Commonwealth of Pennsylvania

CAMPAIGN FINANCE REPORT

PAGE 1 OF /2 (COVER PAGE)

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

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Filer Identification Number:			Report Filed By:	CANDIDA	re '-	COMM	ITTEE	2. X	LOBBYIST	3.
Name of Filing Committe			/	0 *	10	•	i dilli di interessora	- April	A CONTRACTOR OF THE PARTY OF TH	1
Street Address:		LENTOWN	Cory C	OUNCIA (OMM	ITTE	<u> </u>			www.
345, N	18 51	- Company of the Comp				y				
City:	DL J & /			State:		Zip Cod			11117	
Page 1900		- 2ND FRIDA	2.	30 DAY	3.	181			4163	ŝ
REPORT	PRE-PRIMARY	PRE-PRIMA	RY X	POST PRIMARY	American Company	REPORT?		YES	NO	
(place X to	PRE-ELECTION	2ND FRIDA PRE-ELECT	The second secon	30 DAY POST ELECTION	6. 4	TERMINA REPORT?	Constitution open and the same	YES	NO	
	ANNUAL 7 REPORT	YEAR		FILING METHO		PAPE	:R	X	DISKETTE	
Name of Office Sought b	·			DATE OF EL	ECTION	District Number	Office Code			ounty
ALLENIONN (ITY OUN	.//		MO. DAY	YEAR	rumber	074	١ ۾	1 -	ode 39
	217 0000			05 18 3	2021				IONS FOR C	
	_	MO. DAY YE	AR	MO. DAY	YEAR	£	OR OFF	ICE US	SE ONLY	
Summary of Rece and Expenditures		01 01 202			2021					
A. Amount Brought Fo	orward From Last	Report	ş	0						
B. Total Monetary Cor	ntributions and Re	ceipts (From Sche	dule I) \$	305000						
C. Total Funds Availab	le (Sum of Lines	A and B)	\$	305000	-					
D. Total Expenditures	(From Schedule I	II)	\$	2284.58	3					
E. Ending Cash Balance	e (Subtract Line I) from Line C)	ş	765,42						
F. Value of In-Kind C	ontributions Rece	ived (From Schedu	ule II) \$	Ø						
G. Unpaid Debts and C	Obligations (From	Schedule IV)	\$	4934.4	10					
		Α	FFIDAVIT SE	CTION						
PART I - If this is a		t, treasurer sign h	ere. If this i	s a Candidate i						
I swear (or affirm) that the correct and complete.	his report, including	the attached Scheme	leyealtheppenn Iry Jo Toulomeli	syrvanya Notary S s, Notary Public	e, are to th	e best of	my know	ledge a	and belief to	rue,
Sworn to and subscribed	before me this	1	Lehiah c	County	J					
day of	Mey	1 200	Ummieeial	ソハノ ルーナノう ニュー・レージ	1 / 3	oll				
Mary So	London	elu	- Ferinsylvania A	Isoplation of Notarie	igniture of	Person Su	bmitting	Report		
My commission auditor	Signature	3 2023			P	rinted Nam	ne ۱۱۲۰	α	ALL DE LEVEL CONTRACTOR CONTRACTO	
My commission expires		DAY YR.	<u>-</u>] -	Area Code		360	T45.	36 lephone	Number	
										لــــــا
PART II - If this is a	report of a Cane	lidate's Authorize	d Committee,	candidate shall	sign here					
I swear (or affirm) that to (P.L. 1333, No. 320) as am	o the best of my kn hended.	owledge and belief t	Commonwealtr	i ot Pennsylvania -	Notary Sea	provision	s of the	Act of	June 3, 193	37
Sworn to and subscribed	before me this		Mary Jo To	oulomelis, Notary Lehigh County	Public					
day of	404	20	My commiss	sion expires June	13/2027/	1 for	red /			
Man so Le	mlom. O.	4	Member Penns	islon number 134 sylvania Association	of Notaries	ide of Can	didaye			_
100	Signature			110.1		inted Nam		-		- 1
My commission expires		多 スoえ DAY YR.	<i>-</i> ³	Area Code			9-21 ytime Tel]
						DS.	7 kirite. 191	ahuoue	isombet.	3

