

COMMONWEALTH OF PENNSYLVANIA

CAMPAIGN FINANCE STATEMENT

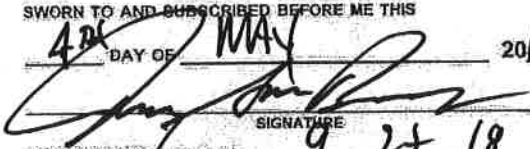
File this in lieu of a full report only if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

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. HENDRICK						
STREET ADDRESS 1149 N. 14th ST.						
CITY ALLENTOWN		STATE PA		ZIP CODE 18102 -		
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE ALLENTOWN CITY COUNCIL		DISTRICT NO.	PARTY DEM.	DATE OF ELECTION MO. DAY YEAR 05 16 2017
1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT		DATES OF REPORTING PERIOD MO. DAY YEAR TO MO. DAY YEAR 1 1 17 TO 5 1 17		FOR OFFICE USE ONLY <div style="border: 1px solid black; padding: 10px; text-align: center;"> RECEIVED 17 MAY -4 PM 11:33 </div>		
		CASH BALANCE AT END OF REPORTING PERIOD: \$ 2,402.37 TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ - 0 -		AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> TERMINATION REPORT? YES <input type="checkbox"/> 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 OF 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 4th DAY OF MAY 20 17  SIGNATURE MY COMMISSION EXPIRES 9 24 18 MO. DAY YR.	SIGNATURE OF PERSON SUBMITTING REPORT DARYL L. HENDRICK PRINTED NAME 791-5173 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

LEHIGH COUNTY • BOARD OF ELECTIONS
 17 S 7TH STREET • ALLENTOWN, PA 18101-2401 • (610) 782-3197