

#### 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 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.

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Name of Filing	Committee, Cano	didate, or Lobby	st		<b>基有限的基础</b>
	Tom Houck	For Allentown	City Co	ouncil	
Reporting Cycle	Name				
☐ Cycle 1 6 <sup>th</sup> Tuesday Pre-Primary	Cycle 2  2 <sup>nd</sup> Friday  Pre-Primary	☐ Cycle 3 30 Day Post Primary	6 <sup>th</sup> T	Cycle 4 uesday	Z <sup>nd</sup> Friday Pre-Election
☐ Cycle 6 30 Day Post-Election	☐ Cycle 7 Annual Report	☐ <b>Cycle 8</b> 2 <sup>nd</sup> Friday Pre-Specia	l Election	-	cle 9 ost-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

Date (DD/MM/YYYY)

10/22/2021

Karen L Moll

Allentown/PA/USA

**Printed Name** 

Location (City/State/Country)



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**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)

Reset Form

Print Form

3/14

### Commonwealth of Pennsylvania - Campaign Finance Report

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

				Ву	Candida	te		Con	mittee	-		1000		
nittee, Car	ndidate or	тно	MAS R. HO	UCK										
		845	N. 18TH ST											
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HOUCK  845 N. 18TH ST.  ALLENTOWN  Ex under report type)  2 <sup>nd</sup> Friday 3-30 Day Post 4-6th Tuesday Pre-Election Pre-Election Primary Primary Primary Pre-Election Pre-Election Pre-Election  11/02/2021 Year 2021 Amendment Report For 10/18/2021  Forward From Date 10/18/2021 Forward From Last Report \$ 561.14  Contributions and Receipts \$ 617.13 Forward From Last Report \$ 11/8.27  Fes \$ 196.37  Indeed \$ 178.27  Indeed \$ 981.90  Contributions Received \$ 0  Ind Obligations \$ 5292.38  Affidavit Section Indicate sign here. If this is a Candidate report, candidate sign here. If this report, including the attached schedules on paper, is to the best of my knowledge and belief this political committee has not violated any provisions of the tothe best of my knowledge and belief this political committee has not violated any provisions of the tothe best of my knowledge and belief this political committee has not violated any provisions of the tothe best of my knowledge and belief this political committee has not violated any provisions of the tothe best of my knowledge and belief this political committee has not violated any provisions of the tothe best of my knowledge and belief this political committee has not violated any provisions of the tothe best of my knowledge and belief this political committee has not violated any provisions of the tothe best of my knowledge and belief this political committee has not violated any provisions of the tothe best of my knowledge and belief this political committee has not violated any provisions of the tothe best of my knowledge and belief this political committee has not violated any provisions of the tothe best of my knowledge and belief this political committee has not violated any provisions of the tothe best of my knowledge and belief this political committee has not violated any provisions of the tothe best of my knowledge and belief this political committee has not violated any provisions of the tothe best of my knowledge a	EIN 86-2828036 (Mark X)  nittee, Candidate or THOMAS R. HOUCK  845 N. 18TH ST.  ALLENTOWN  Extra treport type)  2021 Friday Primary Pre-Election Pre	EIN 86-2828036 ((Mark X))  mittee, Candidate or THOMAS R. HOUCK  845 N. 18TH ST.  ALLENTOWN State PA Zip Code 18104-4163  ex under report type)  22 Friday 3-30 Day Post Pre-Election Pro-Election Pre-Election Pre-E	REPORT FIRE BY (Mark X)  mittee, Candidate or THOMAS R. HOUCK  845 N. 18TH ST.  ALLENTOWN  Ex under report type)  27th Friday 3-30 Day Post 4-6th Tuesday 5-2th Friday Pre-Election Pre-Election Pre-Election Pre-Election Election Election From Date 11/02/2021 Year 2021 Amendment Report Pre-Election Report Pre-Election	EIN 85-2828036 (Mark X)  THOMAS R. HOUCK  245 N. 18TH ST.  ALLENTOWN  State PA  Zip Code 18104-4163  Ex under report type)  2276 Friday 3-30 Day Post A-6**Tuesday Pre-Election Pre-Electio