Department of State ● Bureau of Commissions, Elections and Legislation 210 North Office Building ● Harrisburg, PA 17120-0029 ● (717) 787-5280

SCHEDULE I

PAGE 2 OF ____/2___

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page		
Name of Filing Committee or Candidate TOM HONCK FOR HENTOWN (174 OUNCIL	Reporting Per	erigd 01/2021 To 05/03/2021
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS	PER CON	TRIBUTOR
TOTAL for the Reporting Period		
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B	5	
Contributions Received from Political Committees (Part A)		s
All Other Contributions (Part B)		\$
TOTAL for the Reporting Period	(2)	\$ Ø
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)		
Contributions Received from Political Committees (Part C)		\$ Ø
All Other Contributions (Part D)		\$ 3,00000
TOTAL for the Reporting Period	(3)	\$ 3,000
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHE	ecks, etc	> (FROM PART E)
TOTAL for the Reporting Period	(4)	
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.)		\$ 3,05000

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.

		F		DATE		AMOUNT
III Name of Contributing Committee			MO.	DAY	YEAR	6
ailing Address			MO.	DAY	YEAR	\$
					TEAR	\$
ty	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		-				\$
I Name of Contributing Committee			MO.	DAY	YEAR	
oiling Address			110			\$
			MO.	DAY	YEAR	\$
y	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
						\$
Name of Contributing Committee			Mo.	DAY	YEAR	
iling Address	 					\$
•			MO.	DAY	YEAR	s
	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		-		T		1 \$
Name of Contributing Committee			MQ.	DAY	YEAR	
ling Address] \$
my rowess			MO.	DAY	YEAR	\$
/	State	Zip Code (Plus 4)				4
		_	MO.	DAY	YEAR	\$
Name of Contributing Committee			MO.	DAY	YEAR	<u> </u>
						\$
ling Address			MO.	DAY	YEAR	_
	State	Zip Code (Plus 4)				\$
•	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Name of Contributing Committee				5.00		*
			MO.	DAY	YEAR	\$
ling Address			MO	DAY	YEAR	_
	18					\$
	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	*
Name of Contributing Committee						\$
Se contributing Committee			MO.	DAY	YEAR	\$
ling Address		W	MO.	DAY	YEAR	_
						\$
	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Name of Contribution Co-		_				\$
Name of Contributing Committee			MO;	DAY	YEAR	\$
ing Address			MO.	DAY	YEAR	
						\$
	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		_				\$
		Detailed Summa				PAGE TOTAL

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Tom tovek FOR	PLIENTOWN	(MY (OUNC)	4		1/01/2	1021 To 05/03/2021
Full Name of Contributor	-		I Mo.	DATE	YEAR	AMOUNT
Mailing Address						\$
Mained Wantess			МО	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Full Name of Contributor			Mo.	DAY	YEAR	\$
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Full Name of Contributor			MO.			\$
			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
						\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Y
						\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)				\$
			MO.	DAY	YEAR	\$
Full Name of Contributor	·		MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)				\$
•	0.0.0		MO.	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
City						\$
onty	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	
Mailing Address	······································	MP PARTY CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CO	and the Vice wall-and			\$
			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	мо.	DAY	YEAR	6
		_	1			\$ PAGE TOTAL
Enter Grand Total of Part	B on Schedule L	Detailed Summers	v Page	Section	,	\$ A
SFR-502 (7-99)		Owninial	, . 43c,	Jection:	4.	* 8

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.

