

#### **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 • ra-stcampaignfinance@pa.gov

# 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 Tieu 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.

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	Tom Houck			
Name				
☐ Cycle 2  2 <sup>nd</sup> Friday  Pre-Primary	Cycle 3 30 Day Post Primary	6 <sup>th</sup> Ti	uesday	2 <sup>nd</sup> Friday Pre-Election
☐ Cycle 7	☐ Cycle 8	-		cle 9
	Name  Cycle 2  2 <sup>nd</sup> Friday  Pre-Primary	Tom Houck  Name  Cycle 2  2 <sup>nd</sup> Friday Pre-Primary  Post Primary  Cycle 7  Cycle 8	Name  □ Cycle 2 □ Cycle 3 □ Cycle 3  2 <sup>nd</sup> Friday 30 Day 6 <sup>th</sup> Tri Pre-Primary Post Primary Pre-E	Tom Houck  Name  Cycle 2

**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)

Reset	Form
11000	

2/14

## Commonwealth of Pennsylvania - Campaign Finance Report

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

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3/14

# SCHEDULE I Contributions and Receipts

**Detailed Summary Page** 

iler Identification Number EIN 86-2828036		
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	٠,	
Total for the reporting period (1)	\$	0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	0
All Other Contributions (Part B)	\$	0
Total for the reporting period (2)	\$	0
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	0
All Other Contributions (Part D)	\$	0
Total for the reporting period (3)	\$	0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	\$	0
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)	\$	0

#### 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.

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Full Name of Committee		et Address				
Full Name of Committee		et Address	State	Zip Code	Date [MM/DD/YYYY]	\$

### 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.)

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EIN 86-2828030		

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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.

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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)

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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.

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Full Name  House #  City  Receipt Description	ription		Zip Code	Date [MM/DD/YYYY] \$

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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 0	R LESS PER CONTRIBUTOR
TOTAL for the reporting period (1)	\$	0
2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.0  TOTAL for the reporting period (2)	00 (FI	ROM PART F)
3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM	THE REAL PROPERTY.	rr <b>G</b> )
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

#### SCHEDULE II PART F

### **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

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Filer Identification Number:	EIN 86-2828036	
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#### SCHEDULE II Part G

### **In-Kind Contributions Received**

VALUE OVER \$250

	VALUE OVER	3230	
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	EIN 86-2828036		

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Full Name of Contributor  House # Street Ad  City  Employer Name  Employer Mailing Address / Pri Place of Business  Full Name of Contributor	State State	Zip Code	Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Occupation  Description  of  Contribution	\$ \$ \$
Place of Business  Full Name of Contributor  House # Street Ad  City  Employer Name  Employer Mailing Address / Pri Place of Business	State State	Zip Codé	Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Occupation  Description  of  Contribution  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Full Name of Contributor  House # Street Ad  City  Employer Name  Employer Mailing Address / Pri Place of Business  Full Name of Contributor	incipal Address		Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Occupation  Description  of  Contribution  Date [MM/DD/YYYY]	\$ \$
Full Name of Contributor  House # Street Ad  City  Employer Name  Employer Mailing Address / Pri Place of Business  Full Name of Contributor	State  Incipal  Address  State	Zip Code	Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Occupation  Description  of  Contribution  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Full Name of Contributor  House # Street Ad  City  Employer Name  Employer Mailing Address / Pri Place of Business  Full Name of Contributor  House # Street A	incipal Address		Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Occupation  Description  of  Contribution  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Full Name of Contributor  House # Street Ad  City  Employer Name  Employer Mailing Address / Pri Place of Business  Full Name of Contributor  House # Street A	State  Incipal  Address  State	Zip Code	Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Occupation  Description  of Contribution  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Occupation	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Full Name of Contributor  House # Street Ad  City  Employer Name  Employer Mailing Address / Pri Place of Business  Full Name of Contributor  House # Street A	State Incipal Address State	Zip Code	Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Occupation  Description  of  Contribution  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

