CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred *each* <u>did not exceed \$250.00</u> during the reporting period.

FILER IDENTIFICATION	101 2220	REPORT FILED CANDI	DATE 1. COMMITTEE 2. LOBEYIST 3.
NUMBER NAME OF FILING COMMITTEE, CANDID	V 86-2828036 ATE OR LOBBYIST	ON BEHALF OF	
The state of the s	MAS R. HOVER (TOM HOUEK	
STREET ADDRESS			
645	116457	STATE	ZIP CODE
CITY A	ENTOWN	PA	18104 -4163
(ME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO. PAR	
(CHECK ONE)	ALENTOWN CATY COUN	c/L -/	76P 11 02 2021
6TH TUESDAY	In all		FOR OFFICE USE ONLY
2nd FRIDAY 2.	DATES OF MO. DAY YEAR	MO. DAY YEAR	A. 15
PRE-PRIMARY	REPORTING 11 23 21 TO	12 31 21	Company of the same of the sam
30 DAY POST-PRIMARY		1 12	
4.	CASH BALANCE AT END OF REPORTING PERIOD:	\$ 15342 =	
6TH TUESDAY PRE-ELECTION	TOTAL AMOUNT OF FILER'S		7 6 6
2ND FRIDAY 5.	OUTSTANDING DEBTS OR LIABIL		
PRE-ELECTION	AT THE END OF REPORTING PER	aob: 5	ventrum (miles of the control of the
30 DAY	AMENDMENT YES	NO X	~ 5
POST-ELECTION 7.	REPORT?		-
ANNUAL REPORT	TERMINATION YES REPORT?	NO S	, , , , , , , , , , , , , , , , , , ,
If statement is filed on	behalf of a <u>Political Committee</u> or behalf of a <u>Candidate</u> , the Candidbehalf of a <u>Contributing Lobbyist</u> ,	ate must sign here.	
LOWERD (OD REEDM) THAT TO	HE ACCRECATE RECEIPTS OR DISBURSEMENTS O	R LIABILITIES INCURRED DURING TH	E REPORTING PERIOD INDICATED BOVE DID NOT
EXCEED TWO HUNDRED AND I	FIFTY DOLLARS (\$250.00) AND THIS REPORT IS,	TO THE BEST OF MY KNOWLEDGE	AND BELIFE TRUE, CORRECT AND COMPLETE.
SWORN TO AND SUBS	CRIBED BEFORE ME THIS	SIGNATURE	OF PERSON SUBMITTING REPORT
DAY OF	20	14	lomas h. Lover
	SIGNATURE		PRINTED NAME
MY COMMISSION EXPIR	MO. DAY YR.	AREA CODE	BOY-2/49. DAYTIME TELEPHONE NUMBER
PART II - If statement is filed on	behalf of a Candidate's Authorize	d Committee, Candidate	e must sign here.
	THAT TO THE BEST OF MY KNOWLEDGE AND BELIF 1333, No. 320) AS AMENDED.	F THIS POLITICAL COMMITTEE HAS	NOT VIOLATED ANY PROVISIONS OF THE ACT OF
SWORN TO AND SUBS	SCRIBED BEFORE ME THIS		CONATURE OF CAMPIDATE
DAY OF	20	51	GNATURE OF CANDIDATE
			PRINTED NAME
	SIGNATURE		
MY COMMISSION EXP	DEC.	AREA CODE	DAYTIME TELEPHONE NUMBER



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 Statements

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 Statements.** This form must be signed by hand where a signature is required.

Name of Filing Committee, Candidate, or Lobbyist								
THOMAS R. HOUCK (TOM HOUCK)								
Reporting Cycle Name								
☐ Cycle 1 6 th Tuesday Pre-Primary	☐ Cycle 2 2 nd Friday Pre-Primary	☐ Cycle 3 30 Day Post Primary	☐ Cycle 4 6 th Tuesday Pre-Election		☐ Cycle 5 2 nd Friday Pre-Election			
☐ Cycle 6 30 Day Post-Election	Cycle 7 Annual Report	☐ Cycle 8 2 nd Friday Pre-Special Election		☐ Cycle 9 30 Day Post-Special Election				

Part I — If this form is submitted with a statement in lieu of full report by a political committee, the treasurer must sign here. If this form is submitted with a statement in lieu of a full report by a candidate, the candidate must sign here. If this form is submitted with a statement in lieu of full 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 Statement is true and correct.

Signature of Treasurer, Candidate, or Lobbyist

THOMAS R. HOUCK

Printed Name

02/01/2022

Date (DD/MM/YYYY)

ALLENTOWN/PA/LEHIGH

Location (City/State/Country)

DSEB-503S Updated 1/22/2020