



10/14

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 ELECTIONS DIVISION  
 OF COMMONWEALTH OF PENNSYLVANIA

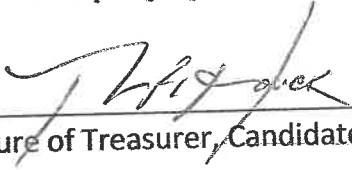
## Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Reports

**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.**

<b>Name of Filing Committee, Candidate, or Lobbyist</b>				
Tom Houck				
<b>Reporting Cycle Name</b>				
<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.

  
 \_\_\_\_\_  
 Signature of Treasurer, Candidate, or Lobbyist

**Thomas R. Houck**  
 \_\_\_\_\_  
 Printed Name

**10/22/2021**  
 \_\_\_\_\_  
 Date (DD/MM/YYYY)

**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)

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

Type of Report (Place x under report type)

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

Summary of Receipts and Expenditures	From Date	To Date
		06/07/2021
A. Amount Brought Forward From Last Report	\$	(4953.58)
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0
C. Total Funds Available (Sum of Lines A and B)	\$	(4953.58)
D. Total Expenditures (From Schedule III)	\$	338.80
E. Ending Cash Balance (Subtract Line D from Line C)	\$	(5292.38)
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0

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ELECTION BOARD OF LEHIGH COUNTY

**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  
 THOMAS R. HOUCK  
 Printed Name  
 484 \_\_\_\_\_ 809-2149  
 Area Code Daytime Telephone Number

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  
 \_\_\_\_\_  
 Printed Name  
 \_\_\_\_\_  
 Area Code Daytime Telephone Number

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

<b>Filer Identification Number</b>	EIN 86-2828036
------------------------------------	----------------

<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>		
Total for the reporting period	(1)	\$ 0

<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)		\$ 0
Total for the reporting period	(2)	\$ 0

<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)	\$ 0
<b>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)</b>		
		\$ 0

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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 #	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 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
------------------------------	----------------

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

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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
------------------------------	----------------

Full Name of Contributor		NONE			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							
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.

Filer Identification Number:	EIN 86-2828036
------------------------------	----------------

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



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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
------------------------------	----------------

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

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]	\$
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]	\$
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]	\$
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]	\$
Description of Contribution						

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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		
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

Filer Identification Number: EIN 86-2828036

To Whom Paid		ADOBE ACROPRO			Date [MM/DD/YYYY]	\$	16.84
House #	151	Street Address	SOUTH ALMADEN BLVD		Description of Expenditure		
City	SAN JOSE	State	CA	Zip Code	95113	FILE CONVERSIONS	
To Whom Paid		DARRIN DUNKIN			Date [MM/DD/YYYY]	\$	110.00
House #	910	Street Address	N. 18TH STREET		Description of Expenditure		
City	ALLENTOWN	State	PA	Zip Code	18104	WEB/URL PURCHASE REIMBURSEMENT	
To Whom Paid		OFFICE DEPOT			Date [MM/DD/YYYY]	\$	11.90
House #	480	Street Address	S. CEDAR CREST BLVD.		Description of Expenditure		
City	ALLENTOWN	State	PA	Zip Code	18104	OFFICE SUPPLIES	
To Whom Paid		ADOBE ACROPRO			Date [MM/DD/YYYY]	\$	16.84
House #	151	Street Address	SOUTH ALMADEN BLVD.		Description of Expenditure		
City	SAN JOSE	State	CA	Zip Code	95113	FILE CONVERSIONS	
To Whom Paid		JACKIE RIVERA FUND RAISER AND CANDIDATES INTRODUCTON			Date [MM/DD/YYYY]	\$	30.00
House #		Street Address	P.O. Box 5259		Description of Expenditure		
City	BETHLEHEM	State	PA	Zip Code	18015	FUND RAISER AND CANDIDATES INTRODUCTIONS	
To Whom Paid		OFFICE DEPOT			Date [MM/DD/YYYY]	\$	79.54
House #	480	Street Address	S. CEDAR CREST BLVD		Description of Expenditure		
City	ALLENTOWN	State	PA	Zip Code	18104	CAMPAIGN PRINTING	
To Whom Paid		THE LEHIGH VALLEY TEA PARTY			Date [MM/DD/YYYY]	\$	40.00
House #		Street Address	PO BOX 91011		Description of Expenditure		
City	ALLENTOWN	State	PA	Zip Code	18109	19TH ADMNDMENT CELEBRATION AND CANDIDATES NI	
To Whom Paid		ADOBE ACROPRO			Date [MM/DD/YYYY]	\$	16.84
House #	151	Street Address	SOUTH ALMADEN BLVD		Description of Expenditure		
City	SAN JOSE	State	CA	Zip Code	95113	FILE CONVERSIONS	

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### SCHEDULE III Statement of Expenditures

<b>Filer Identification Number:</b>	EIN 86-2828036
-------------------------------------	----------------

<b>To Whom Paid</b>	ADOBE ACROPRO				<b>Date [MM/DD/YYYY]</b>	09/23/2021	<b>\$</b>	16.84
<b>House #</b>	151	<b>Street Address</b>	SOUTH ALMADEN BLVD		<b>Description of Expenditure</b>			
<b>City</b>	SAN JOSE	<b>State</b>	CA	<b>Zip Code</b>	95113	FILE CONVERSIONS		
<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>				
<b>To Whom Paid</b>					<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>				
<b>To Whom Paid</b>					<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>				
<b>To Whom Paid</b>					<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>				
<b>To Whom Paid</b>					<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>				
<b>To Whom Paid</b>					<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>				
<b>To Whom Paid</b>					<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.

Filer Identification Number:	EIN 86-2828036
------------------------------	----------------

Name of Creditor		NONE			DATE DEBT INCURRED [MM/DD/YYYY]		Outstanding Balance of Debt
House #	Street Address		State	Zip Code			\$
City							
Description of Debt							
Name of Creditor					DATE DEBT INCURRED [MM/DD/YYYY]		Outstanding Balance of Debt
House #	Street Address		State	Zip Code			\$
City							
Description of Debt							
Name of Creditor					DATE DEBT INCURRED [MM/DD/YYYY]		Outstanding Balance of Debt
House #	Street Address		State	Zip Code			\$
City							
Description of Debt							
Name of Creditor					DATE DEBT INCURRED [MM/DD/YYYY]		Outstanding Balance of Debt
House #	Street Address		State	Zip Code			\$
City							
Description of Debt							
Name of Creditor					DATE DEBT INCURRED [MM/DD/YYYY]		Outstanding Balance of Debt
House #	Street Address		State	Zip Code			\$
City							
Description of Debt							
Name of Creditor					DATE DEBT INCURRED [MM/DD/YYYY]		Outstanding Balance of Debt
House #	Street Address		State	Zip Code			\$
City							
Description of Debt							