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## SCHEDULE I Contributions and Receipts

**Detailed Summary Page** 

ller Identification Number EIN 86-2828036				
Uniternized Contributions and Receipts-\$50.00 or Less per Contributor				
.Unitemized Contributions and Reco.  Total for the reporting period	(1)	2	05.00	
2. Contributions of \$50.01 to \$250.00 (From				
Part A and Part B)  Contributions Received from Political Committees (Part A)	T	\$		
		\$	400.00	
All Other Contributions (Part B)  Total for the reporting period	(2)	\$	400.00	
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)	\$	12.13	
Total Monetary Contributions and Receipts during this reporting period (Add and	leport	\$		

#### 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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					to a story topons		
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Ill Name of Cor	tributing						
ommittee					Transing Navivi	\$	
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ity			State	Zih cone			
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ull Name of Co	ntributing				Date family Do. 11111		
Committee		1					
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Full Name of	Contributing				Date flamil 22/11/11	1	
Committee					TO THE STORY OF TH	\$	
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ทอนระ #	344						
1					Date [MM/DD/YYYY	\$	
1	0		State	Zip Code	Date HAILAND TO THE		

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## 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.)

ler Identification Number	EIN 86-2828036						
					Date [MM/DD/YYYY]	\$	
ull Name of Contributo	09/11/2021		150.00				
	Date [MM/DD/YYYY]	\$					
louse #	treet Address BE	NNER ROA	D				
ity		State	PA	Zip Code 18104-3300	Date [MM/DD/YYYY]	\$	
ALLENTOWN					Date [MM/DD/YYYY]	\$	
Full Name of Contributor JOHN ROBERT LOVETT					09/11/2021		250.00
	Street Address				Date [MM/DD/YYYY]	\$	
House # 2830		LIBERTY	ST				
		State		<b>Zip Code</b> 18104-4748	Date [MM/DD/YYYY]	\$	
ALLENTOWN			PA	18104-4748	Date [MM/DD/YYYY]	\$	
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				Zip Code	Date [MM/DD/YYYY]		\$
City		State	2	Zp code			
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House #	Street Address						
		Stat	e	Zip Code	Date [MM/DD/YYYY		\$
City							
Full Name of Contrib	utor				Date [MM/DD/YYYY		\$
	Street Address				Date [MM/DD/YYYY	]	\$

Zip Code

State

City

Date [MM/DD/YYYY] \$

#### 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.

	EIN 86-282803				
	occust, Alba-			Date [MM/DD/YYYY]	
ull Name of ontributing Comm	ittee NONE				13
Dambuding Comm				Date [MM/DD/YYYY]	
louse #	Street Address				
				Date [MM/DD/YYYY]	\$
ity		State	Zip Code		
				Date [MM/DD/YYYY]	<b>\$</b>
Full Name of Contributing Comm	ittee				
				Date [MM/DD/YYYY]	\$
House #	Street Address				
		State	Zip Code	Date [MM/DD/YYYY]	\$
City		Jiace			. 3h 36
	-convertables		447.3×37.442.A×1	Date [MM/DD/YYYY]	\$
Full Name of Contributing Comm	nittee				
Continuing Cont				Date [MM/DD/YYYY]	\$
House #	Street Address				. 1990 1993 1974
		Toward of the I	7 Code	Date [MM/DD/YYYY]	\$
City		State	Zip Code		
				Date [MM/DD/YYYY]	\$
Full Name of	mittee				
Contributing Com				Date [MM/DD/YYYY]	\$
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City	1 200 1200 220 420	State	Zip Code	Dute print - 1. The state of th	
				Date [MM/DD/YYYY]	5
Full Name of					
Contributing Con	nmittee	5W		Date [MM/DD/YYYY]	\$
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				Date [MM/DD/YYYY]	\$
City	· · · · · · · · · · · · · · · · · · ·	State	Zip Code	Date [www/DD/1111]	
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Full Name of	5 (19 12 19 18 A.) M. Alek (19 19 1			Dare Banadool 1111	
Contributing Co	mmittee			- In the form honor	\$
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	Street Addres				
Cont		-State	Zip Code	Date [MM/DD/YYYY]	\$
City					

