Commonwealth of Pennsylvania

CAMPAIGN FINANCE REPORT

PAGE 1 OF 5 (COVER PAGE)

(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. 2. X 3.
Name of Filing Committee, Candidate or Lobbyist:	FRIENDS OF HERSHMAN
Street Address:	405 N GILMORE 59
City:	ALLENTOWN
State:	PA
Zip Code:	18109 - 2039

TYPE OF REPORT (place X to the right of report type)

1.		2.		3.	✓
4.		5. X		6.	✓
7.	YEAR				

Name of Office Sought by Candidate:	DATE OF ELECTION	District Number	Office Code	Party Code	County Code
Allentown City Council					

(SEE INSTRUCTIONS FOR CODES)

Summary of Receipts and Expenditures from: 6 19 15 To 10 19 15

A. Amount Brought Forward From Last Report	$ 0
B. Total Monetary Contributions and Receipts (From Schedule I)	$ 123336
C. Total Funds Available (Sum of Lines A and B)	$ 123336
D. Total Expenditures (From Schedule III)	$ 123336
E. Ending Cash Balance (Subtract Line D from Line C)	$ 0
F. Value of In-Kind Contributions Received (From Schedule II)	$ 2062
G. Unpaid Debts and Obligations (From Schedule IV)	$ 0

AFFIDAVIT SECTION

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 19th day of October 2015

COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL Charles Edward Whitehouse, II, Notary Public City of Allentown, Lehigh County My commission expires September 19, 2018

Signature

My commission expires 9 19 2018 (MO. DAY YR.)

Signature of Person Submitting Report

Richard A. Miller

Printed Name

610 Area Code 730-2113 Daytime Telephone Number

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 19 day of October 2015

COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL Charles Edward Whitehouse, II, Notary Public City of Allentown, Lehigh County My commission expires September 19, 2018

Signature

My commission expires 9 19 2018 (MO. DAY YR.)

Louis J Hershman

Signature of Candidate

LOUIS J HERSHMAN

Printed Name

610 Area Code 432-3197 Daytime Telephone Number

Board of Elections of Lehigh County
Lehigh County Government Center
17 S. 7th St.
Allentown, PA 18101-2400

DSEB-502 (7-99)

SCHEDULE I

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
Friends of Hershman	From 10-9-15 To 10-19-15

TOTAL for the Reporting Period	(1)	$ 0

Contributions Received from Political Committees (Part A)	$
All Other Contributions (Part B)	$
TOTAL for the Reporting Period (2)	$ 0

Contributions Received from Political Committees (Part C)	$ 0
All Other Contributions (Part D)	$ 12336
TOTAL for the Reporting Period (3)	$ 12336

TOTAL for the Reporting Period	(4)	$ 0

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amounts totals from Boxes 1, 2, 3 and 4. Also enter this amount on Page 1, Report Cover Page, Item 6.)	$ 12336

DSEB-502 (7-99)

PART B

ALL OTHER CONTRIBUTIONS

OVER $250.00

Use this Part to itemize all other contributions with an aggregate value of over $250.00 in the reporting period.
Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate: FRIENDS OF LOUIS HERSHMAN

Reporting Period From 6-9-15 To 10-19-15

Full Name of Contributor	Date	Amount
Mailing Address: 405 N. Church St.		$ 303.36
City: Allentown State: PA Zip Code Plus 4: 18104-5822		$ 9.80
Employer Name:	Occupation:	$
Employer Mailing Address/Principal Place of Business:		
Full Name of Contributor		$
Mailing Address		$
City State Zip Code Plus 4		$
Employer Name	Occupation	
Employer Mailing Address/Principal Place of Business		
Full Name of Contributor		$
Mailing Address		$
City State Zip Code Plus 4		$
Employer Name	Occupation	
Employer Mailing Address/Principal Place of Business		
Full Name of Contributor		$
Mailing Address		$
City State Zip Code Plus 4		$
Employer Name	Occupation	
Employer Mailing Address/Principal Place of Business		
Full Name of Contributor		$
Mailing Address		$
City State Zip Code Plus 4		$
Employer Name	Occupation	
Employer Mailing Address/Principal Place of Business		

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL $ 1313.36

DSEB:B52 (7-88)

SCHEDULE III

Statement of Expenditures

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FRIENDS OF HERSHMAN 6-9-15 TO 10-14-15

CAPITOL PROMOTIONS INC	9-15	303.74
PO BOX 231		
GLENSIDE PA 19038	SIGNS	
GILLESPIE PRINTING	10-15	930.-
709 ROBLE RD		
ALLENTOWN PA 18109	POST CARDS	

TOTAL 1233.36

SCHEDULE II
PART G

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER $250.00

Name of Filing Committee or Candidate: FRIENDS OF HERSHMAN

Reporting Period: From _____ To _____

Full Name of Contributor	Mailing Address	City	State	Zip Code (Plus 4)	Employer of Contributor	Employer Mailing Address/Principal Place of Business	Date	Amount	Occupation	Description of Contribution
COMMON SENSE SOLUTIONS (DEBBIE BRENNAN)	987 POSTAL RD	ALLENTOWN	PA	18109 -	DTD PRESS	987 POSTAL RD. ALLENTOWN, PA 18109		$ 200.00	MANAGEMENT	BROCHURES
				-				$		
				-				$		
				-				$		
				-				$		
				-				$		
				-				$		
				-				$		
				-				$		
				-				$		

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL $ 200.00

DSEB-502 (7-99)