

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. HENDRICK					
STREET ADDRESS 1149 N. 14th ST.					
CITY ALLENTOWN, PA		STATE PA	ZIP CODE 18102 -		
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE BOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION
	ALLENTOWN CITY COUNCIL			DEM.	MO. DAY YEAR NOV 5 2013
6TH TUESDAY PRE-PRIMARY	2ND FRIDAY PRE-PRIMARY	30 DAY POST-PRIMARY	6TH TUESDAY PRE-ELECTION	2ND FRIDAY PRE-ELECTION	30 DAY POST-ELECTION
DATES OF REPORTING PERIOD		TO		FOR OFFICE USE ONLY	
MO. DAY YEAR		MO. DAY YEAR			
CASH BALANCE AT END OF REPORTING PERIOD:			\$ <u>1,875.61</u>		
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:			\$ <u>0</u>		
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.

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
24th DAY OF **October** 20**13**

[Signature]
 SIGNATURE OF PERSON SUBMITTING REPORT
DARYL L. HENDRICK
 PRINTED NAME

[Signature]
 COMMONWEALTH OF PENNSYLVANIA
 Notarial Seal
 John Rosario, Notary Public
 City of Allentown, Lehigh County
 My Commission Expires May 27, 2015

27th 20**15**

610 **791-5173**
 AREA CODE 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 OF CANDIDATE

 PRINTED NAME

 MY COMMISSION EXPIRES

MO. DAY YRL. AREA CODE DAYTIME TELEPHONE NUMBER

CAMPAIGN FINANCE REPORT

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

Filer Identification Number:	Report Filed By:	CANDIDATE ^{1.} <input checked="" type="checkbox"/>	COMMITTEE ^{2.} <input type="checkbox"/>	LOBBYIST ^{3.} <input type="checkbox"/>
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Name of Filing Committee, Candidate or Lobbyist:
Hendricks For Allentown

Street Address:
1411 W. Linden St.

City: *Allentown* State: *PA* Zip Code: *18102*

TYPE OF REPORT (place X to the right of report type)	1ST TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST PRIMARY	3.	AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>
	4TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST ELECTION	6.	TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	YEAR	FILING METHOD () CHECK ONE		PAPER	<input checked="" type="checkbox"/>	DISKETTE		

Name of Office Sought by Candidate:

DATE OF ELECTION			District Number	Office Code	Party Code	County Code
MO.	DAY	YEAR		<i>OTH</i>	<i>DEM</i>	<i>39</i>
<i>11</i>	<i>5</i>	<i>2013</i>		(SEE INSTRUCTIONS FOR CODES)		

Summary of Receipts and Expenditures from:	MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY
	<i>6</i>	<i>10</i>	<i>2013</i>		<i>10</i>	<i>21</i>	<i>2013</i>	
A. Amount Brought Forward From Last Report				\$	<i>1,886.56</i>			
B. Total Monetary Contributions and Receipts (From Schedule I)				\$	<i>50.00</i>			
C. Total Funds Available (Sum of Lines A and B)				\$	<i>1,936.56</i>			
D. Total Expenditures (From Schedule III)				\$	<i>600.95</i>			
E. Ending Cash Balance (Subtract Line D from Line C)				\$	<i>1,875.61</i>			
F. Value of In-Kind Contributions Received (From Schedule II)				\$	<i>- 0 -</i>			
G. Unpaid Debts and Obligations (From Schedule IV)				\$	<i>- 0 -</i>			

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this *21* day of *October* 20 *13*

[Signature]
Signature

[Signature]
Signature of Person Submitting Report
Terry L. Linden
Printed Name
Area Code: *660* Daytime Telephone Number: *820-8310*

My Commission Expires *27* DAY *2015* YR.

John Rosario, Notary Public
City of Allentown, Lehigh County
My Commission Expires May 27, 2015

PART II - If this is a report of a Candidate's Authorized Committee, candidate shall 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 *29th* day of *October* 20 *13*

[Signature]
Signature

[Signature]
Signature of Candidate
DARYL L. HENDRICK
Printed Name
Area Code: *484* Daytime Telephone Number: *239-0715*

My Commission Expires *27* DAY *2015* YR.

John Rosario, Notary Public
City of Allentown, Lehigh County
My Commission Expires May 27, 2015

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

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period From <u>6-10-2013</u> To <u>10-21-2013</u>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	\$ <u>50.00</u>

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)		
Contributions Received from Political Committees (Part A)	\$	<u>- 0 -</u>
All Other Contributions (Part B)	\$	<u>- 0 -</u>
TOTAL for the Reporting Period	(2)	\$ <u>- 0 -</u>

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)		
Contributions Received from Political Committees (Part C)	\$	<u>- 0 -</u>
All Other Contributions (Part D)	\$	<u>- 0 -</u>
TOTAL for the Reporting Period	(3)	\$ <u>- 0 -</u>

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)		
TOTAL for the Reporting Period	(4)	\$ <u>- 0 -</u>

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)</i>	\$ <u>50.00</u>
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SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period From <u>6/10/2013</u> To <u>11/21/2013</u>
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To Whom Paid <u>Postmaster of Allentown</u>	MO. <u>6</u>	DAY <u>30</u>	YEAR <u>2013</u>	Amount \$ <u>416.00</u>
Mailing Address				
Description of Expenditure <u>Stamps</u>				
City	State	Zip Code (Plus 4)		
		-		

To Whom Paid <u>Wells Fargo Bank</u>	MO. <u>9</u>	DAY <u>30</u>	YEAR <u>2013</u>	Amount \$ <u>14.95</u>
Mailing Address <u>19th St.</u>				
Description of Expenditure				
City <u>Allentown</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18102</u>		

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		
		-		

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		
		-		

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		
		-		

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		
		-		

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		
		-		

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		
		-		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL \$ <u>600.95</u>
