

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 type="checkbox"/>	1. COMMITTEE <input checked="" type="checkbox"/>	2. LOBBYIST <input type="checkbox"/>	3.				
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Daryl L. Hendricks										
STREET ADDRESS 1149 N. 14 <sup>th</sup> 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					
	Allentown City Council			DEM	MO.	DAY	YEAR			
	6TH TUESDAY PRE-PRIMARY	1.	DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY					
	2ND FRIDAY PRE-PRIMARY	2.	MO.	DAY	YEAR	RECEIVED 2021 JAN 28 AM 2:46 ELECTION BOARD OF LEHIGH COUNTY				
	30 DAY POST-PRIMARY	3.	01	01	20		TO	MO.	DAY	YEAR
	6TH TUESDAY PRE-ELECTION	4.	12	31	20		CASH BALANCE AT END OF REPORTING PERIOD: \$ 3,060.30			
	2ND FRIDAY PRE-ELECTION	5.	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ -0-							
30 DAY POST-ELECTION	6.	AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>					
ANNUAL REPORT	7. <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 2 <sup>th</sup> DAY OF JANUARY 2020 Signature: Janet M. Canavari MY COMMISSION EXPIRES 09 18 2022	Signature: Daryl L. Hendricks SIGNATURE OF PERSON SUBMITTING REPORT Daryl L. Hendricks PRINTED NAME 610 791-5173 AREA CODE DAYTIME TELEPHONE NUMBER
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Commonwealth of Pennsylvania - Notary Seal  
 Janet M. Canavari, Notary Public  
 Lehigh County  
 My commission expires September 6, 2022  
 Commission number 1340128  
 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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