

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 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	DATE OF ELECTION
6TH TUESDAY PRE-PRIMARY		<i>Allentown City Council</i>			<i>DEM</i>	MO. DAY YEAR
2ND FRIDAY PRE-PRIMARY		DATES OF REPORTING PERIOD				
30 DAY POST-PRIMARY		MO. DAY YEAR TO MO. DAY YEAR				
6TH TUESDAY PRE-ELECTION		<i>01 01 16</i> TO <i>12 31 16</i>				
2ND FRIDAY PRE-ELECTION		CASH BALANCE AT END OF REPORTING PERIOD: <i>\$2007.780</i>				
30 DAY POST-ELECTION		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: <i>\$ -0-</i>				
ANNUAL REPORT <input checked="" type="checkbox"/>		AMENDMENT REPORT? YES NO <input checked="" type="checkbox"/>				
		TERMINATION REPORT? YES 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 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

26TH DAY OF *JANUARY* 2017

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL

John Rosario, Notary Public
City of Allentown, Lehigh County
My Commission Expires May 27, 2019

SIGNATURE

05 27TH 2019

MO. DAY YR.

SIGNATURE OF PERSON SUBMITTING REPORT

Daryl L. 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 OF CANDIDATE

PRINTED NAME

SIGNATURE

MY COMMISSION EXPIRES

MO. DAY YR.

AREA CODE

DAYTIME TELEPHONE NUMBER