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 ELECTION BOARD  
 OF LEHIGH COUNTY

## Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Reports

**Note:** Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu of full reports (form DSEB-503), Non-Bid Contract Reporting Form (DSEB-504) and Independent Expenditure Reports (form DSEB-505) need not be notarized. Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). **This particular form is to be used only for Campaign Finance Reports. This form must be signed by hand where a signature is required.**

Name of Filing Committee, Candidate, or Lobbyist				
Tom Houck For Allentown City Council				
Reporting Cycle Name				
<input type="checkbox"/> <b>Cycle 1</b> 6 <sup>th</sup> Tuesday Pre-Primary	<input type="checkbox"/> <b>Cycle 2</b> 2 <sup>nd</sup> Friday Pre-Primary	<input type="checkbox"/> <b>Cycle 3</b> 30 Day Post Primary	<input type="checkbox"/> <b>Cycle 4</b> 6 <sup>th</sup> Tuesday Pre-Election	<input checked="" type="checkbox"/> <b>Cycle 5</b> 2 <sup>nd</sup> Friday Pre-Election
<input type="checkbox"/> <b>Cycle 6</b> 30 Day Post-Election	<input type="checkbox"/> <b>Cycle 7</b> Annual Report	<input type="checkbox"/> <b>Cycle 8</b> 2 <sup>nd</sup> Friday Pre-Special Election	<input type="checkbox"/> <b>Cycle 9</b> 30 Day Post-Special Election	

**Part I** - If this form is submitted with a Committee report, the treasurer must sign here. If this form is submitted with a Candidate report, the candidate must sign here. If this report is submitted with a report by a contributing lobbyist, the lobbyist must sign here.

**I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.**

Karen L Moll  
 Signature of Treasurer, Candidate, or Lobbyist

10/22/2021  
 Date (DD/MM/YYYY)

Karen L Moll  
 Printed Name

Allentown/PA/USA  
 Location (City/State/Country)

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**Pennsylvania Department of State**

Bureau of Campaign Finance & Civic Engagement  
210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)  
[www.dos.pa.gov/campaignfinance](http://www.dos.pa.gov/campaignfinance) • [ra-stcampaignfinance@pa.gov](mailto:ra-stcampaignfinance@pa.gov)

**Part II - If this form is submitted with a report by a Candidate's Authorized Committee, the candidate must sign here.**

**I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.**

Signature of Treasurer, Candidate, or Lobbyist

10/22/2021

Date (DD/MM/YYYY)

Thomas R. Houck

Printed Name

Allentown/PA/USA

Location (City/State/Country)

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# Commonwealth of Pennsylvania - Campaign Finance Report

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

<b>Filer Identification Number</b> EIN 86-2828036	<b>Report Filed By (Mark X)</b> <input type="checkbox"/>	<b>Candidate</b> <input type="checkbox"/>	<b>Committee</b> <input checked="" type="checkbox"/>	<b>Lobbyist</b> <input type="checkbox"/>
<b>Name of Filing Committee, Candidate or Lobbyist</b> THOMAS R. HOUCK				
<b>Street Address</b> 845 N. 18TH ST.				
<b>City</b> ALLENTOWN	<b>State</b> PA	<b>Zip Code</b> 18104-4163		

Type of Report (Place x under report type)

<b>1- 6<sup>th</sup> Tuesday Pre-Primary</b>	<b>2- 2<sup>nd</sup> Friday Pre-Primary</b>	<b>3- 30 Day Post Primary</b>	<b>4- 6<sup>th</sup> Tuesday Pre- Election</b>	<b>5- 2<sup>nd</sup> Friday Pre- Election</b>	<b>6- 30 Day Post Election</b>	<b>7- Annual</b>	<b>Special 2<sup>nd</sup> Friday Pre-Election</b>	<b>Special 30 Day Post-Election</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Date Of Election (MM/DD/YYYY)</b> 11/02/2021		<b>Year</b> 2021	<b>Amendment Report</b> <input type="checkbox"/>	<b>Termination Report</b> <input type="checkbox"/>				