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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)

(Exclude contributions from political committee )	
Filer Identification Number: EIN 86-2828036	

	2 9 7 5 8 2			Date [MM/DD/YYYY] \$	
ull Name of Co	ntributor NONE				
				Date [MM/DD/YYYY] \$	
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ity		State	Zip Code		
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ull Name of Co				Date [MM/DD/YYYY] \$	
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Principal Place	of Business			Date [MM/DD/YYYY] \$	and the succession
Full Name of C	ontributor			Date (www.psy.co.)	
				Date [MM/DD/YYYY] \$	
House #	Street Address			Date (ivility DD) 11111	
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City		State	Zip Code	Date [MM/DD/YYYY] \$	
				Occupation	
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Employer Mai	ling Address /				
Principal Place Full Name of (	100			Date [MM/DD/YYYY] \$	
	Street Address			Date [MM/DD/YYYY] \$	
House #	Street Address				
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	<u>esta se</u> neutralia presidente esta esta entre esta esta entre esta esta esta esta esta esta esta est	接着器		Occupation	
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Employer Ma	illing Address / ce of Business				
Principal Plac	e or business				

#### 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.

	EIN 86-2828036					
ull Name	OFFICE DEPOT					
louse # 480	Street Address S. CEDA	AR CREST BLVD.				
ity	ALLENTOWN	State PA	Zip Code	18104	Date [MM/DD/YYYY] 08/19/2021	\$ 12.13
leceipt Descript	ion DETURN ON LINEISA	BLE LITERATURE HOLDI	NG STANDS	7		
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Receipt Descri	ption					
Full Name						
House #	Street Address					
		State	Zip	7.	Date [MM/DD/YYYY	] \$
City		≥ 5 € 13 £ 11 £	Code	3		

#### 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** 

ller Identification Number: EIN 86-2828036		
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50	),00 O	R LESS PER CONTRIBUTOR
OTAL for the reporting period (1)	\$	0
2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250	STATE OF THE PARTY	ROM PART F)
FOTAL for the reporting period (2)	\$	0
3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FRO	M PAR	ιτ G)
TOTAL for the reporting period (3)	\$	0
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING	\$	

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## SCHEDULE II PART F

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

VALUE OF \$50.01 TO \$250

Filer Identification Number:	
FIRE IN 86-2828036	

ull Name of Con	tributor			Date [MM/DD/YYYY]	\$
un Name of Con	NONE				
				Date [MIVI/DD/YYYY]	\$
louse #	Street Address				
		l casa il	Zip Code	Date [MM/DD/YYYY]	\$
Tity		State			
	and a magazine and provide the second of the follows				
Description of Co	ontribution			Date [MM/DD/YYYY]	\$
Full Name of Co	ntributor			Date Intribation	
				Date [MM/DD/YYYY]	\$
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				To an a form house?	
City		State	Zip Code	Date [MM/DD/YYYY]	
					187 (1) 1867
Description of C	ontribution	2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			
Full Name of Co			and the state of t	Date [MM/DD/YYYY]	
Full Name of Co	intributor				
				Date [MM/DD/YYYY]	\$
House #	Street Address				
		CELLER	Zip Code	Date [MM/DD/YYYY]	\$
City		State		NAME OF THE PARTY	
Description of	Contribution				
4 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4				Date [MM/DD/YYYY]	\$
Full Name of C	ontributor				
				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [miny DD]	
			Large Co. I	Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [min) DD] 11111	
	and the second of the second o				1
Description of	Contribution			Date [MM/DD/YYYY]	1.5
Full Name of C	Contributor			Date [IMM/DD/1111]	
					100 A
House #	Street Address			Date [MM/DD/YYYY]	\$
1. A 1. L. V.					
1		Torriso I	Zip Code	Date [MM/DD/YYYY]	\$
City		State			

