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.	LOBBYIST	3.

NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST: LOUIS J. HERSHMAN

STREET ADDRESS: 405 N. GILMORE ST

CITY: ALLENTOWN, PA | STATE: PA | ZIP CODE: 18109-2039

TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	PARTY	DATE OF ELECTION MO.	DAY	YEAR
8TH TUESDAY PRE-PRIMARY	1.	Allentown City Controller			11	8	01
2ND FRIDAY PRE-PRIMARY	2.						
30 DAY POST-PRIMARY	3.						
8TH TUESDAY PRE-ELECTION	4.						
2ND FRIDAY PRE-ELECTION	5. X						
30 DAY POST-ELECTION	6.						
ANNUAL REPORT	7.						

FOR OFFICE USE ONLY

DATES OF REPORTING PERIOD: MO. 6 DAY 7 YEAR 11 TO MO. 10 DAY 24 YEAR 11

CASH BALANCE AT END OF REPORTING PERIOD: $ 0

TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: $ 0

	YES		NO	
AMENDMENT REPORT?	YES		NO	✓
TERMINATION REPORT?	YES		NO	✓

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.

Louis J. Hershman
SIGNATURE OF PERSON SUBMITTING REPORT

LOUIS J. HERSHMAN
PRINTED NAME

610 | 821 0191
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 27th DAY OF October 20 11

SIGNATURE

MY COMMISSION EXPIRES

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Vivian Maldonado, Notary Public
City of Allentown, Northampton County
My commission expires September 16, 2013

Louis J. Hershman
SIGNATURE OF CANDIDATE

LOUIS J. HERSHMAN
PRINTED NAME

610 | 432 3197
AREA CODE | DAYTIME TELEPHONE NUMBER

05/13/2008 23:50 6108210812 HERSHMAN & ASSOC. PAGE 01/09

Commonwealth of Pennsylvania

CAMPAIGN FINANCE REPORT

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: CANDIDATE 1. | COMMITTEE 2. X | LOBBYIST 3.

Name of Filing Committee, Candidate or Lobbyist: HERSHMAN FOR CITY CONTROLLER

Street Address: 405 N. GLENDALE ST

City: ALLENTOWN State: PA Zip Code: 18109-2039

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

8TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST PRIMARY	3.	AMENDMENT REPORT?	YES		NO	
8TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5. X	30 DAY POST ELECTION	6.	TERMINATION REPORT?	YES		NO	
ANNUAL REPORT	7.	YEAR		FILING METHOD (CHECK ONE)		PAPER		DISKETTE		

Name of Office Sought by Candidate:

DATE OF ELECTION MO.	DAY	YEAR	District Number	Office Code	Party Code	County Code
11	8	11				

(SEE INSTRUCTIONS FOR CODES)

FOR OFFICE USE ONLY

Summary of Receipts and Expenditures from: MO. 6 DAY 7 YEAR 11 To MO. 10 DAY 28 YEAR 11

A. Amount Brought Forward From Last Report	$ 0
B. Total Monetary Contributions and Receipts (From Schedule I)	$ 2244.86
C. Total Funds Available (Sum of Lines A and B)	$ 2244.86
D. Total Expenditures (From Schedule III)	$ 1147.21
E. Ending Cash Balance (Subtract Line D from Line C)	$ 1097.65
F. Value of In-Kind Contributions Received (From Schedule II)	$ 0
G. Unpaid Debts and Obligations (From Schedule IV)	$ 123.80

AFFIDAVIT SECTION

PART I. – If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

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 27th day of October 20 11

Signature of Person Submitting Report: Jessica H

Signature: [illegible]

Printed Name: Jessica Hershman

My commission expires MO. DAY YR.

COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL Vivian Maldonado, Notary Public City of Allentown, Northampton County My commission expires September 16, 2012

Area Code: 610 Daytime Telephone Number: 882-1806

PART II. – If this is a report of a Candidate's Authorized Committee, candidate shall 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 27th day of October 20 11

Signature of Candidate: Louis J. Hershman

Signature: [illegible]

Printed Name: LOUIS J. HERSHMAN

My commission expires MO. DAY

COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL Vivian Maldonado, Notary Public City of Allentown, Northampton County My commission expires September 16, 2012

Area Code: 610 Daytime Telephone Number: 821-0191

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

DSEG-502 (7-99)

SCHEDULE I

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
HERSHMAN FOR CITY CONTROLLER	From 6-7-11 To 10-24-11

1. CONTEMPT OF CONTRIBUTIONS AND RECEIPTS $50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	$ —

2. CONTRIBUTIONS $50.00 TO $250.00 (FROM PART A AND PART B)		
Contributions Received from Political Committees (Part A)		$ 226.06
All Other Contributions (Part B)		$
TOTAL for the Reporting Period	(2)	$ 226.06