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	06/08/2021	10/18/2021	
<b>A. Amount Brought Forward From Last Report</b>	\$	561.14	RECEIVED 2021 OCT 22 AM 11:44 ELECTION BOARD OF LEHIGH COUNTY
<b>B. Total Monetary Contributions and Receipts (From Schedule I)</b>	\$	617.13	
<b>C. Total Funds Available (Sum of Lines A and B)</b>	\$	1178.27	
<b>D. Total Expenditures (From Schedule III)</b>	\$	196.37	
<b>E. Ending Cash Balance (Subtract Line D from Line C)</b>	\$	981.90	
<b>F. Value of In-Kind Contributions Received (From Schedule II)</b>	\$	0	
<b>G. Unpaid Debts and Obligations (From Schedule IV)</b>	\$	5292.38	

Affidavit Section

Part I- 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 \_\_\_\_\_ 20\_\_\_\_

Signature \_\_\_\_\_

My Commission expires \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR.

Signature of Person Submitting report: Karen L. Moll  
 Printed Name: KAREN L. MOLL

Area Code: 610 Daytime Telephone Number: 360-4536

Part II- If this is a report of a **Candidate's Authorized Committee**, candidate shall 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: Thomas R. Houck  
 Printed Name: THOMAS R. HOUCK

Area Code: 484 Daytime Telephone Number: 809-2149

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SCHEDULE I  
**Contributions and Receipts**  
Detailed Summary Page

<b>Filer Identification Number</b>	EIN 86-2828036
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<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>		
Total for the reporting period (1)	\$	205.00

<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>		
Contributions Received from Political Committees (Part A)	\$	0
All Other Contributions (Part B)	\$	400.00
Total for the reporting period (2)	\$	400.00

<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>		
Contributions Received from Political Committees (Part C)	\$	0
All Other Contributions (Part D)	\$	0
Total for the reporting period (3)	\$	0

<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>		
Total for the reporting period (4)	\$	12.13
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)		\$ 617.13

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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	EIN 86-2828036
-----------------------------	----------------

							Amount
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
NONE							
House #						Date [MM/DD/YYYY]	\$
Street Address							
City			State	Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #						Date [MM/DD/YYYY]	\$
Street Address							
City			State	Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #						Date [MM/DD/YYYY]	\$
Street Address							
City			State	Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #						Date [MM/DD/YYYY]	\$
Street Address							
City			State	Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #						Date [MM/DD/YYYY]	\$
Street Address							
City			State	Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #						Date [MM/DD/YYYY]	\$
Street Address							
City			State	Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #						Date [MM/DD/YYYY]	\$
Street Address							
City			State	Zip Code		Date [MM/DD/YYYY]	\$

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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 Identification Number:	EIN 86-2828036
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Full Name of Contributor		LISA J. SCHELLER		Date [MM/DD/YYYY]	09/11/2021	\$	150.00
House #	751	Street Address	BENNER ROAD	Date [MM/DD/YYYY]		\$	
City	ALLENTOWN	State	PA	Zip Code	18104-3300	Date [MM/DD/YYYY]	\$
Full Name of Contributor		JOHN ROBERT LOVETT		Date [MM/DD/YYYY]	09/11/2021	\$	250.00
House #	2830	Street Address	W. LIBERTY ST	Date [MM/DD/YYYY]		\$	
City	ALLENTOWN	State	PA	Zip Code	18104-4748	Date [MM/DD/YYYY]	\$
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		State		Zip Code		Date [MM/DD/YYYY]	\$
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		State		Zip Code		Date [MM/DD/YYYY]	\$

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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 Number:	EIN 86-2828036
------------------------------	----------------

Full Name of Contributing Committee		NONE		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]	\$
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]	\$
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code		Date [MM/DD/YYYY]	\$

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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:	EIN 86-2828036
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Full Name of Contributor					Date [MM/DD/YYYY]		\$
NONE							
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							
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							



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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.

