD/YYYY] | \$ | |
| Full Nan | ne of Contri | butor | | | .1. | | | Date [MM/DD/YYYY] | \$ | |
| | | | Alexis Thiel | | | | | 03/10/2025 | | 200.00 |
| House # Street Address N 7th St. | | | | | | | Date [MM/DD/YYYY] | \$ | | |
| City | Emmaus | | | State | PA | Zip Code | 18049 | Date [MM/DD/YYYY] | \$ | |
| Full Nan | ne of Contri | butor | | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | Alicia Moye | r | | | | 02/18/2025 | 18 | 50.00 |
| House # | * | Stre | eet Address | | | | | Date [MM/DD/YYYY] | \$ | |
| | 1413 | 5.3 | | Linden St. | | | | 03/11/2025 | | 100.00 |
| City | Allentown | | | State | PA | Zip Code | 18102 | Date [MM/DD/YYYY] | \$ | |
| Full Nan | ne of Contri | butor | | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | Angela Moy | er | | | | 03/11/2025 | | 150.00 |
| House # | 1321 | Stre | eet Address | Hamilton St. | | | | Date [MM/DD/YYYY] | \$ | |
| City | Allentown | | | State | PA | Zip Code | 18102 | Date [MM/DD/YYYY] | \$ | |
| Full Nan | ne of Contri | butor | | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | Coral Coher | 1 | | | | 03/03/2025 | | 75.00 |
| House # | 5265 | Stre | et Address | Rockrose La | ne, Buildi | ng i12 | | Date [MM/DD/YYYY] | \$ | |
| City | Allentown | | | State | PA | Zip Code | 18104 | Date [MM/DD/YYYY] | \$ | |
| Full Nan | ne of Contri | butor | | | | | | Date [MM/DD/YYYY] | \$ | |
| | Emily Jones | | | | | | 03/10/2025 | 18 | 100.00 | |
| House # | 1750 | Stre | eet Address | Chew St. | | | | Date [MM/DD/YYYY] | \$ | |
| City | 26 | | The Date of | State | 1 | 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 Nan | ne of Contribut | tor | | | | | Date [MM/DD/YYYY] | \$ | |
|----------|-----------------|-----------------|--------------|----|----------|-------|-------------------|------|--------|
| | | Elsbeth Haymo | on | | | | 02/28/2025 | | 200.00 |
| House # | | Street Address | | | | | Date [MM/DD/YYYY] | \$ | |
| | 2711 | V | /. Allen St. | | | | | | |
| City | Allentown | | State | PA | Zip Code | 18104 | Date [MM/DD/YYYY] | \$ | |
| Full Nan | me of Contribut | or | | | | | Date [MM/DD/YYYY] | \$ | |
| | | Michael Drabe | enstott | | | | 01/27/2025 | | 100.00 |
| House # | 2346 | Street Address | /. Allen St. | | | | Date [MM/DD/YYYY] | \$ | |
| City | Allentown | WHIZE-0 | State | PA | Zip Code | 18104 | Date [MM/DD/YYYY] | \$ | |
| Full Nan | ne of Contribut | or | | | | | Date [MM/DD/YYYY] | \$ | |
| | | Kathleen Dent | | | | | 02/28/2025 | 8 | 150.00 |
| House # | | Street Address | | | | | Date [MM/DD/YYYY] | \$ | |
| | 40 | S | 16th St. | | | | | 3 | |
| City | Allentown | 0 | State | PA | Zip Code | 18102 | Date [MM/DD/YYYY] | \$ | |
| Full Nan | ne of Contribut | or | | | | | Date [MM/DD/YYYY] | \$ | |
| | | Maria Tjeltveit | | | | | 03/03/2025 | 19 | 150.00 |
| House # | 124 | Street Address | Madison St | | | | Date [MM/DD/YYYY] | \$ | |
| City | Allentown | | State | PA | Zip Code | 18102 | Date [MM/DD/YYYY] | \$ | |
| Full Nan | ne of Contribut | or | | | | | Date [MM/DD/YYYY] | \$ | |
| | | Susan Karpovio | ch | | | | 03/03/2025 | | 100.00 |
| House # | 1513 | Street Address | / Turner St. | | | | Date [MM/DD/YYYY] | \$ | |
| City | Allentown | | State | PA | Zip Code | 18102 | Date [MM/DD/YYYY] | \$ | |
| Full Nan | ne of Contribut | or | | | | | Date [MM/DD/YYYY] | \$ | |
| | Jennifer Mann | | | | | | 03/04/2025 | | 250.00 |
| | | Street Address | | | | | Date [MM/DD/YYYY] | \$ | |
| House # | 2845 | Pa | arkway Blvo | 1. | | | | 0.74 | |

