

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	<input type="checkbox"/>	LOBBYIST	<input type="checkbox"/>	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <b>THOMAS R. HOVEK</b>									
STREET ADDRESS <b>845 N 18<sup>TH</sup> ST</b>									
CITY <b>ALLENTOWN</b>			STATE <b>PA</b>		ZIP CODE <b>18104 - 4163</b>				
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION			
6TH TUESDAY PRE-PRIMARY	1.	<b>ALLENTOWN CITY COUNCIL</b>		<b>-</b>	<b>REP</b>	MO.	DAY	YEAR	
2ND FRIDAY PRE-PRIMARY	2.	DATES OF REPORTING PERIOD		MO.	DAY	YEAR	MO.	DAY	YEAR
30 DAY POST-PRIMARY	3.	<b>05 04 2021</b> TO <b>06 07 2021</b>					<b>05</b>	<b>18</b>	<b>2021</b>
6TH TUESDAY PRE-ELECTION	4.	CASH BALANCE AT END OF REPORTING PERIOD:		<b>\$ (5052.51)</b>					
2ND FRIDAY PRE-ELECTION	5.	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		<b>\$ -0-</b>					
30 DAY POST-ELECTION	6.	AMENDMENT REPORT?		YES	NO	<input checked="" type="checkbox"/>			
ANNUAL REPORT	7.	TERMINATION REPORT?		YES	NO	<input checked="" type="checkbox"/>			
FOR OFFICE USE ONLY									
RECEIVED 2021 JUN -8 PM 1:18 ELECTIONS DIVISION OF LEGISLATION									

**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  
8 DAY OF June 2021

Mary Jo Toulomelis  
 SIGNATURE

THOMAS R. HOVEK  
 PRINTED NAME

MY COMMISSION EXPIRES 06 13 2023  
 MO. DAY YR.

484 809-2149  
 AREA CODE DAYTIME TELEPHONE NUMBER

**PART II -**

If statement is filed on behalf of a Candidate's Authorized Committee, the Candidate must sign here.

I SWEAR (OR AFFIRM) THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS REPORT IS TRUE, CORRECT AND COMPLETE AND I HAVE 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

\_\_\_\_\_  
 PRINTED NAME

MY COMMISSION EXPIRES \_\_\_\_\_  
 MO. DAY YR.

\_\_\_\_\_  
 AREA CODE \_\_\_\_\_  
 DAYTIME TELEPHONE NUMBER

Commonwealth of Pennsylvania - Notary Seal  
 Mary Jo Toulomelis, Notary Public  
 My commission expires June 13, 2023  
 Commission number J348991  
 Member, Pennsylvania Association of Notaries