<b>Filer Identification Number:</b>	EIN 86-2828036
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<b>Full Name</b>	OFFICE DEPOT						
<b>House #</b>	480	<b>Street Address</b>	S. CEDAR CREST BLVD.				
<b>City</b>	ALLENTOWN	<b>State</b>	PA	<b>Zip Code</b>	18104	<b>Date [MM/DD/YYYY]</b>	\$ 12.13
<b>Receipt Description</b>	RETURN ON UNUSABLE LITERATURE HOLDING STANDS						
<b>Full Name</b>							
<b>House #</b>		<b>Street Address</b>					
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Receipt Description</b>							
<b>Full Name</b>							
<b>House #</b>		<b>Street Address</b>					
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Receipt Description</b>							
<b>Full Name</b>							
<b>House #</b>		<b>Street Address</b>					
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Receipt Description</b>							
<b>Full Name</b>							
<b>House #</b>		<b>Street Address</b>					
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Receipt Description</b>							
<b>Full Name</b>							
<b>House #</b>		<b>Street Address</b>					
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Receipt Description</b>							

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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:	EIN 86-2828036
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$ 0

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$ 0

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$ 0

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)		\$ 0
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SCHEDULE II  
PART F  
**In-Kind Contributions Received**  
VALUE OF \$50.01 TO \$250

<b>Filer Identification Number:</b>	EIN 86-2828036
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<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
NONE						
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>Description of Contribution</b>						
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>Description of Contribution</b>						
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>Description of Contribution</b>						
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>Description of Contribution</b>						
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>Description of Contribution</b>						

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SCHEDULE II  
Part G  
In-Kind Contributions Received  
VALUE OVER \$250

Filer Identification Number: EIN 86-2828036

Full Name of Contributor					Date [MM/DD/YYYY]		\$
NONE							
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					Description of Contribution		
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					Description of Contribution		
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					Description of Contribution		
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					Description of Contribution		

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**SCHEDULE III  
Statement of Expenditures**

<b>Filer Identification Number:</b>	EIN 86-2828036
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<b>To Whom Paid</b>	MINUTEMAN PRESS / USPS SUB-STATION				<b>Date [MM/DD/YYYY]</b>	06/08/2021	<b>\$</b>	15.00
<b>House #</b>	1801	<b>Street Address</b>	TILGHMAN ST		<b>Description of Expenditure</b>			
<b>City</b>	ALLENTOWN	<b>State</b>	PA	<b>Zip Code</b>	18104	NOTARY SERVICES		
<b>To Whom Paid</b>	ALLENTOWN PARKING AUTHORITY				<b>Date [MM/DD/YYYY]</b>	06/08/2021	<b>\$</b>	2.00
<b>House #</b>	603	<b>Street Address</b>	LINDEN ST		<b>Description of Expenditure</b>			
<b>City</b>	ALLENTOWN	<b>State</b>	PA	<b>Zip Code</b>	18101	PARKING FEES		
<b>To Whom Paid</b>	ANEDOT				<b>Date [MM/DD/YYYY]</b>	08/12/2021	<b>\$</b>	0.50
<b>House #</b>	1340	<b>Street Address</b>	POYDRAS STREET, SUITE 1770		<b>Description of Expenditure</b>			
<b>City</b>	NEW ORLEANS	<b>State</b>	LA	<b>Zip Code</b>	70112	WEB SITE CAMPAIGN CONTRIBUTION SERVICE FEE		
<b>To Whom Paid</b>	OFFICE DEPOT				<b>Date [MM/DD/YYYY]</b>	08/17/2021	<b>\$</b>	67.37
<b>House #</b>	480	<b>Street Address</b>	S. CEDAR CREST BLVD		<b>Description of Expenditure</b>			
<b>City</b>	ALLENTOWN	<b>State</b>	PA	<b>Zip Code</b>	18104	ROLLING CART, LIT HOLDERS, CLIPS, CUSTOM STATIONARY		
<b>To Whom Paid</b>	OFFICE DEPOT				<b>Date [MM/DD/YYYY]</b>	08/17/2021	<b>\$</b>	15.16
<b>House #</b>	480	<b>Street Address</b>	S. CEDAR CREST BLVD.		<b>Description of Expenditure</b>			
<b>City</b>	ALLENTOWN	<b>State</b>	PA	<b>Zip Code</b>	18104	ADDITIONAL LIT HOLDERS		
<b>To Whom Paid</b>	OFFICE DEPOT				<b>Date [MM/DD/YYYY]</b>	08/19/2021	<b>\$</b>	86.34
<b>House #</b>	480	<b>Street Address</b>	S. CEDAR CREST BLVD.		<b>Description of Expenditure</b>			
<b>City</b>	ALLENTOWN	<b>State</b>	PA	<b>Zip Code</b>	18104	ASSORTED ITEMS TO ASSIST FOR CAMPAING DISPLAY AT E		
<b>To Whom Paid</b>	WELLS FARGO				<b>Date [MM/DD/YYYY]</b>	8/31	<b>\$</b>	10.00
<b>House #</b>	1901	<b>Street Address</b>	S FOURTH STREET		<b>Description of Expenditure</b>			
<b>City</b>	ALLENTOWN	<b>State</b>	PA	<b>Zip Code</b>	18103	WELLS FARGO CHECKING ACCOUNT FEE		
<b>To Whom Paid</b>	- END ENTRIES -				<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>			
<b>City</b>		<b>State</b>		<b>Zip Code</b>				