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: | tion Number: | i i | |
|--|--------------|-----|--|
| Y-21 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | | | |

| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ |
|--------------------------|---------------|-------------------|------------|-------|-------------------|----------|
| Mitchell Har | na | | | | 03/11/2025 | 90.00 |
| House # Street Address | | | | | Date [MM/DD/YYYY] | \$ |
| 1540 | W Walnut St. | | | | | |
| City Allentown | State | PA | Zip Code | 18102 | Date [MM/DD/YYYY] | \$ |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ |
| Dick Button | | | | | 03/11/2025 | 75.00 |
| House # Street Address | S 16th St. | | | | Date [MM/DD/YYYY] | \$ |
| City Allentown | State | PA | Zip Code | 18102 | Date [MM/DD/YYYY] | \$ |
| Full Name of Contributor | - A 10 11 A | Date [MM/DD/YYYY] | \$ | | | |
| Melissa Wei | nstein | | 03/11/2025 | 75 | | |
| House # Street Address | | | | | Date [MM/DD/YYYY] | \$ |
| 425 | Business Park | Lane | | | | |
| City | State | | Zip Code | | Date [MM/DD/YYYY] | \$ |
| Allentown | | PA | | 18109 | | |
| Full Name of Contributor | ***** | | | V all | Date [MM/DD/YYYY] | \$ |
| Robert DiLo | renzo | | | | 03/11/2025 | 75.00 |
| House # Street Address | | | | | Date [MM/DD/YYYY] | \$ |
| (Sa) (1) 935 | N 19th St. | | | | | |
| Allentown | State | PA | Zip Code | 18104 | Date [MM/DD/YYYY] | \$ |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ |
| Kyle Ropski | | | | | 03/29/2025 | 100.00 |
| House # Street Address | | | | | Date [MM/DD/YYYY] | \$ j. |
| 528 | N Berks St. | | | | | |
| City Allentown | State | PA | Zip Code | 18104 | Date [MM/DD/YYYY] | \$ |
| Full Name of Contributor | - | | | • | Date [MM/DD/YYYY] | \$ |
| Charlene Sn | nalls | | | | 04/13/2025 | 100.00 |
| House # Street Address | N 4th St. | | | - | Date [MM/DD/YYYY] | \$ |
| City | State | PA | Zip Code | 18102 | Date [MM/DD/YYYY] | \$ |
| Allentown | | PA | | 18102 | | |

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:

| . Gwir i'r | | | | | | | | | | |
|--|-----------------|-------|--------------|--------------|----------|---------------|-------------------|--|----|--------|
| Euil Nar | ne of Contrib | utor | 1 | | | | | Deta [8684/DD (00/0/) | Te | 1 |
| ruii ivai | ile di Colitili | Jucor | Jeffrey Aaro | n Glazier | | | | 03/11/2025 | \$ | 200.00 |
| House # | | Chun | et Address | | | | | Date [MM/DD/YYYY] | - | |
| riouse # | 2915 | Stre | et Address | Parkway Blv | d. | | | Date [WIM/DD/YYYY] | \$ | |
| City | Allentown | | | State | PA | Zip Code | 18104 | Date [MM/DD/YYYY] | \$ | |
| Full Nar | ne of Contrib | outor | | | L | | | Date [MM/DD/YYYY] | \$ | A42 |
| | | | Paul & Mary | / Sanchez | | | | 03/11/2025 | | 150.00 |
| House # | 109 | Stre | et Address | S 13th St. | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | | | |
| City | Allentown | | | State | PA | Zip Code | 18102 | Date [MM/DD/YYYY] | \$ | |
| Full Nar | ne of Contrib | utor | | | - | | | Date [MM/DD/YYYY] | \$ | |
| | | | Holly Edinge | er | | | | 03/11/2025 | | 100.00 |
| House # | 1035 | Stre | eet Address | N 21st St. | | | | Date [MM/DD/YYYY] | \$ | |
| City | | | | C1-1- | 1 | 71. 0. 1 | | The state of the s | | |
| City Allentown | | | State | PA | Zip Code | 18104 | Date [MM/DD/YYYY] | \$ | | |
| Full Nar | ne of Contrib | utor | | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | Kyle Lane | | | | | 03/10/2025 | | 100.00 |
| House # | | Stre | eet Address | | | | | Date [MM/DD/YYYY] | \$ | |
| | 524 | | | N St. George | St. | | | | | |
| City | Allentown | i i | | State | PA | Zip Code | 18104 | Date [MM/DD/YYYY] | \$ | |
| Full Nar | ne of Contrib | utor | | | _ | | | Date [MM/DD/YYYY] | \$ | |
| | | | Patricia Woo | od Beldon | | | | | 1 | 100.00 |
| House # | | Stre | et Address | | | | | 03/29/2025 | - | |
| House # | 313 | Stre | et Address | N Main St. | | | | Date [MM/DD/YYYY] | \$ | |
| City | Allentown | | | State | PA | Zip Code | 18104 | Date [MM/DD/YYYY] | \$ | |
| Full Nan | ne of Contrib | utor | | | | N = 1 = 1 = 0 | | Date [MM/DD/YYYY] | - | |
| Full Name of Contributor Judith Samer | | | | 04/13/2025 | \$ | 75.00 | | | | |
| House # | | Stre | et Address | | | | | Date [MM/DD/YYYY] | \$ | |
| | 6618 | | | American Wa | ау | | | , 22, | | |
| City | Bethlehem | | | State | PA | Zip Code | 18017 | 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: | | | |
|------------------------------|--|--|--|
| | | | |