12/14

### SCHEDULE II Part G

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

VALUE OVER \$250

	VALUE	OVER \$250		
Filer Identification Number:				
	EIN 86-2828036		Control of the second control of the second	
■ Balton Cartal Profession Application				

			The second secon	Date [MM/DD/YYYY]	\$
ill Name of Conti		10			
	NONE			Date [MM/DD/YYYY]	\$
ouse#	Street Address			Date Intity	
				for more of	\$
		State	Zip Code	Date [MM/DD/YYYY]	4
ity					
				Occupation	
mployer Name				Description	
mployer Mailing	Address / Principal			of	
Place of Business				Contribution	777
		The second second		Date [MM/DD/YYYY]	S
ull Name of Con	(Librio)				
				Date [MM/DD/YYYY]	\$
House #	Street Address			1	
				Date [MM/DD/YYYY]	\$
City	- 576) BROWN ST. 50 - 500	State	Zip Code	Duck full of the second	
				2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
Employer Name	16470 - F-12206-5			Occupation	
				Description	
Employer Mailin Place of Busines	g Address / Principal			of Contribution	
hlate of presides				Date [MM/DD/YYYY]	
Full Name of Co	ntributor			Date (William)	
House #	Street Address			Date [MM/DD/YYYY]	97.4 <b>(\$</b>
nouse *					
		State	Zip Code	Date [MM/DD/YYYY]	<b>S</b>
City					
				Occupation	
Employer Nam					
Employer Mail	ing Address / Principal			Description of	
Place of Busine	ess			Contribution	
				Date [MM/DD/YYYY]	\$
Full Name of C	ontributor				EX.
1				Date [MM/DD/YYYY]	<b>**</b>
House #	Street Address			Date figural poly (1.1.1)	
				the second	BART C
City		State	Zip Code	Date [MM/DD/YYYY	\$
City					
2 003			Total Vision C.	Occupation	
Employer Nan				Description	
Employer Mai	lling Address / Principal			of	
	OCC -	44.71.71		Contribution	

## Statement of Expenditures

	Statement of Expense	
Filer Identification Number:	EIN 86-2828036	

Whom Paid			Date [MM/DD/YYYY] \$	15.00	
MINUTEMAN PRESS / USPS SUB-STATION			06/08/2021		
ouse # Street Addr	ess Tilghman St		Description of Expenditur		
ty ALLENTOWN	State PA	Zip Code 18104	NOTARY SERVICES		
			Date [MM/DD/YYYY]	2.00	
Whom Paid ALLENTOWN I	PARKING AUTHORITY		06/08/2021		
ouse # Street Addr	ess LINDEN ST		Description of Expenditur		
ity I	State PA	Zip Code 18101	PARKING FEES		
ALLENTOWN		- Code	Date [MM/DD/YYYY]	\$	
o Whom Paid ANEDOT			08/12/2021	0.50	
louse # Street Add	ress POYDRAS STREET, SUITE 1	1770	Description of Expenditu	re	
ity NEW ORLEANS	State LA	Zip 70112	WEB SITE CAMPAIGN CONTR	IBUTION SERVICE FEE	
			Date [MM/DD/YYYY]	\$ 67.27	
To Whom Paid OFFICE DEPC	т		08/17/2021	67.37	
House # 480 Street Add	Iress S. CEDAR CREST BLVD		Description of Expenditu	ıre	
City ALIENTOWN	State PA	Zip Code 18104	ROLLING CART, LIT HOLDERS	5, CLIPS, CUSTON STATION	
			Date [MM/DD/YYYY]	\$ 15.16	
To Whom Paid OFFICE DEPO	TC		08/17/2021		
House # 480 Street Ad	dress S. CEDAR CREST BLVD.		Description of Expendit	ure	
City ALLENTOWN	State PA	Zip Code 18104	ADDITIONAL LIT HOLDERS		
To Whom Paid	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □		Date [MM/DD/YYYY]	\$ 86.34	
office DEP	OT		08/19/2021		
House # 480 Street Ac	s. CEDAR CREST BLVD.		Description of Expenditure		
City ALLENTOWN State PA Zip Code 18104			ASSORTED ITEMS TO ASSIST FOR CAMPAING DISPLAY		
To Whom Paid	W. S. J.		Date [MM/DD/YYYY]	10.00	
10 Whom Palu WELLS FAF	IGO		8/31		
House # 1901 Street A	ddress S FOURTH STREET		Description of Expendi		
City ALLENTOWN	State PA	Zip Code 18103	WELLS FARGO CHECKING A	ACCOUNT FEE	
		AND DOTTED SERVICE	Date [MM/DD/YYYY]	\$	
To Whom Paid - END ENT	RIES -				
House # Street A	ddress		Description of Expend	iture	
	State	Zip			
City	Sae	Code			