Name of Filing Committee or Candidate		00		Reporting		/ /
TOM HOUCK FOR SKIFN	TOWN	(MY COUNCE	4	From 6	1/01/20	121 1005/03/2021
				DATE		AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address	***************************************		MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address		All distances and an experience of the second of the secon	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	мо.	DAY	YEAR	\$
Full Name of Contributing Committee						У
			мо.	DAY	YEAR	\$
Mailing Address			мо.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	мо.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	
Mailing Address	······································					\$
			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			_MO.	DAY	YEAR	\$
Mailing Address	tull de la company		MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)	MO			\$
,	Julia	Zip code (rius 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		-				\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address	**************************************		мо.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$

Enter Grand Total of Book C an Octob		Danilla J. S	_			PAGE TOTAL
Enter Grand Total of Part C on Sched	iule i,	Detailed Summar	y Page,	Section	3.	\$ <i>Q</i>

ALL OTHER CONTRIBUTIONS

PAGE 6 OF 12

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

PART D

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate		00	1	eporting f		ne To polar lange
TOM FOUCK FOR PIKLE	NYON	NOO MY COON	CL		40420	21 To 05/03/2021
		/		DATE		AMOUNT
Full Name of Centributor			MO.	DAY	YEAR	\$ 7,000,00
HOMAS R. FOUCK			63		2021	\$ 3,0000
Mailing Address			MO.	DAY	YEAR	\$
8451N 18 5						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
/YEEN TOWN	PA	18104 4/63			1	\$
Employer Name			Occupati	on		
KETIRED						
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor			MO.	DAY	YEAR	\$
						*
Mailing Address			MO.	DAY	YEAR	\$
·			l			7
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		-				\$
Employer Name	<u></u>		Occupati	on		
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor			MO.	DAY	YEAR	
Fall Name of Contributor						\$
Mailing Address			MO.	DAY	YEAR	
marring Modicas						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
						\$
Employer Name	<u> </u>		Occupati	on	<u> </u>	
Listoyer rearie						
Employer Mailing Address/Principal Place of Business			<u> </u>			
			MO.	DAY	YEAR	
Full Name of Contributor			MO.	UA!	TEAN	\$
Mailing Address			MO.	DAY	YEAR	
Marring Address						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
only	J.C.C					\$
			Occupat	ion.	<u> </u>	
Employer Name			Оссара			
Employer Mailing Address/Principal Place of Business					,	
Employer Mailing Address/Principal Place of Business						
					* *** *** ****************************	
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
	I Carrier 1	7:a Cad- Inius 3	4		vr.	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
			1	<u> </u>	<u></u>	
Employer Name			Occupat	ION		
Employer Mailing Address/Principal Place of Business						
		Date West Commence		041-	- 2	PAGE TOTAL

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

\$ 3,000

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.

Name of Filing Committee or Candidate		00	Reporti	ting Period	
TOM HOVEK FOR SILENTO.	WN ((DY (OUNCIL	From	10/01/2	ZUZI TO 05/03 /2021
Full Name	_				-
Mailing Address			And the second s	-	
City	State	Zip Code (Plus 4)			Amount
		Lip ooto	MO. DA	YEAR	\$
Receipt Description	<u>.</u>	<u> </u>	<u> </u>		
Full Name	-				
Mailing Address					
City	State	Zip Code (Plus 4)	MG. DAY	Y YEAR	Amount
					\$
Receipt Description					
Full Name					
Mailing Address					
City	State	Zip Code (Plus 4)	MO. DAY	Y YEAR	Amount
		<u> </u>			\$
Receipt Description		Account of the contract of the		•	
Fuli Name					
Mailing Address					
Mailing Address					
City	State	Zip Code (Pius 4)	MO. DAY	Y YEAR	Amount
		_			\$
Receipt Description					
Full Name					
Mailing Address					
City	State	Zip Code (Plus 4)	MO. DAY	YEAR	Amount
Receipt Description	<u></u>	_			\$
Full Name					
Mailing Address	***************************************				
		· · · · · · · · · · · · · · · · · · ·			
City	State	Zip Code (Plus 4)	MO DAY	YEAR	Amount
Receipt Description	<u></u>				\$
			<u></u>		
					PAGE TOTAL
Enter Count Taket of D. C. D. C.				•	4

