

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 Daryl L. Hendricks ( <del>HENDRICKS</del> )								
STREET ADDRESS 1149 W. 14th St								
CITY Allentown			STATE PA		ZIP CODE 18102			
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY		DATE OF ELECTION	
6TH TUESDAY PRE-PRIMARY		Allentown City Council			DEM		MO.	DAY
2ND FRIDAY PRE-PRIMARY <input checked="" type="checkbox"/>							11	02
30 DAY POST-PRIMARY							YEAR 21	
6TH TUESDAY PRE-ELECTION								
2ND FRIDAY PRE-ELECTION								
30 DAY POST-ELECTION								
ANNUAL REPORT								
		DATES OF REPORTING PERIOD		MO. DAY YEAR		FOR OFFICE USE ONLY		
		6 7 21 TO 10 18 21				RECEIVED 2021 OCT 22 AM 10:20 ELECTION BOARD OF LEHIGH COUNTY		
		CASH BALANCE AT END OF REPORTING PERIOD: \$ - 0 -						
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ - 0 -						
		AMENDMENT REPORT?		YES	NO			
		TERMINATION REPORT?		YES	NO			

**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.

Member, Pennsylvania Association of Notaries  
 My Commission expires October 22, 2022  
 Commission number 1258687

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  
 21<sup>st</sup> DAY OF October 20 21

Signature: [Signature]  
 Signature: Travis L. Atkinson  
 SIGNATURE

MY COMMISSION EXPIRES 10 22 22  
 MO. DAY YR.

Signature: [Signature]  
 Signature: DARYL L. HENDRICKS  
 SIGNATURE OF PERSON SUBMITTING REPORT

PRINTED NAME  
 DARYL L. HENDRICKS

AREA CODE 484 DAYTIME TELEPHONE NUMBER 239-0715

**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: \_\_\_\_\_  
 SIGNATURE

MY COMMISSION EXPIRES \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR.

Signature: \_\_\_\_\_  
 SIGNATURE OF CANDIDATE

PRINTED NAME  
 \_\_\_\_\_

AREA CODE \_\_\_\_\_ DAYTIME TELEPHONE NUMBER \_\_\_\_\_