

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.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF	CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE ² <input type="checkbox"/>	LOBBYIST ³ <input type="checkbox"/>		
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) 1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION <input checked="" type="checkbox"/> 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT	NAME OF OFFICE SOUGHT BY CANDIDATE Allentown City Council		DISTRICT NO.	PARTY DEM	DATE OF ELECTION		
					MO. 11	DAY 04	YEAR 2025
	DATES OF REPORTING PERIOD		MO. 06	DAY 20	YEAR 25	TO MO. 10 DAY 23 YEAR 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		
FOR OFFICE USE ONLY							

AFFIDAVIT SECTION

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
 17th DAY OF October 2025

Christina M. Strickland
 SIGNATURE

MY COMMISSION EXPIRES 10/21/2025
 MO. DAY YR.

Jeremy Binder
 SIGNATURE OF PERSON SUBMITTING REPORT

PRINTED NAME
 Jeremy Binder

484 225-7503
 AREA CODE DAYTIME TELEPHONE NUMBER

Commonwealth of Pennsylvania - Notary Seal
 CHRISTINA M STRICKLAND - Notary Public
 Berks County
 My Commission Expires October 21, 2025
 Commission Number 1408955

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