

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 | 1. | COMMITTEE | 2. <input checked="" type="checkbox"/> | LOBBYIST | 3. | | | | | | | | | | | | | |
| NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST HENDRICKS FOR ALLENTOWN DARYL HENDRICK | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS 1411 LINDEN ST. | | | | | | | | | | | | | | | | | | | | | | |
| CITY ALLENTOWN, PA | | | | STATE PA | | ZIP CODE 18102 | | | | | | | | | | | | | | | | |
| TYPE OF REPORT (CHECK ONE) | | NAME OF OFFICE SOUGHT BY CANDIDATE | | | DISTRICT NO. | | PARTY | | DATE OF ELECTION | | | | | | | | | | | | | |
| 1. 6TH TUESDAY PRE-PRIMARY | | ALLENTOWN CITY COUNCIL | | | | | D | | MO. DAY YEAR | | | | | | | | | | | | | |
| 2. 2ND FRIDAY PRE-PRIMARY <input checked="" type="checkbox"/> | | | | | | | | | 5 20 25 | | | | | | | | | | | | | |
| 3. 30 DAY POST-PRIMARY | | DATES OF REPORTING PERIOD | | | MO. DAY YEAR | | MO. DAY YEAR | | FOR OFFICE USE ONLY | | | | | | | | | | | | | |
| 4. 6TH TUESDAY PRE-ELECTION | | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>MO.</td><td>DAY</td><td>YEAR</td></tr> <tr><td>01</td><td>01</td><td>25</td></tr> </table> TO <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>MO.</td><td>DAY</td><td>YEAR</td></tr> <tr><td>05</td><td>20</td><td>25</td></tr> </table> | | | MO. | DAY | YEAR | 01 | 01 | 25 | MO. | DAY | YEAR | 05 | 20 | 25 | | | | | | |
| MO. | DAY | YEAR | | | | | | | | | | | | | | | | | | | | |
| 01 | 01 | 25 | | | | | | | | | | | | | | | | | | | | |
| MO. | DAY | YEAR | | | | | | | | | | | | | | | | | | | | |
| 05 | 20 | 25 | | | | | | | | | | | | | | | | | | | | |
| 5. 2ND FRIDAY PRE-ELECTION | | <div style="border: 1px solid black; padding: 10px;"> <p>CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>0</u></p> <p>TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>0</u></p> </div> | | | | | | | | | | | | | | | | | | | | |
| 6. 30 DAY POST-ELECTION | | | | | | | | | | | | | | | | | | | | | | |
| 7. ANNUAL REPORT | | | | | | | | | | | | | | | | | | | | | | |
| | | AMENDMENT REPORT? | | YES | | NO | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | |
| | | TERMINATION REPORT? | | YES | | NO | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | |

May 12 25 PM '83: 12RCVD
ELEC 10M BPP RD

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

12 DAY OF 5 2025

Brian M. Myer-Soren
SIGNATURE

MY COMMISSION EXPIRES 4 3 2029
MO. DAY YR.

Daryl L. Hendrick
SIGNATURE OF PERSON SUBMITTING REPORT

DARYL L. HENDRICK
PRINTED NAME

564 484 239-0715
AREA CODE DAYTIME TELEPHONE NUMBER

PART 1

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____.

Commonwealth of Pennsylvania - Notary Seal
Brianna M. Nigrone-Souza, Notary Public
Lehigh County
My commission expires April 3, 2029
Commission number 1457457

Member, Pennsylvania Association of Notaries

MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR.

SIGNATURE OF CANDIDATE _____

PRINTED NAME _____

AREA CODE _____ DAYTIME TELEPHONE NUMBER _____