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

SCHEDULE II

PAGE 8 OF 12

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

Name of Filing Committee or Candidate Name of Filing Committee or Candidate Reporting Per	ipd 1/2021 To 05/03/2021
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR L	ESS PER CONTRIBUTOR
TOTAL for the Reporting Period (1)	\$
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM	(PART F)
TOTAL for the Reporting Period (2)	\$
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250,00 (FROM PART G	
TOTAL for the Reporting Period (3)	\$
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.)	\$

SCHEDULE II PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate		- 1	R	eporting (/ / /
TOM HOVEK FOR SALENTO	56.1.N (CITY (OUNCI)		From _C	1/01/z	1021 TO 05/05/2021
The Fork for Manie	NVJ.),7 (5-5-5)		DATE		AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
	· T	7: 0 da (Divo 4)				
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Description of Contribution:	<u> </u>		.			AND THE PROPERTY OF THE PROPER
Full Name of Contributor			MO.	DAY	YEAR	
Pull Name of Controlici						\$
Mailing Address	M		MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	_
		_				\$
Description of Contribution:						
Full Name of Contributor			MO.	DAY	YEAR	\$
					0.00 0000	3
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:			<u> </u>	<u></u>		3
Description of Contendence.						
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address	<u> </u>		MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:			<u> </u>	<u> </u>	<u></u>	
				• · · · · · · · · · · · · · · · · · · ·		
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address	A		MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	3
			mo.	<i>V A</i>	Ministration of the Control of the C	\$
Description of Contribution:			<u> </u>	<u> </u>	<u> </u>	Martin Martin Committee Co
Full Name of Contributor			MO.	DAY	YEAR	
1011 1011				FREE SWARE AMOUNT	200	\$
Mailing Address	, , , , , , , , , , , , , , , , , , , ,		MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		-				\$
Description of Contribution:						
						PAGE TOTAL
Enter Grand Total of Part F on Scheen Summary Page, Section 2.	dule II,	, In-Kind Contributi	ions De	tailed		\$
dutilitially i ago, decitori al					l	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate		100	R	eporting I		21 To 05/03/2021	
Name of Piling Committee or Candidate/	WK	(174 (OUNCI.	4		10420		
Full Name of Contributor		ť	MO.	DATE	YEAR	AMOUNT	
				Control of the Contro	7 () () () () () () () () () (\$	
Mailing Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	\$	
Employer of Contributor		_	Occupation	on on		-	
Employer Mailing Address/Principal Place of Business			Descripti	on of Con	tribution		
			MO.	DAY	YEAR		
Full Name of Contributor						\$	
Mailing Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
	$\bot \bot \bot$		Occupation	<u> </u>		4	
Employer of Contributor			Uccupati	un.			
Employer Mailing Address/Principal Place of Business			Descripti	ion of Can	tribution	Annual Annua	
Full Name of Contributor			MO.	DAY	YEAR	\$	
Mailing Address	<u> </u>		MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		
City	State		<u> </u>			\$	
Employer of Contributor	<u> </u>		Occupati	ion	************************	A	
Employer Mailing Address/Principal Place of Business	4-2		Description of Contribution				
			<u></u>				
Fult Name of Contributor			MO.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR		
						\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Employer of Contributor			Occupati	ion	J		
			Daresia	ion of Cor	tribution		
Employer Mailing Address/Principal Place of Business			Descript	or COI	UOITAGE		
Full Name of Contributor			MO.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR	*	
Mailing Address			mu.	JAT		\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Employer of Contributor	<u> </u>		Occupati	ion	<u></u>		
Employer Mailing Address/Principal Place of Business			Descript	tion of Cor	ntribution		
		August Consumer				PAGE TOTAL	
Enter Grand Total of Part G on Sche	dule II	, In-Kind Contribu	itions D	etailed		\$	
Summary Page, Section 3.							