| Full Nam | ne of Contribu | utor | | | | | Date [MM/D | D/YYYY] | \$ | |
|--|----------------------------------|----------------|----------------|--------------|---------------------|---|---------------|----------------|--------|---------|
| | | Paul & Sha | ron Binder | | | | 02/03/ | /2025 | | 500.00 |
| House # | | Street Address | | | | | Date [MM/D | D/YYYY] | \$ | |
| | | | PO Box 71 | | | | | | | |
| City | | | State | | Zip Code | 8 | Date [MM/D | D/YYYY] | \$ | |
| | Breinigsville | | | PA | | 18031-0071 | | | | |
| Employe | r Name | | Retired | | | | Occupation | | | |
| | er Mailing Add | | | | | | | 1 | | |
| | ne of Contribu | | 4 | | | | Date [MM/D | n/vvvvl | \$ | |
| | | Travis Belle | or | | | | | | - 3 | 500.00 |
| | | | | | | 02/19/ | | | 563.55 | |
| House # | 2908 | Street Address | | | | | Date [MM/D | D/YYYY] | \$ | 100.00 |
| | 2908 | | W. Turner St. | | | | 03/11/ | /2025 | | 100.00 |
| City | - 11 | | State | | Zip Code | | Date [MM/D | D/YYYY] | \$ | |
| | Allentown | | | PA | 1. 图 管理 | 18104 | | | | |
| Employe | r Name | | Air Products | | | | Occupation | Engineer | | |
| | er Mailing Add I Place of Bus | | 2908 W Turn | er St. Aller | ntown, PA 18104 | | | 1 | | |
| Full Nam | ne of Contribu | utor | A | | | | Date [MM/D | D/YYYY] | \$ | |
| | | Raymond G | 3. Lahoud | | | | 04/02/ | /2025 | | 2500.00 |
| House # | | Street Address | | | | | Date [MM/D | D/YYYY] | \$ | |
| | 2063 | | Flint Hill Rd. | | | | | | | |
| City | Caaraabura | | State | | Zip Code | | Date [MM/D | D/YYYY] | \$ | |
| | Coopersburg | | | PA | | 18036 | | | | |
| Employe | r Name | | Lahoud Law | | | Occupation | Chief of Stat | ff | | |
| | er Mailing Add I Place of Bus | | Tower 6 600 | Hamilton | St, Suite 330 Allen | itown, PA 18101 | | | | |
| Full Nam | ne of Contribu | utor | pla - | | | | Date [MM/D | D/YYYY] | \$ | |
| | | Vito Braccia | a | | | | 03/31/2025 | | | 2500.00 |
| House # Street Address | | | | | | | Date [MM/D | MM/DD/YYYY] \$ | | |
| | 430 | | Privet Rd. | | | | | | | |
| City | | | State | | Zip Code | | Date [MM/D | D/YYYY] | \$ | |
| Horsham | | | 1 | PA | | 19044-1221 | | | B | |
| Employe | r Name | | Altino Concre | ete Constr | uction LLC | | Occupation | President | | |
| The state of the s | er Mailing Add | | 536 Easton Ro | d. Horsha | m, PA 19044 | = | | | | |

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)

| iler Identification Number: | | | | |
|-----------------------------|---------------------|----------------------------|---------------------------------|---------|
| | | | | |
| | | | | |
| Full Name of Contributor | | | Date [MM/DD/YYYY] | \$ |
| I Scott & | Gillian M. Pidcock | | 04/04/0005 | 1000.00 |
| House # Street Address | | | 01/24/2025 Date [MM/DD/YYYY] | \$ |
| | | | Date [mm/DD/1111] | |
| 2451 | Parkwood Drive | | | 6.5 |
| City | State | Zip Code | Date [MM/DD/YYYY] | \$ |
| Allentown | PA | 181 | 03 | 100 |
| Employer Name | The Pidcock Com | oanv. | Occupation | |
| Employer Mailing Address / | THE FIGURE COM | Jany | Architect | |
| Principal Place of Business | 2451 Parkwood D | rive Allentown, PA 18103 | | 3 |
| Full Name of Contributor | A | | Date [MM/DD/YYYY] | \$ |
| | | | | TW. |
| House # Street Address | | | 04/16/2025 | 1500.00 |
| House # Street Address | | | Date [MM/DD/YYYY] | \$ |
| 1964 | Diehl Court | | | 1.2 |
| City | State | Zip Code | Date [MM/DD/YYYY] | \$ |
| Allentown | PA | 1810 | | Re |
| Employer Name | | | Occupation | |
| imployer Mailing Address / | American Bank | | CEO | |
| Principal Place of Business | 615 Waterfront Dri | ve, Suite 402 Allentown, F | 24.404.00 | |
| Full Name of Contributor | 013 Waterifolit Dil | ve, Suite 402 Allentown, F | | |
| | | | Date [MM/DD/YYYY] | \$ |
| | | | | |
| House # Street Address | | | Date [MM/DD/YYYY] | 5 |
| | | | | |
| City (a) | State | 7in Codo | 5.4. (2.4.4) | |
| | State | Zip Code | Date [MM/DD/YYYY] | \$ |
| Employer Name | | | | |
| | | | Occupation | |
| mployer Mailing Address / | | | | |
| rincipal Place of Business | | | | |
| Full Name of Contributor | | | Date [MM/DD/YYYY] | \$ |
| | | | | 76 |
| louse # Street Address | | | Day for a long hours | |
| Street Address | | | Date [MM/DD/YYYY] | \$ |

State

Zip Code

Date [MM/DD/YYYY]

Occupation

\$

City

Employer Name

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.