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### 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.

<b>Filer Identification Number:</b>	EIN 86-2828036
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<b>Name of Creditor</b>		THOMAS R. HOUCK				<b>Outstanding Balance of Debt</b>	
<b>House #</b>	845	<b>Street Address</b>	N 18TH ST		<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$
					3/25/2021		
<b>City</b>	ALLENTOWN	<b>State</b>	PA	<b>Zip Code</b>	18104	3000.00	

<b>Description of Debt</b>	PERSONAL LOAN OF CANIDATE TO CAMPAIGN COMMITTEE
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<b>Name of Creditor</b>		THOMAS R. HOUCK				<b>Outstanding Balance of Debt</b>	
<b>House #</b>	845	<b>Street Address</b>	N 18TH ST		<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$
					08/2021		
<b>City</b>	ALLENTOWN	<b>State</b>	PA	<b>Zip Code</b>	18104	20.00	

<b>Description of Debt</b>	PERSONAL LOAN TO CAMPAIGN THROUGH WELLS FARGO CHECKING ACCOUNT TO AVOID LATE FEES
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<b>Name of Creditor</b>		THOMAS R. HOUCK				<b>Outstanding Balance of Debt</b>	
<b>House #</b>	845	<b>Street Address</b>	N 18TH ST		<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$
					10/18/2021		
<b>City</b>	ALLENTOWN	<b>State</b>	PA	<b>Zip Code</b>	18104	134.75	

<b>Description of Debt</b>	ACCUMULATIVE COST OF ADOBE ACROPRO PAID BY CANIDATE
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<b>Name of Creditor</b>		THOMAS R. HOUCK				<b>Outstanding Balance of Debt</b>	
<b>House #</b>	845	<b>Street Address</b>	N 18TH ST		<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$
					10/18/2021		
<b>City</b>	ALLENTOWN	<b>State</b>	PA	<b>Zip Code</b>	18104	2138.13	

<b>Description of Debt</b>	ACCUMULATIVE 'OUT OF POCKET' EXPENSES BY CANDIDATE; PRINTER INK, OFFICE SUPPLIES, WEB URL, LITTURE, ETC.
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<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>			<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$
<b>City</b>		<b>State</b>		<b>Zip Code</b>			

<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>			<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$
<b>City</b>		<b>State</b>		<b>Zip Code</b>			

<b>Description of Debt</b>	
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