

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

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

FILER IDENTIFICATION NUMBER	REPORT FILED ON BEHALF OF	CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>												
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>Daryl L. Hendricks</i>																
STREET ADDRESS <i>1149 N. 14th St.</i>																
CITY <i>Allentown</i>		STATE <i>PA</i>	ZIP CODE <i>18102</i>													
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE <i>Allentown City Council</i>		DISTRICT NO.	PARTY <i>DEM</i>												
	DATE OF ELECTION															
6TH TUESDAY PRE-PRIMARY	DATES OF REPORTING PERIOD															
2ND FRIDAY PRE-PRIMARY	<table border="1" style="display: inline-table; margin-right: 10px;"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>10</td><td>18</td><td>21</td></tr> </table> TO <table border="1" style="display: inline-table;"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>11</td><td>22</td><td>21</td></tr> </table>		MO.	DAY	YEAR	10	18	21	MO.	DAY	YEAR	11	22	21		
MO.	DAY	YEAR														
10	18	21														
MO.	DAY	YEAR														
11	22	21														
30 DAY POST-PRIMARY	<div style="border: 1px solid black; padding: 5px;"> CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>13,072.96</u> TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>—</u> </div>		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED 2021 DEC -1 AM 9:55 ELECTION BOARD OF LEHIGH COUNTY </div>													
6TH TUESDAY PRE-ELECTION																
2ND FRIDAY PRE-ELECTION																
30 DAY POST-ELECTION <input checked="" type="checkbox"/>																
ANNUAL REPORT	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>AMENDMENT REPORT?</td> <td>YES</td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>TERMINATION REPORT?</td> <td>YES</td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> </table>		AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>	TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>						
AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>													
TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>													

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS <u>30th</u> DAY OF <u>November</u> 20 <u>21</u> <u>Daryl L. Hendricks</u> SIGNATURE MY COMMISSION EXPIRES <u>10</u> <u>22</u> <u>2022</u> MO. DAY YR.	<u>Daryl L. Hendricks</u> SIGNATURE OF PERSON SUBMITTING REPORT <u>DARYL L. HENDRICKS</u> PRINTED NAME <u>484</u> <u>239-0715</u> AREA CODE DAYTIME TELEPHONE NUMBER
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Commonwealth of Pennsylvania - Notary Seal
 Terril A. Johnson, Notary Public
 Lehigh County
 My commission expires October 22, 2022
 Commission number 12586887
 Member, Pennsylvania Association of Notaries

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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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