| Filer Identification N | umber: | | | |
|------------------------|----------------|-----------|-------------|-----------------------|
| Full Name | | | | |
| House # | Street Address | | | |
| City | | State | Zip Code | Date [MM/DD/YYYY] \$ |
| Receipt Description | n | 12 (4 12) | | |
| Full Name | | | | |
| House # | Street Address | | | |
| City | | State | Zip Code | Date [MIN/DD/YYYY] \$ |
| Receipt Descriptio | n | | (32) (31) | |
| Full Name | | | | |
| House # | Street Address | | | |
| City | | State | Zip Code | Date [MM/DD/YYYY] \$ |
| Receipt Descriptio | n | 16.0=3 | | |
| Full Name | | | / | |
| House # | Street Address | / | / | |
| City | | State | Zip Code | Date [MM/DD/YYYY] \$ |
| Receipt Description | n | | | |
| Full Name | 400 | / | | |
| House # | Street Address | | | |
| City | | State | Zip Code | Date [MM/DD/YYYY] \$ |
| Receipt Description | 1 | | | |
| Full Name | | | | |
| House # | Street Address | | | |
| City | | State | Zip Code | Date [MM/DD/YYYY] \$ |
| Receipt Description | | J | | |

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: | | |
|---|--------|-------------------------|
| UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$56 | 0.00 | AD LESS DED CONTRIBUTOR |
| TOTAL for the reporting period (1) | \$ | OR LESS PER CONTRIBUTOR |
| , | , | 100.00 |
| 2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250. | .00 (F | ROM PART F) |
| TOTAL for the reporting period (2) | \$ | 194.95 |
| 3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM | И PAR | T G) |
| TOTAL for the reporting period (3) | \$ | 12,736.51 |
| 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) | | 13031.46 |

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

| Filer Identification Number: | |
|------------------------------|--|
| | |
| | |

| Full Name of Contributor | | | The state of the board | | |
|-----------------------------|----------|---------------|-------------------------|-------|--------|
| | | | Date [MM/DD/YYYY] | \$ | |
| Jeremy Binder | | | 03/05/2025 | | 194.95 |
| House # Street Address | | | Date [MM/DD/YYYY] | \$ | |
| | Turner | | | 50 | |
| 65.0 | Chata | 7: 0-1 | - Instantantantantantan | | |
| City | State | Zip Code | 18102 Date [MM/DD/YYYY] | \$ | |
| | | FA | 18102 | | |
| Description of Contribution | Translat | tion Services | | | |
| Full Name of Contributor | | | Date [MM/DD/YYYY] | \$ | 7 |
| | | | | | |
| | | | | | |
| House # Street Address | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | |
| City | State | Zip Code | Date [MM/DD/YYYY] | \$ | / |
| | 1 3 2 | | | , | |
| Description of Contribution | Page | . Zami die | | / | |
| | | | | | |
| Full Name of Contributor | | | Date [MM/DB/YYYY] | \$ | |
| | | | | | |
| House # Street Address | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | |
| City 👾 | State | Zip Code | Date [MM/DD/YYYY] | | |
| City | Juice | Lip Code | Date [www/DD/1111] | \$ | |
| Daniela of Cartalhakian | A 12-2-1 | | | | |
| Description of Contribution | | | | | |
| Full Name of Contributor | | | Date [MM/DD/YYYY] | \$ | |
| | | | | Sign | |
| 112 | | | Take to be been | | |
| House # Street Address | | | Date [MM/DD/YYYY] | \$ | |
| | | | | ULL S | |
| City | State | Zip Code | Date [MM/DD/YYYY] | \$ | |
| | / | | | | |
| Description of Contribution | | MESING | | | |
| | <u> </u> | | | | |
| Full Name of Contributor | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | |
| House # Street Address | | | Date [MM/DD/YYYY] | _ | |
| House # Street Address | | | Date [IVIIVI/DD/1111] | \$ | |
| | | | | | |
| City | State | Zip Code | Date [MM/DD/YYYY] | \$ | |
| | | | | | |
| Description of Contribution | | | | | |
| | | | | | |

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

| Filer Identification Number: | |
|------------------------------|--|
| | |

| Full Name of Co | سيمشر والسفر | | | The forest in bound | m., m |
|-----------------------------|----------------|----------------|-------------------|-----------------------|-------|
| Full Name of Co | ntributor | | | Date [MM/DD/YYYY] | \$ |
| | | | | | |
| House # | Street Address | is | | Date [MM/DD/YYYY] | \$ |
| | | Á | | | |
| 18275816 | SESONS | 4 | | | |
| City | | State | Zip Code | Date [MM/DD/YYYY] | \$ |
| | | 100 | | | |
| Description of C | Contribution | 411111 | | | |
| | | Alles | | | / |
| Full Name of Co | ntributor | | | Date [MM/DD/YYYY]/ | \$ |
| | A LIBERTY OF | | | | |
| т и | | | | | |
| House # | Street Address | s | | Date [MM/DØ/YYYY] | \$ |
| | Super Line | A | | | |
| City | | State | Zip Code | Date [MM/DD/YYYY] | \$ |
| | | | | 7 | 3 |
| 2 1112 065 | 4 | the state | WAS EION | | |
| Description of C | ontribution | | | | |
| Full Name of Co | atributor | | | Part (BASA /DD /VVVV) | |
| | All ibuto. | | 4 | Date [MM/DD/YYYY] | \$ |
| Republication of the second | | | | | |
| House # | Street Address | , c | | Date [MM/DD/YYYY] | \$ |
| | | A | | | 4 |
| Nation 1 | E CALE III | 4 | | | 3/1/ |
| City | | State | Zip Cøde | Date [MM/DD/YYYY] | \$ |
| | | | | | 140 |
| Description of Co | ontribution | AT W. | / | | |
| | | 0376 | | | |
| Full Name of Cor | Atributor | | 7 | Date [MM/DD/YYYY] | \$ |
| | 012 003 | | | | |
| House # | Street Address | | | Date (BARA (DD (WWW)) | |
| illa illa illa | Street Address | | | Date [MM/DD/YYYY] | \$ |
| | 2) 50 110 7 | | | T I | |
| City | . 7 | State | Zip Code | Date [MM/DD/YYYY] | \$ |
| 194 111 | / | | Section 1 | • | |
| Description of Co | ontribution / | Rengal Control | April 100 and 110 | | MA |
| | | 6 2 | | | |
| Full Name of Cor | ntributor | | | Date [MM/DD/YYYY] | \$ |
| | | | | | |
| House # | - Address | | | | |
| House # | Street Address | i | | Date [MM/DD/YYYY] | \$ |
| | | A | | 1 | |
| City | | State | Zip Code | Date [MM/DD/YYYY] | \$ |
| | | | Lip would | Oate Lieual pol 11111 | \$ |
| Description of Co | | A 100 LTD | NOTE OF THE | | 51 |
| Description of Co | ntribution | | | | |
| | | | | | |