#### 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>Use this Section</b>	to itemize all unpaid debi	ts and obligations which are outstanding at the cita of the cita o
Filer Identification Number:	EIN 86-2828036	

* P. 3. 3. 4.							Ou	tstanding Balance of Debt	
me of Creditor use #	THOMAS R. HOUCK  Street Address  N 18TH ST  THOMAS R. HOUCK  DATE DEBT INCURRED  [MM/DD/YYYY]  3/25/2021		\$						
<b>y</b>			State	PA	Zip	8104		3000.00	
	ALLENTOV				Code		, s*		
scription of Debt	PERSONAL	LOAN OF CANIDATE TO	CAMPAIGN COMMITT	EE			O	tstanding Balance of Debt	
me of Creditor	THOMAS	R. HOUCK			PERTING	IDDEN	\$		
ouse #	Street Address	N 18TH ST		DATE DEBT INCURRED [MM/DD/YYYY]					
			State	PA	08/2021 <b>Zip</b>	18104		20.00	
ty	ALLENTO\				Code		130	1	
escription of Debt	PERSONA	L LOAN TO CAMPAIGN	THROUGH WELLS FARG	O CHECKIN	ig account	TO AVOID L	ATE I	EES	
er esta college		a Herren	appearance of Foundation				0	utstanding Balance of Debt	
ouse #	te of Creditor THOMAS R. HOUCK  DATE DEBT INCURRED  Street Address [MM/DD/YYYY]					\$			
845		N 18TH ST			10/18/2021				
ity	ALLENTO	wn	State	PA	Zip Code	18104		134.75	
escription of Debt	ACCUMU	ILATIVE COST OF ADOBE	ACROPRO PAID BY CA	NIDATE				AND THE STREET	
Name of Creditor	27.8.70.1	A STATE OF THE STA					C	Outstanding Balance of Debt	
louse #	THOMAS R. HOUCK  Street Address  [MM/DD/YYYY]				\$				
845		N 18TH ST			10/18/20	21	]	2138.13	
City	ALLENTO	OWN	State	PA	Zip Code	18104			
Description of Deb	t ACCUM	ULATIVE 'OUT OF POCK	ET' EXPENSES BY CANDI	DATE; PRII	NTER INK, OF	FICE SUPPLIE	ES, W	EB URL, LITITURE, ETC.	
Name of Creditor								Outstanding Balance of Debt	
House #	Street Addr			D/	TE DEBT IN [MM/DD/				
City		70 T M 1 W T T T T T T T T T T T T T T T T T T	State	3	Zip Code	# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Description of Del	nt				The department of the			-nle	
			en western the second	No. of Contract of		AND SHAPE	T	Outstanding Balance of Debt	
Name of Creditor				1 2 30	ATE DEBT I	NCHRRED .		<b>5</b>	
House #	Street Add	ress		יע	[MM/DD				
	[16] Edwin 20, 10, 14, 17, 17	A . T			1 914	5-121		1	
City			State	1 1	Zip Code				