DSEB-502 (7-99)

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Eiling Committee or Candidate		7 1		Reporting Period
TOM HOVER FOR PRIFITOWN	From 01/01/2021 To 05/03/2021			
, compression of the second	(
To Whom Paid				MO. DAY YEAR Amount
Mailing Address	04 26 2021 \$ 219456 Description of Expenditure			
B45 NIBOST	ACCUMULATED OUT OF POEXET			
City	State	Zip Code (P)		EXPENSES
ALLEN 70 W N To Whom Paid	VIII.	18104 7	ره/	
				1 000
USPS - MINUTEMAN PRESS Mailing Address 1801 TILGHMAN ST	· · · · ·			Description of Expenditure
City //// //// City	State	Zip Code (P	lus 4)	POSTCARD 0.37 POSTAGE × 200
ALLENTOWN	PA	18104	′	
To Whom Paid	as and			MO. DAY YEAR Amount
Mailing Address				Description of Expenditure
City	State	Zip Code (P	lus 4)	
To Whom Paid	<u> </u>			MO. DAY YEAR Amount
			····	\$
Mailing Address				Description of Expenditure
City	State	Zip Code (P	lus 4)	
				·
To Whom Paid				Mo. DAY YEAR Amount
Mailing Address				Description of Expenditure
City	Terra	Zip Code (P	lesa A	
	State	Zip Code (F	ius 4)	
To Whom Paid	<u> </u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·	MO. DAY YEAR Amount
	·			\$
Mailing Address				Description of Expenditure
City	State	Zip Code (P	lus 4)	
		_		
To Whom Paid				MO. DAY YEAR Amount
Mailing Address	· · · · · · · · · · · · · · · · · · ·			Description of Expenditure
City	State	Zip Code (Pi	lus Ai	
,	June	-	103 71	
To Whom Paid		Landard Control of the Control of th		MO. DAY YEAR Amount
Mailing Address				Description of Expenditure
Maring Address				Description of Expenditure
City	State	Zip Code (Pi	lus 4)	
			7	
Enter Grand Total of Evnanditures on Ba	an 1	Danam Ca		PAGE TOTAL
Enter Grand Total of Expenditures on Pa	ye I,	neport Co	ver Pa	Page, Item D. \$ 228456

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.

Name of Filing Committee or Candidate		Repo	orting P	eriod	1 1
TOM HOVEK FOR ALLENTOWN CI	TY (OUNC.	<u>u</u> Fr	om <u>0</u> /	101/2	2021 To 05/03/2021
Name of Creditor					Outstanding Balance of Debt
THOMAS R. Hovek Mailing Address	DATE	MO.	DAY	YEAR	\$ 30000
845 N 183 ST	DEBT INCURRED			202]	
City			Code (F	Plus 4)	
Description of Debt		PA 18	3104		
LOAN TO CAMPAIGN TO START-UP					
Name of Creditor					Outstanding Balance of Debt
Mailing Address Mailing Address	DATE	MO.	DAY	YEAR	\$ 193440
845 N 18* ST	DEBT INCURRED			2021	
City		State Zip	Code (F	lus 4)	
HALFATOWN, Description of Debt		PA 18	104		
ACCUMULATED OUT OF POCKETIO	FRSONAL I	EXDENS	52-5		
Name of Creditor		1/1			Outstanding Balance of Debt
Mailing Address	DATE				\$
	DEBT	MO.	DAY	YEAR	
City		State Zip	Code (F	lus 4)	
Description of Debt					
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Name of Creditor					Outstanding Balance of Debt
Mailing Address				00 1 1 1 - N. J. 1800	\$
maring Address	DATE DEBT	MO.	DAY	YEAR	
City	INCURRED	State Zip	Code (F	ius 4)	
Description of Debt	····				
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Name of Creditor					Outstanding Balance of Debt
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Description of Debt			-		
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Name of Creditor					Outstanding Balance of Debt
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City	INCURRED	State Zip	Code (P	lus 4)	
Description of Debt			_		
Season special of Dept					
					DACE TOTAL
Enter Grand Total of Unpaid Debts on Page 1, Rep	ort Cover P	aga Itam	G		PAGE TOTAL
	-U. OUTEL F	~3c, itelil	G.		\$ 493440

PENNSYLVANIA CAMPAIGN FINANCE REPORT

This Report must be typed or printed legibly in blue or black ink.