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

| Filer Identification Number: | |
|------------------------------|--|
| | |
| | |

| Pennsylvania Democratic Party O4/18/2025 A004.50 Date [MM/DD/YYYY] \$ 04/25/2025 A457.12 | Full Name of Contributor | | | | Date [MM/DD/YYYY] | \$ |
|---|--------------------------------------|-----------|--|-------|--------------------------------|---------|
| House # Street Address State Zip Code Date MM/DD/YYYY \$ 4244.89 | | | ~ | | | |
| Stop | | | Party | | | (|
| City Harrisburg PA Zip Code PA 17101 Date [MM/DD/YYYY] \$ 4457.12 Employer Mailing Address / Principal Place of Business Full Name of Contributor House # Street Address State Zip Code Date [MM/DD/YYYY] \$ 1 17101 Dat | Office (Audies | | | | Date [MM/UU/1111] | \$ |
| Harrisburg | | | | | | |
| Employer Name Pennsylvania Democratic Parly Description | | T-1798 | U.B. 11, 22 | | Date [MM/DD/YYYY] | \$ |
| Pennsylvania Democratic Party Pennsylvania Democratic Party | | Partie P | Ac Ac | 17101 | | 4457.12 |
| Employer Name Street Address Principal Place of Business Principal State Zip Code Date [MM/DD/YYYY] \$ State Zip Code Date [MM/DD/Y | | | ania Democratic Party | v | Occupation | |
| Full Name of Contributor House # Street Address State Zip Code Date [MM/DD/YYYY] \$ Employer Name Occupation Full Name of Contributor House # Street Address Principal Full Name of Contributor Full Nam | | | | | | |
| Full Name of Contributor House # Street Address Date [MM/DD/YYYY] \$ Employer Name Employer Mailing Address / Principal Place of Business Date [MM/DD/YYYY] \$ Street Address Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ City Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Employer Name Employer Name Employer Mailing Address / Principal Place of Business Date [MM/DD/YYYY] \$ City Date [MM/DD/YYYY] \$ Employer Mailing Address / Principal Place of Business Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Employer Mailing Address / Principal Place of Business Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Employer Mailing Address / Principal Place of Business Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Employer Name Employer Mailing Address / Principal Place of Business | Place of Business | 510 N 3rr | - St Harrichura PA 17 | 7404 | of | |
| House # Street Address Date [MM/DD/YYYY] \$ Employer Name Occupation Description of Coptribution Full Name of Contributor Occupation Employer Mailing Address / Principal Place of Business Date [MM/DD/YYYY] \$ Employer Name Occupation Employer Name Occupation Employer Mailing Address / Principal Place of Business Date [MM/DD/YYYY] \$ Employer Mailing Address / Principal Place of Business Date [MM/DD/YYYY] \$ House # Street Address Date [MM/DD/YYYY] \$ Employer Mailing Address / Principal Place of Business Date [MM/DD/YYYY] \$ Employer Mailing Address / Principal Place of Business Date [MM/DD/YYYY] \$ Employer Mailing Address / Principal Place of Business Date [MM/DD/YYYY] \$ Employer Mailing Address / Principal Place of Business Description of Description Description Description Description Description Descrip | Full Name of Contributor | 21014015 | St Harrisburg, FA T | 101 | | |
| Employer Name Employer Mailing Address / Principal Place of Business Date [MM/DD/YYYY] \$ Full Name of Contributor Full Name of Contributor State Zip Code Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Employer Mailing Address / Principal Place of Business Description of Contributor Employer Mailing Address / Principal Place of Business Date [MM/DD/YYYY] \$ Employer Mailing Address / Principal Place of Business Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Employer Mailing Address / Principal Place of Business Date [MM/DD/YYYY] \$ | Full Name of Continuator | | | | Date [MM/DD/YYYY] | \$ |
| City State Zip Code Date [MM/DD/YYYY] \$ Employer Name Occupation Description of Copt/libution Occupation Occupation Date [MM/DD/YYYY] \$ House # Street Address Date [MM/DD/YYYY] \$ Employer Name Occupation Date [MM/DD/YYYY] \$ Employer Name Occupation Date [MM/DD/YYYY] \$ Employer Mailing Address / Principal Place of Business Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Employer Mailing Address / Principal Date [MM/DD/YYYY] \$ Employer Mailing Address Date [MM/DD/YYYY] \$ Employer Mailing Address Date [MM/DD/YYYY] \$ | House # Ctunat Address | 1 | | | Total Inn hound | |
| Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor Full Name of Contributor City State Employer Name Employer Mailing Address / Principal Place of Business City State Zip Code Date [MM/DD/YYYY] \$ Employer Name Coccupation Description of Contributor Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ City Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ City Date [MM/DD/YYYY] \$ City Date [MM/DD/YYYY] \$ City Date [MM/DD/YYYY] \$ Description of Description Description of Description De | House # Street Address | | | | Date [MM/DD/YYYY] | \$ |
| Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor Full Name of Contributor City State Employer Name Employer Mailing Address / Principal Place of Business City State Zip Code Date [MM/DD/YYYY] \$ Employer Name Coccupation Description of Contributor Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ City Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ City Date [MM/DD/YYYY] \$ City Date [MM/DD/YYYY] \$ City Date [MM/DD/YYYY] \$ Description of Description Description of Description De | | | | | | |
| Employer Name Employer Mailling Address / Principal Place of Business Full Name of Contributor Full Name of Contributor City State Zip Code Date [MM/DD/YYYY] Employer Name Employer Mailing Address / Principal Place of Business Date [MM/DD/YYYY] State Zip Code Date [MM/DD/YYYY] State Description of Contribution Date [MM/DD/YYYY] State Zip Code Date [MM/DD/YYYY] State Date [MM/DD/YYYY] | City | State | Zip Code | | Date [MM/DD/YYYY] | 15 |
| Employer Mailing Address / Principal Place of Business Date [MM/DD/YYYY] \$ House # Street Address Date [MM/DD/YYYY] \$ Employer Name Occupation Employer Mailing Address / Principal Place of Business Date [MM/DD/YYYY] \$ Employer Mailing Address / Principal Place of Business Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ City | | | Charles All Control | | | |
| Place of Business Of Coptribution Date [MM/DD/YYYY] \$ House # Street Address Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Employer Name Employer Mailing Address / Principal Place of Business Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Employer Name Occupation Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Employer Name Occupation Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Employer Name Occupation Description of | Employer Name | | | | Occupation | |
| Place of Business Full Name of Contributor | | | | | Description | |
| Full Name of Contributor Date [MM/DD/YYYY] \$ | Place of Business | | | | of / | |
| House # Street Address Date [MM/DD/YYYY] \$ | Full Name of Contributor | | | | | |
| City State Zip Code Date [MM/DD/YYYY] \$ Employer Name Occupation Employer Mailing Address / Principal Place of Business 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] \$ Date [MM/DD/YYYY] \$ | Full Name of Contributor | | | | Date [MM/DD/YYYY] | \$ |
| City State Zip Code Date [MM/DD/YYYY] \$ Employer Name Occupation Employer Mailing Address / Principal Place of Business Description of Contribution Full Name of Contributor Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Employer Name Occupation Employer Name Occupation Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ | House # Street Address | A | | | Date [MM/DD/YYYY] | \$ |
| Employer Name Description of Contributor Date [MM/DD/YYYY] \$ | | 4 | | | | |
| Employer Name Employer Mailing Address / Principal Place of Business Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Employer Name Occupation Date [MM/DD/YYYY] \$ | City | State | Zip Code | / | Date [MM/DD/YYYY] | S |
| Employer Mailing Address / Principal Place of Business Description of Contribution Full Name of Contributor Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Employer Name Doccupation Description of Contribution Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Description of Contribution | | | | | | |
| Employer Mailing Address / Principal Place of Business Description of Contribution Full Name of Contributor Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Employer Name Doccupation Description of Contribution Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Description of Contribution | Employer Name | | | 4 | Occupation | |
| Place of Business Full Name of Contributor Date [MM/DD/YYYY] \$ House # Street Address Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Employer Name Occupation Description of | | | | | | |
| Full Name of Contributor Date [MM/DD/YYYY] \$ House # Street Address 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 Address Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Employer Name Occupation Employer Mailing Address / Principal Place of Business Of | Full Name of Contributor | | | | | \$ |
| City State Zip Code Date [MM/DD/YYYY] \$ Employer Name Occupation Employer Mailing Address / Principal Place of Business of | | | | | | |
| City State Zip Code Date [MM/DD/YYYY] \$ Employer Name Occupation Employer Mailing Address / Principal Place of Business of | House # Street Address | | | | Date [MM/DD/YYYY] | ė |
| Employer Name Occupation Employer Mailing Address / Principal Place of Business Description of | | 1 | | | a head from the | |
| Employer Name Occupation Employer Mailing Address / Principal Place of Business Description of | City | State | 7in Code | | Data (BABA/DD/VVVV) | |
| Employer Mailing Address / Principal Place of Business Description of | | | alp cons | | Date [ואוואון די די לחם / Date | \$ |
| Employer Mailing Address / Principal Place of Business Description of | Employer Name | AL- | | A | Commition | BA |
| Place of Business of | | | | | | |
| | Employer Mailing Address / Principal | | | | | |
| | Flaye of Business | | | | | |

