

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	1. <input checked="" type="checkbox"/> COMMITTEE	2. <input type="checkbox"/> LOBBYIST	3. <input type="checkbox"/>
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>Daryl L. Hendricks</i>						
STREET ADDRESS <i>1149 W. 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		DISTRICT NO.	PARTY	DATE OF ELECTION	
	<i>Allentown City Council</i>			<i>DEM</i>	MO. <i>5</i>	DAY <i>18</i>
6TH TUESDAY PRE-PRIMARY	1.	DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY		
2ND FRIDAY PRE-PRIMARY	2.	MO. <i>1</i>	DAY <i>1</i>	YEAR <i>21</i>	TO	
30 DAY POST-PRIMARY	3.	MO. <i>6</i>	DAY <i>7</i>	YEAR <i>21</i>		
6TH TUESDAY PRE-ELECTION	4.	CASH BALANCE AT END OF REPORTING PERIOD: \$ <i>13,799.79</i>				
2ND FRIDAY PRE-ELECTION	5.	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <i>— 0 —</i>				
30 DAY POST-ELECTION	6. <input checked="" type="checkbox"/>	AMENDMENT REPORT?		YES	NO	<input checked="" type="checkbox"/>
ANNUAL REPORT	7.	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
10th DAY OF *June* 20 *21*

Teri L. Atkinson
 SIGNATURE

MY COMMISSION EXPIRES *10* MO. *22* DAY *2022* YR.

Daryl L. Hendricks
 SIGNATURE OF PERSON SUBMITTING REPORT

DARYL L. HENDRICKS
 PRINTED NAME

610 AREA CODE *484-239-0715* DAYTIME TELEPHONE NUMBER

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