

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
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>Daryl 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. DAY YEAR
6TH TUESDAY PRE-PRIMARY	1.	DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY	
2ND FRIDAY PRE-PRIMARY	2.	MO. DAY YEAR	TO	MO. DAY YEAR	
30 DAY POST-PRIMARY	3.	<i>01 01 22</i>		<i>12 31 22</i>	
6TH TUESDAY PRE-ELECTION	4.	CASH BALANCE AT END OF REPORTING PERIOD: <i>\$12,342.15</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.	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>			
ANNUAL REPORT	7. <input checked="" type="checkbox"/>	TERMINATION REPORT? YES <input type="checkbox"/> NO <input 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 _____ DAY OF _____ 20____

SIGNATURE

MY COMMISSION EXPIRES _____ MO. DAY YR.

Daryl Hendricks
SIGNATURE OF PERSON SUBMITTING REPORT

Daryl Hendricks
PRINTED NAME

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

MY COMMISSION EXPIRES _____ MO. DAY YR.

SIGNATURE OF CANDIDATE

PRINTED NAME

AREA CODE DAYTIME TELEPHONE NUMBER

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

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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 <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 <i>DEM</i>	DATE OF ELECTION	
6TH TUESDAY PRE-PRIMARY 1.				MO.	DAY
2ND FRIDAY PRE-PRIMARY 2.					
30 DAY POST-PRIMARY 3.					
6TH TUESDAY PRE-ELECTION 4.					
2ND FRIDAY PRE-ELECTION 5.					
30 DAY POST-ELECTION 6.					
ANNUAL REPORT 7. <input checked="" type="checkbox"/>					
DATES OF REPORTING PERIOD		MO. DAY YEAR		MO. DAY YEAR	
		<i>01 01 22</i>		TO <i>12 31 22</i>	
CASH BALANCE AT END OF REPORTING PERIOD:		\$ <i>12,342.15</i>			
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ <i>-0-</i>			
AMENDMENT REPORT?	YES	NO			
TERMINATION REPORT?	YES	NO			

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SIGNATURE

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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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MY COMMISSION EXPIRES _____ MO. DAY YR.

SIGNATURE OF CANDIDATE

PRINTED NAME

AREA CODE DAYTIME TELEPHONE NUMBER