SCHEDULE III

Statement of Expenditures

| iler Identification Number: | | |
|-------------------------------|--|--|
| ner identification (duffiber. | | |
| | | |
| | | |

| To Whom Paid | Karin Mahlular | | | | Date [MM/DD/YYYY] | \$ | 1. | | |
|-----------------------|--|------------------|-----------|-------------------|----------------------------|----------------------------|----------------------------|------------|--|
| | Kevin McNulty | | | | | 02/17/2025 | Alba | 275.00 | |
| House # 3026 | Street Address | Rambeau Ro | l. | | Description of Expenditure | | | | |
| City Bethlehen | 1 | State | PA | Zip Code | 18020 | Campaign Support | | | |
| To Whom Paid | d LV Print Center LLC / Harkins Signs | | | | | Date [MM/DD/YYYY] | | | |
| | EV TIME GOILET EL | .c / Hurkins sig | ,113 | | | 02/19/2025 | 344.50 | | |
| House # 1701 | Street Address | Union Blvd. | Suite 114 | | | Description of Expenditure | | | |
| City Allentown | | State | PA | Zip Code | 18109 | Palm Cards | | | |
| To Whom Paid | Comital Duomostics | | | W | | Date [MM/DD/YYYY] | \$ | | |
| Y. KY | Capital Promotion | | | | | 03/05/2025 | | 1305.92 | |
| House # 2362 | Street Address | Oakdale Ave | | | | Description of Expendi | ture | | |
| City Glenside | | State | PA | Zip Code | 19038 | Yard Signs | | | |
| To Whom Paid | I I I I I I I I I I I I I I I I I I I | | | W | <u> </u> | Date [MM/DD/YYYY] | \$ | | |
| | LV Print Center LL | .C / Harkins Sig | ns | | | 03/08/2025 | | 169.60 | |
| House # 1701 | Street Address | Union Blvd. S | Suite 114 | | | Description of Expenditure | | | |
| City | V | State | PA | Zip Code | 18109 | Print Outs | | | |
| To Whom Paid | Alexis Thiel | | | | *** | Date [MM/DD/YYYY] | \$ | | |
| | Alexis filler | | | | | 03/11/2025 | | | |
| House # 515 | Street Address | N 7th St. | | | | Description of Expendi | ture | | |
| City Emmaus | | State | PA | Zip Code | 18049 | Food for event | | | |
| To Whom Paid | Hijinx Brewing Co | mnany | | | - 116 | Date [MM/DD/YYYY] | \$ | | |
| | | | | | | 03/11/2025 | 184 | 135 | |
| louse # 905 | Street Address | Harrison St. S | Ste 111 | | | Description of Expendi | Description of Expenditure | | |
| Allentown | | State | PA | Zip Code | 18103 | Beer for event | | | |
| To Whom Paid | LV Print Center LL | C / Harkine Sig | ne | | -R | Date [MM/DD/YYYY] | \$ | 100.05 | |
| | | - | 113 | | | 03/17/2025 | | 190.86 | |
| louse # 1701 | Street Address | Union Blvd. | Suite 114 | | | Description of Expendit | ture | | |
| Allentown | | State | PA | Zip Code | 18109 | Translated Palm Cards | | | |
| o Whom Paid | | | | Date [MM/DD/YYYY] | \$ | | | | |
| | Lilly daVid | | | | | 04/11/2025 | | 120.00 | |
| House # 2030 | Street Address | Vultee St. | | | | Description of Expenditure | | | |
| City | A STATE OF THE STA | State | | Zip | | LE CELEVISION DE COME | - 100 | E LA GE RE | |
| Allentown | | Otate | PA | | 18103 | | | | |

SCHEDULE III

Statement of Expenditures

| | | | | |
|------------------------------|--|--|------|--|
| Filer Identification Number: | | | | |
| | | | | |
| | | | | |
| | | | | |

| To Whom Paid | | | Date [MM/DD/YYYY] | \$ | | | | | |
|-----------------------------------|---------------------|--------------|-------------------|----------------------------|------------|----------------------------|---------|---------|--|
| | Brit Crampsie Comm | nunications, | LLC | | 04/18/2025 | | 2000.00 | | |
| House # 1115 | Street Address | | | Description of Expenditure | | | | | |
| City | | State | PA | Zip Code | 17013 | Digital Marketing | | | |
| To Whom Paid | Pennsylvania Democ | watia Dawtu | | | | Date [MM/DD/YYYY] | \$ | | |
| | Pennsylvania Democ | ratic Party | | | | 04/18/2025 | 4236.23 | | |
| House # 510 | Street Address | l 3rd St. | | | | Description of Expenditure | | | |
| City Harrisburg | | State | PA | Zip Code | 17101 | Mailers | | | |
| To Whom Paid | | 7.5 | | | | Date [MM/DD/YYYY] \$ | | | |
| | Pennsylvania Demod | ratic Party | | | | 04/25/2025 | | 9172.01 | |
| House # 510 | Street Address | I 3rd St. | | | | Description of Expendi | ture | | |
| City Harrisburg | | State | PA | Zip Code | 17101 | Mailers | | | |
| To Whom Paid | | | | | | Date [MM/DD/YYYY] | \$ | | |
| | Act Blue | | | | | 05/05/2025 195.85 | | 195.85 | |
| House # | Street Address | O Box 4411 | 46 | | | Description of Expenditure | | | |
| City Somerville | 1 | State | MA | Zip Code | 02144 | Fees | | | |
| To Whom Paid | Chani Diadan | | | | * | Date [MM/DD/YYYY] | \$ | | |
| | Sherri Binder | | | | | 04/30/2025 | | 95.00 | |
| House # 1553 | Street Address | V Turner St. | | | | Description of Expendi | ture | | |
| City | | State | PA | Zip Code | 18102 | Text Service | | | |
| To Whom Paid | C'. CAU. | | | | | Date [MM/DD/YYYY] | \$ | | |
| | City of Allentown | | | | | 04/30/2025 | | 25.00 | |
| House # 435 | Street Address | lamilton St. | | | | Description of Expenditure | | | |
| City | | State | PA | Zip Code | 18101 | Permit for Signs | | | |
| To Whom Paid | Kananah Brintin G | | | | | Date [MM/DD/YYYY] | \$ | | |
| | Kennedy Printing Co | mpanies, In | С. | | | 05/05/2025 | | 1444.87 | |
| House # 5534 | Street Address | Baltimore A | e Ave. | | | Description of Expenditure | | | |
| City Philadelphia | 1 | State | PA | Zip Code | 19143 | Translated Palm Cards | | | |
| To Whom Paid | | | | Date [MM/DD/YYYY] | \$ | | | | |
| Brit Crampsie Communications, LLC | | | | | 05/05/2025 | | | | |
| House # 1115 | Street Address | tratford Dr | | | | Description of Expenditure | | | |
| City Carlisle | | State | PA | Zip | 17013 | | | | |
| Carlisle | | State | РА | Zip Code | 17013 | | | | |