INSTRUCTIONS

This form is intended for the use of candidates, political committees and contributing lobbyists who are required to disclose contributions and expenditures. Candidates must file separate reports when they make expenditures or receive contributions on their own behalf and separate from their campaign committee. A candidate's report discloses contributions received and expenditures made individually by the candidate. A contributing lobbyist's report discloses only expenditures the lobbyist personally made to influence the outcome of a candidate's election.

Candidates and their authorized political committees file reports in the office where their nomination documents are filed. If the candidate's reports are filed with the Secretary of the Commonwealth, a copy of the reports filed by the candidate and the authorized committee must be filed with the County Board of Elections in the county in which the candidate resides.

REPORT COVER PAGE

The Report Cover Page identifies the filer, the type of report and what reporting period is covered. It also summarizes the detailed contribution and expenditure sections from the body of the report.

Filer Identification Number - This number is assigned by the Bureau of Commissions, Elections and Legislation to candidates and committees who register and file with the Secretary of the Commonwealth. A candidate's filer identification number is assigned by the Bureau when the candidate files nomination petitions. A political committee or lobbyist filer identification number is assigned when the committee or lobbyist files registration documents in the Bureau.

Report Filed By - Please indicate which type of filer you are by checking the appropriate box on the cover page.

Name of Filing Committee, Candidate or Lobbyist, Street Address, City, State, Zip Code - Please enter appropriate name and address.

Type of Report - Please place an "X" by the applicable report type.

Amendment Report - Check "Yes" only if the report is being filed to correct, add to, or in some way change a report that has already been filed.

Termination Report - Check "Yes" only if the filer has no cash balance, no unpaid debts or obligations, and wishes to cease operation. Contributing lobbyists may file a termination report if they do not anticipate making further contributions to influence the outcome of a candidate's election.

Filing Method - Indicate whether the complete report is filed on paper, or if the report is filed by diskette accompanied by the signed and notarized cover sheet.

Name of Office Sought - If filed by a candidate or candidate's committee, indicate office sought.

Date of Election - If this is a pre- or post-primary/election report, indicate the date of the primary or election.

District Number - If filed by a candidate or candidate's committee, indicate district in which candidate is seeking office.

Office Code, Party Code and County Code - If filed by candidate or candidate's committee, refer to code charts at the back of this report form. Enter the corresponding code letters for the office sought and the political party of the candidate; enter the corresponding code number for the county of residence of the candidate. Candidates for local offices who file only with the County Board of Elections should enter Office Code OTH for Other Offices.

Summary of Receipts and Expenditures - Enter the appropriate dates of the reporting period covered.

Amount Brought Forward From Last Report (Item A) - The balance, if any, as of the first day of the reporting period. For committees, it is the amount reported as the ending cash balance on the previous report filed, if any.

Items B through G - See detailed instructions on each corresponding schedule.

Affidavit Section - Must be sworn to by the filer acknowledging the accuracy of the report (Part I). On reports filed by a candidate's authorized committee, the candidate must sign an additional affidavit (Part II).

Page Number - Calculate the total number of pages in the completed report and indicate on top of cover page. Subsequent pages should be numbered consecutively.

Reports Filed on Diskette: The cover page must accompany all filings, including diskette filings. Diskette filings must also meet the technical specifications of the Department. These specifications are available at www.dos.state.pa.us or by contacting the Bureau.

SCHEDULE I

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page - provides a summary of all monetary contributions and receipts during the reporting period.

Item 1: Unitemized Contributions and Receipts represents the total amount of contributions and receipts of \$50.00 or less in the aggregate *per contributor* received during the reporting period. Items 2, 3 and 4: Enter the total for each section from the corresponding schedules in the report (Part A, Part B, Part C, Part D and Part E).

Enter the total from Schedule I on the Report Cover Page, Item B.

