

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 <input type="checkbox"/>																		
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST LOUIS J. HERSHMAN																							
STREET ADDRESS 405 N. GILMORE ST																							
CITY ALLENTOWN, PA		STATE PA	ZIP CODE 18109																				
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY																		
1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY <input checked="" type="checkbox"/> 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT		CITY COUNCIL			REP.																		
		DATES OF REPORTING PERIOD		DATE OF ELECTION																			
		<table border="1"> <tr> <th>NO.</th> <th>DAY</th> <th>YEAR</th> <th>NO.</th> <th>DAY</th> <th>YEAR</th> </tr> <tr> <td>1</td> <td>1</td> <td>15</td> <td>5</td> <td>4</td> <td>15</td> </tr> </table>		NO.	DAY	YEAR	NO.	DAY	YEAR	1	1	15	5	4	15	<table border="1"> <tr> <th>NO.</th> <th>DAY</th> <th>YEAR</th> </tr> <tr> <td>5</td> <td>19</td> <td>15</td> </tr> </table>		NO.	DAY	YEAR	5	19	15
NO.	DAY	YEAR	NO.	DAY	YEAR																		
1	1	15	5	4	15																		
NO.	DAY	YEAR																					
5	19	15																					
		FOR OFFICE USE ONLY																					
		CASH BALANCE AT END OF REPORTING PERIOD: \$ 0 TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 0																					
		<table border="1"> <tr> <td>AMENDMENT REPORT?</td> <td>YES</td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>TERMINATION REPORT?</td> <td>YES</td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> </table>				AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>	TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>										
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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
 6th DAY OF May 2015
 [Signature] SIGNATURE
 MY COMMISSION EXPIRES 9 MO. 16 DAY 16 YR.

[Signature] SIGNATURE OF PERSON SUBMITTING REPORT
 LOUIS J. HERSHMAN PRINTED NAME
 610 AREA CODE 432-3197 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 _____

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 JUAN MALDONADO, Notary Public
 City of Allentown, Lehigh County
 My Commission Expires 06/15/2016

LEHIGH COUNTY • BOARD OF ELECTIONS
 17 S 7TH STREET • ALLENTOWN, PA 18101-2401 • (610) 782-3197