SCHEDULE III Statement of Expenditures

| on Number: | |
|------------|--|
| | |
| | |

| To Whom Paid | | | | | | Date [MM/DD/YYYY] | \$ | |
|---------------|--------------------|-----------------|-----------|-------------|-------|---|-------|--------|
| | Brit Crampsie Con | nmunications, | LLC | | | 05/05/2025 | | 500.00 |
| House # 1115 | Street Address | Stratford Dr. | | | | Description of Expenditure | | |
| City Carlisle | | State | PA | Zip Code | 17013 | Facebook Setup | | |
| To Whom Paid | LV Print Center LL | C / Harkins Sig | ns | | A . | Date [MM/DD/YYYY] | \$ | 371.00 |
| House # | Chun an A delun an | | | | | 05/05/2025 | | |
| 1701 | Street Address | Union Blvd. | Suite 114 | | | Description of Expendit | ure | |
| City | n | State | PA | Zip Code | 18109 | Palm Cards | | |
| To Whom Paid | | | | | | Date [MM/DD/YYYY] | \$ | |
| House # | Street Address | | | | | Description of Expendit | ure | |
| City | | State | | Zip Code | | DUTTE OF THE RESERVE OF | | |
| To Whom Paid | V(1) | | W | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| House # | Street Address | | | | | Description of Expendit | ure | |
| City | | State | | Zip Code | | | | |
| To Whom Paid | 184 | | | | | Date [MM/DD/YYYY] | \$ | |
| House # | Street Address | | | | | Description of Expendit | ure | |
| City | | State | | Zip Code | | | Be S | |
| To Whom Paid | 9E-1 | | | code | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| House # | Street Address | | | | | Description of Expendit | ure | |
| City | | State | | Zip Code | | U. S. D. S. J. S. D. S. | | |
| To Whom Paid | | | | | *** | Date [MM/DD/YYYY] | \$ | |
| House # | Street Address | | | | | Description of Expenditu | ure | |
| City | | State | | Zip Code | | Machine Residence Programme | HI IN | |
| To Whom Paid | | | | | | Date [MM/DD/YYYY] | \$ | |
| House # | Street Address | | | | | Description of Expenditu | ure | |
| 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 Iden | tification Nun | mber: | | | | | |
|------------------------|----------------|----------------|------|-------|---------------------------------|-----|-----------------------------|
| Name of | Creditor | Jeremy Bind | der | | | | Outstanding Balance of Debt |
| House # | | | | | DATE DEBT INCURRED [MM/DD/YYYY] | | \$ |
| City | | Allentown | | State | 12/12/2024 Zip Code 18 | 101 | 1000 |
| Descripti | ion of Debt | Committee | Loan | | code | | |
| Name of | Creditor | | | | | _ | Outstanding Balance of Debt |
| House # Street Address | | | | | DATE DEBT INCU | | \$ |
| City | | | | State | Zip Code | | |
| Descripti | on of Debt | | | | | | |
| Name of | Creditor | | | | | | Outstanding Balance of Debt |
| House # | | Street Address | | | DATE DEBT INCUI | / | \$ |
| City | | | S | itate | Zip Code | | |
| | on of Debt | | | | | | |
| Name of | Creditor | | | | | | Outstanding Balance of Debt |
| House # | | Street Address | | | DATE DEBT INCUI | | \$ |
| City | on of Debt | | , s | tate | Zip Code | | |
| Descripti | on or Debt | | | | | | |
| Name of | Creditor | | | | | | Outstanding Balance of Debt |
| House # | | Street Address | | | DATE DEBT INCUI | | \$ |
| City | | | S | tate | Zip Code | | |
| Descripti | on of Debt | | | | | | |
| Name of | Creditor | | | | | | Outstanding Balance of Debt |
| House # | | Street Address | | | DATE DEBT INCUI | | \$ |
| City | | | S | tate | Zip Code | | |
| Description | on of Debt | | | | | | |