Definition of Contribution: Any payment, gift, subscription, assessment, contract, payment for services, dues, loan, forbearance, advance or deposit of money or any valuable thing, to a candidate or political committee made for the purpose of influencing any election in this Commonwealth or for paying debts incurred by or for a candidate or committee before or after any election. "Contribution" shall also include the purchase of tickets for events such as dinners, luncheons, rallies and other fund-raising events; the granting of discounts or rebates by television and radio stations and newspapers not extended on an equal basis to all candidates for the same office; and any payments provided for the benefit of any candidate, including any payments for the services of any person serving as an agent of a candidate or committee by a person other than the candidate or committee or a person whose expenditures the candidate or committee must report under the act. The word "contribution" includes any receipt or use of anything of value received by a political committee from another political committee and also includes any return on investments by a political committee. (See 25 P.S. §3241)

Instructions for Reporting Contributions

The aggregate total of contributions from an individual contributor within a reporting period determines which part of the report form should be used to disclose a contribution or receipt. The form is designed to list the dates and amounts of as many as three separate contributions from the same source in one line item.

Contributions and receipts of \$50 or less, per contributor, during the reporting period, need not be itemized on the report. The total amount of all unitemized contributions should appear on **Schedule 1**, **Contributions and Receipts Detailed Summary Page**, **Line 1**. A record must be kept of the receipt dates of contributions and the names and addresses of each person from whom a contribution of over \$10 has been received.

Contributions and receipts over \$50 to \$250 - report the name of the contributor, mailing address, amount and date received on Schedule I, Part A, "Contributions Received from Political Committees," or Part B "All Other Contributions."

Contributions and receipts over \$250 - report the name of the contributor, mailing address, occupation, employer's name and address, amount and date received on Schedule I, Part C, "Contributions Received from Political Committees," or Part D, "All Other Contributions."

Receipts - Use Part E, "Other Receipts" to report all other monetary receipts or income; e.g. refunds received, interest income, returned checks and prior expenditures that were returned to the filer during the reporting period.

Address - In all Parts, a complete address, including zip code, must be provided. Space is provided for the Zip Code Plus Four. The State block should be completed with the U.S. Postal Service's standard two-letter abbreviation, such as PA for Pennsylvania.

Date - all date blocks in the report must be completed with eight digits. For instance, March 24, 2000 would appear as 03 24 2000.

Total - of each Part should be transferred to the appropriate section on the Schedule I, "Contributions and Receipts Detailed Summary Page" (Page 2 of the report form).

Occupation and Employer - Part D, which lists individuals who have contributed over \$250, also requires the occupation and name and address of the employer of the contributor. Report the principal place of business of any contributor who is self-employed.

SCHEDULE II

IN-KIND CONTRIBUTIONS RECEIVED

Detailed Summary Page - provides a summary of all in-kind contributions and valuable things received during the reporting period.

Item 1: Unitemized In-Kind Contributions Received represents the total value of in-kind contributions of \$50.00 or less, in the aggregate per contributor, received during the reporting period.

Items 2 and 3: Enter the total for each section from the corresponding schedules in the report (Part F and Part G).

Enter the page total on Page 1, Report Cover Page, Item F.

Part F and Part G - Use these Parts to itemize in-kind contributions from individuals or political committees according to the dollar value of the contribution. The form is designed to list the dates and amounts of as many as three separate in-kind contributions from the same source in one line item. The amount is equal to the current market value of the item or service contributed.

Totals of Parts F and G should be transferred to the appropriate section on the Schedule II Detailed Summary Page.

SCHEDULE III

EXPENDITURES

Definition of Expenditure: The payment, distribution, loan or advancement of money or any valuable thing by a candidate, political committee or other person for the purpose of influencing the outcome of an election; the payment, distribution, loan, advance or transfer of money or other valuable thing between or among political committees; the providing of a service or other valuable thing for the purpose of influencing the outcome of a nomination or election of any person to any public office to be voted for in this Commonwealth; or the payment or providing of money or other valuable thing by any person other than a candidate or political committee, to compensate any person for services rendered to a candidate or political committee. (See 25 P.S. §3241)

Instructions for Reporting Expenditures

Pursuant to state law, the Statement of Expenditures requires the filer to report the purposes for which funds were expended, the name and address of the entity to whom the expenditure was made, and the amount and date of each expenditure.

