

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:		1. CANDIDATE		2. <input checked="" type="checkbox"/> COMMITTEE		3. LOBBYIST			
Name of Filing Committee, Candidate or Lobbyist: <i>Daryl L Hendricks</i>											
Street Address: <i>1149 N. 14th St.</i>											
City: <i>Allentown</i>				State: <i>PA</i>		Zip Code: <i>18102 -</i>					
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST PRIMARY	3.	AMENDMENT REPORT?	YES	NO		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST ELECTION	6. <input checked="" type="checkbox"/>	TERMINATION REPORT?	YES	NO		
	ANNUAL REPORT	7.	YEAR		FILING METHOD () CHECK ONE		PAPER		DISKETTE		
Name of Office Sought by Candidate: <i>Allentown City Council</i>					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>07</i>	<i>2017</i>				
											(SEE INSTRUCTIONS FOR CODES)
Summary of Receipts and Expenditures from:			MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY	
			<i>10</i>	<i>29</i>	<i>2017</i>		<i>12</i>	<i>04</i>	<i>2017</i>		
A. Amount Brought Forward From Last Report		\$ <i>3863.04</i>									
B. Total Monetary Contributions and Receipts (From Schedule I)		\$ <i>-0-</i>									
C. Total Funds Available (Sum of Lines A and B)		\$ <i>3863.04</i>									
D. Total Expenditures (From Schedule III)		\$ <i>40.90</i>									
E. Ending Cash Balance (Subtract Line D from Line C)		\$ <i>3822.14</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 _____ day of _____ 20____

Signature

My commission expires _____ MO. _____ DAY _____ YR.

Signature of Person Submitting Report

Printed Name

Area Code

Daytime Telephone Number

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 _____ day of _____ 20____

Signature

My commission expires _____ MO. _____ DAY _____ YR.

Daryl L. Hendricks
Signature of Candidate

DARYL L. HENDRICKS
Printed Name

484
Area Code

239-0715
Daytime Telephone Number

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 <u>Daryl Hendricks</u>	Reporting Period From <u>10-24-17</u> To <u>12-4-17</u>
---	--

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR		
	TOTAL for the Reporting Period	(1) \$ <u>— 0 —</u>

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

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <u>Daryl Hendricks</u>	Reporting Period From <u>10-24-17</u> To <u>12-4-17</u>
---	--

To Whom Paid	MO.	DAY	YEAR	Amount
<u>DARYL Hendricks</u>				\$ <u>40.90</u>
Mailing Address <u>1149 W. 14th St</u>	Description of Expenditure <u>Reimburse for materials</u>			
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)		
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
\$ 40.90