

LATE CONTRIBUTIONS – 24 HOUR REPORT

Name of Filing Committee or Candidate <u>Friends of Jeremy Bender</u>		Filer Identification Number	
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			DATE RECEIVED		
Full Name of Contributor <u>Charles and Ruth Marcor</u>			MO <u>05</u>	DAY <u>19</u>	YEAR <u>2025</u>
Mailing Address <u>326 N 27th St</u>			Amount \$ <u>1000.00</u>		
City <u>Aurora</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18104</u>			
Full Name of Contributor			MO	DAY	YEAR
Mailing Address			Amount \$		
City	State	Zip Code (Plus 4)			
Full Name of Contributor			MO	DAY	YEAR
Mailing Address			Amount \$		
City	State	Zip Code (Plus 4)			
Full Name of Contributor			MO	DAY	YEAR
Mailing Address			Amount \$		
City	State	Zip Code (Plus 4)			
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Mailing Address			Amount \$		
City	State	Zip Code (Plus 4)			
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Mailing Address			Amount \$		
City	State	Zip Code (Plus 4)			
Full Name of Contributor			MO	DAY	YEAR
Mailing Address			Amount \$		
City	State	Zip Code (Plus 4)			
Full Name of Contributor			MO	DAY	YEAR
Mailing Address			Amount \$		
City	State	Zip Code (Plus 4)			

Name of Person Submitting Report: Jeremy Bender Date of Report: 5/15/25

Contact Phone Number: 610 471 5305

Email Address: Jeremy.Bender@Council.com