Vouchers for all expenditures over \$25.00 must be retained by the candidate or committee treasurer and shall be available for public inspection or copying. Filers are not required to submit vouchers with reports; however, vouchers must be retained for a period of three years.

Transactions between a candidate and his/her committee should be recorded on both the candidate's and committee's reports. For example, if a candidate contributes to or loans the committee money, the amount should appear on the candidate's report as an expenditure and on the committee's report as a receipt. A loan must also be reported by the recipient on the Statement of Unpaid Debts (Schedule IV).

SCHEDULE IV

STATEMENT OF UNPAID DEBTS

All unpaid debts and obligations which are outstanding at the end of the reporting period must be reported. If a debt is incurred in one reporting period and not repaid, every report filed must continue to show the outstanding debt, even though there was no activity during the current reporting period.

A debt owed to an individual may be forgiven. A copy of the letter of forgiveness from the individual to the committee must accompany the report filed by the committee in the reporting period in which the debt was forgiven. A debt that is forgiven is considered a contribution to the committee. Such contributions from corporations or unincorporated associations are prohibited by the Election Code.

REPORT FILING DEADLINES

Sixth Tuesday Pre-Election - Reporting period closes 50 days prior to election day. Filed only by candidates for Statewide office and political committees/lobbyists supporting such candidates.

Second Friday Pre-Election - Reporting period closes 15 days prior to election day. Filed by all candidates for nomination or election and political committees/lobbyists supporting such candidates.

Thirty Day Post-Election - Reporting period closes 20 days after election day. File 30 days after election day. Filed by all candidates for nomination or election and political committees/lobbyists supporting such candidates.

Annual Report - Reporting period closes December 31. File by January 31 of the year following the reporting period. Filed by all candidates for nomination or election, political committees and contributing lobbyists.

Political committees required to file pre-election reports must also file post-election reports.

47 Montour48 Northampton49 Northumberland

50 Perry51 Philadelphia52 Pike53 Potter54 Schuvlkill

55 Snyder
56 Somerset
57 Sullivan
58 Susquehanna
59 Tioga
60 Union
61 Venango
62 Warren
63 Washington
64 Wayne
65 Westmoreland
66 Wyoming
67 York

Postmarks - are acceptable as proof of timely filing where report is sent by first class mail and postmarked by the U.S. Postal Service no later than the day prior to the filing deadline.

Late filing fee - A late filing fee of \$10.00 for each day or part of the day (excluding Saturdays, Sundays and holidays) that the report is overdue, plus an additional fee of \$10.00 for the first six days that a report is overdue will be assessed.

County Code Table:

01	Adams	24	Elk
02	Allegheny	25	Erie
03	Armstrong	26	Fayette
04	Beaver	27	Franklin
05	Bedford	28	Forest
06	Berks	29	Fulton
07	Blair	30	Greene
80	Bradford	31	Huntingdon
09	Bucks	32	Indiana
10	Butler	33	Jefferson
11	Cambria	34	Juniata
12	Cameron	35	Lackawanna
13	Carbon	36	Lancaster
14	Centre	37	Lawrence
15	Chester	38	Lebanon
16	Clarion	39	Lehigh
17	Clearfield	40	Luzerne
18	Clinton	41	Lycoming
19	Columbia	42	McKean
20	Crawford	43	Mercer
21	Cumberland	44	Mifflin
22	Dauphin	45	Monroe
23	Delaware	46	Montgomery

Party Code Table:

REP DEM CST LIB	Republican Party Democratic Party Constitutional Party Libertarian Party
REF OTH	Reform Party Other

Office Code Table:

GOV	Governor
LTG	Lieutenant Governor
ATT	Attorney General
AUD	Auditor General
TRE	State Treasurer
SPM	Justice of the Supreme Court
SPR	Judge of the Superior Court
CCJ	Judge of the Commonwealth Court
STS	Senator in the General Assembly
STH	Representative in the General
	Assembly
CPJ	Judge of the Court of Common Pleas
MCJ	Judge of the Municipal Court
TCJ	Judge of the Traffic Court
OTH	Other (Candidates for local offices
	who file only with the County
	Board of Elections)