# Statement of Expenditures

	Statement of Experience	
Filer Identification Number: EIN 86-2828036		

					THE RESERVE TO BE SEEN THE PARTY OF THE PART	Date franky 201	\$ 10	6.84
Whom Paid	ADOBE ACROPRO					06/23/2021		
ouse#	1	OUTH ALMAD	EN BLVD	(*)		Description of Expenditu		
151 ty		State	CA CA	Zip Code	95113	FILE CONVERSIONS		
SAN JOSE		12.00		Coac		Date [MM/DD/YYYY]	\$ .	110.00
Whom Paid	DARRIN DUNKIN					06/30/2021	1.7%	10.00
						Description of Expendit	ure	
ouse # 910	Street Address	N. 18TH STREE	ET .					A COMPANY OF THE PARTY OF THE P
		State	PA	Zip Code	18104	WEB/URL PURCHASE REIME	JURSEN	MENI
ALLENTOW	'N		I A	Code		Date [MM/DD/YYYY]	\$	11.90
o Whom Paid	and proof					07/06/2021	1 1	11.50
	OFFICE DEPOT					Description of Expendi	ture	
louse # 480	Street Address	S. CEDAR CRE	ST BLVD.					
		State	DA	Zip	18104	OFFICE SUPPLIES		
City ALLENTO	VN .		PA	Code		Date [MM/DD/YYYY]	\$	
To Whom Paid						07/23/2021		16.84
	ADOBE ACROPRO					Description of Expend	iture	
House #	Street Address	SOUTH ALM	ADEN BLVD.					
		State		Zip	95113	FILE CONVERSIONS		
City   SAN JOSI	<u> </u>		CA	Code		Date [MM/DD/YYYY]	\$	
To Whom Paid	JACKIE RIVERA FU	NO DAICED AL	UD CANIDATE	s INTRODUCITO	N	07/24/2021		30.00
	JACKIE RIVERA FU	ND KAISEN AI	- Crainor II			Description of Expend	liture	
House #	Street Address	P.O. Box 52	59					
		State	*	Zip	18015	FUND RAISER AND CAND	IDATES	; INTRODUCTIONS
City BETHLE	HEM		PA	Code	100-	Date [MM/DD/YYYY	\$	
To Whom Pai	d					08/14/2021		79.54
	OFFICE DEPOT					Description of Expen	diture	
House # 480	Street Addres	S. CEDAR O	REST BLVD					
		Stat	e	Zip	18104	CAMPAIGN PRINTING		
City	OWN		PA	Code		Date [MM/DD/YYY)	1 5	
To Whom Pa	id .	LIEV TEA DAR	ΤV			08/18/2021		40.00
	THE LEHIGH VA	LLET TEATAN				Description of Expe	nditur	
House #	Street Addre	PO BOX	91011					
		Sta	te	Zip	18109	19TH ADMENDMENT C	ELLEB	RATION AND CANDIDATES
City ALLEN	NWOT	13 3 5 13 5 5	PA	Code		Date [MM/DD/YYY	<b>Y</b> ]	\$
To Whom P	aid all	20				08/23/2021		16.84
	ADOBE ACROP	KU				Description of Expe	nditu	<b>c</b>
House #	Street Addr	ess south/	ALMADEN BL	VD			15.p	
T.	1		ate	Zip	95113	FILE CONVERSIONS		
City	OSE	11.5	CA	Code	23113			Charles and Section to a large

# Statement of Expenditures

Stater	ment of Experiatores	٦
No. 1 Charles	Section 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Filer Identification Number: EIN 86-2828036		
		=

			The second section of the second	Date [MM/DD/YYYY] \$ 16.84
Whom Paid	ADOBE ACROPRO			09/232/2021
	ADOBE ACROPRO			Description of Expenditure
use #	Street Address SOL	JTH ALMADEN BLVD		
151		State CA	<b>Zip</b> 95113	FILE CONVERSIONS
SAN JOSE				Date [MM/DD/YYYY] \$
Whom Paid	- END ENTRIES -			
	- Elan Ettimo			Description of Expenditure
ouse#	Street Address			
		State	Zip	
ity		State	Code	
	The second second	NBWW 1		Date [MM/DD/YYYY] \$
o Whom Paid				
				Description of Expenditure
louse #	Street Address			
		State	Zip	
City			Code	Date [MM/DD/YYYY] \$
	W. T.	130 x 2 x 22 x 24		Date [MM/DD/YYYY] \$
To Whom Paid				
				Description of Expenditure
House #	Street Address			
		State	Zip	
City			Code	Date [MM/DD/YYYY] \$
	ragil			Date [MM/DD/1111]
To Whom Paid				
	Street Address			Description of Expenditure
House #	Street Address			
City	Number of Street And I	State	Zip	
			Code	Date [MM/DD/YYYY] \$
To Whom Paid	d XII			
				Description of Expenditure
House #	Street Address			
			72.0	
City	1	State	Zip Code	
				Date [MM/DD/YYYY] \$
To Whom Pa	id /*			
				Description of Expenditure
House #	Street Address			
		Centa	Zip	
City		State	Code	
		567 5641	and the second s	Date [MM/DD/YYYY] \$
To Whom Pa	aid			
		1		Description of Expenditure
House #	Street Addres	S		
1000		State	Zip	
City		Jeace	Code	1

14 x 14

# Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Use this Section 1	o itemize all unpaid debts and obligations which a	re outstanding at the
Filer Identification Number:	EIN 86-2828036	

				Outstanding Balance of Debt
ame of Creditor	NONE		DATE DEBT INCURRED	\$
ouse#	Street Address	- A	[MM/DD/YYYY]	
		State	Zip	
ity		(	Code	
escription of D	ebt			
				Outstanding Balance of Debt
lame of Credito	r			
louse#	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	<b>\$</b>
louse #			[MIMIN DOLLING]	
		State	Zip	
ity .		Jane	Code	
		1 - 2 - 24		
Description of D	JEUL .			
				Outstanding Balance of Debt
Name of Credit	or		DATE DEBT INCURRED	<b>.</b>
House #	Street Address		[MM/DD/YYYY]	
		State	Zip	1956 1956
City			Code	
Description of	Debt			
				Outstanding Balance of Debt
Name of Credi	tor		DATE DEBT INCURRE	) - \$
House #	Street Address		[MM/DD/YYYY]	
		t		
		State	Zip	
City			Code	Set .
Description of	Debt			
				Outstanding Balance of Deb
Name of Cred	itor			
House #	Street Address		DATE DEBT INCURRE [MM/DD/YYYY]	D \$
House #			[IAMAN DD] 1111]	3-4C2
			Zip	
City		State	Code	
Description o	of Debt			
	• • · · · · · · · · · · · · · · · · · ·			Outstanding Balance of Del
Name of Cree			DATE DEBT INCURR	ED \$
House #	Street Address		[MM/DD/YYYY]	
		State	Zip	
City			Code	
व्यक्ति व्यक्ति	of Debt			