3. CONTRIBUTIONS OVER $250.00 (FROM PART C AND PART D)		
Contributions Received from Political Committees (Part C)		$ 2018.80
All Other Contributions (Part D)		$
TOTAL for the Reporting Period	(3)	$ 2018.80

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)		
TOTAL for the Reporting Period	(4)	$

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD *(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item 8.)*	$ 2244.84

PART B

ALL OTHER CONTRIBUTIONS

$50.01 TO $250.00

Use this Part to itemize all other contributions with an aggregate value from $50.01 to $250.00 in the reporting period.
(Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate	Reporting Period
HERSHMAN FOR CITY CONTROLLER	From 6-7-11 To 10-24-11

Full Name of Contributor	Mailing Address	City	State	Zip Code (Plus 4)	DATE MO	DAY	YEAR	AMOUNT
ERNEST TOTH	2810 W. GREENLEAF ST	ALLENTOWN	PA	1814	10	10	11	$ 100 –
LOUIS J. HERSHMAN – LOAN	405 N GILMORE ST	ALLENTOWN	PA	18109	8	30	11	$ 133.80
				–				$
				–				$
				–				$
				–				$
				–				$
				–				$

PAGE TOTAL $ 233.80

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

DSEB-502 (7-99)

PART B

ALL OTHER CONTRIBUTIONS

$50.01 TO $250.00

Use this Part to itemize all other contributions with an aggregate value from $50.01 to $250.00 in the reporting period. (Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate: HERSHMAN FOR CITY CONTROLLER

Reporting Period: From 6-7-11 To 10-24-10

Full Name of Contributor	Mailing Address	City	State	Zip Code (Plus 4)	Date (Mo Day Year)	Amount
EDWARD JUDT	623 N ST ELMO ST	ALLENTOWN	PA	18104	7 24 11	$ 100
WILLIAM GLASE	1131 WASHINGTON ST	ALLENTOWN	PA	18102	9 10 11	$ 100
GEORGE SNYDER	2309 W. GREEN LEAF ST	ALLENTOWN	PA	18104	9 7 11	$ 35
GEORGE FEDOK	23 W TIGHMAN ST	ALLENTOWN	PA	18102	9 12 11	$ 100
DEAN BROWNING	2432 W. CONGRESS ST	ALLENTOWN	PA	18104	9 12 11	$ 100
LOUIS KOCSIS	1102 W. KIOWA ST	ALLENTOWN	PA	18104	9 9 11	$ 100
FRANK FISCHL	119 S. 21 ST	ALLENTOWN	PA		9 8 11	$ 50.-
FRANK BANKO	415 W. BROAD ST	BETHLEHEM	PA	18018	9 14 11	$ 200

PAGE TOTAL $ 785.-

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

DSEA-502 (7-99)

PART D

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: HERSHMAN FOR CITY COUNCIL

Reporting Period: From 6-1-11 To 10-24-11

Full Name of Contributor	Mailing Address	City	State	Zip Code (Plus 4)	Employer Name	Occupation	Employer Mailing Address/Principal Place of Business	Date (MO. DAY YEAR)	Amount
JOHN LOVETT	2830 W. LIBERTY ST	ALLENTOWN	PA	18104	RETIRED			9 10 11	$ 500
MICHAEL D'ALESSANDRO	2830 SHADY NOOK Rd	SLATINGTON	PA	18080-	SELF EMPLOYED		123 E. GREEN ST., ALLENTOWN, PA 18109	9 8 11	$ 500
									$
									$
									$
									$
									$
									$
									$
									$
									$

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

PAGE TOTAL $ 1000.-

DSEB-502 (7-98)

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

$50.01 TO $250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from $50.01 to $250.00 in the reporting period.

Name of Filing Committee or Candidate: HERSHMAN FOR CITY CONTROLLER

Reporting Period: From 6-7-11 To 10-24-11

Full Name of Contributing Committee	Mailing Address	City	State	Zip Code (Plus 4)	DATE (MO / DAY / YEAR)	AMOUNT
THE RIGHT WAY	118 S 16th ST	ALLENTOWN	PA	18104	8 / 1 / 11	$226.06
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$

PAGE TOTAL $ 226.06

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

DSEB-602 (7-09)

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate: HERSHMAN FOR CITY COUNCIL

Reporting Period: From 6-7-11 To 10-31-11

To Whom Paid	Mailing Address	City	State	Zip Code (Plus 4)	Date (Mo. Day Year)	Amount	Description of Expenditure
YOUR WAY PRINTING	934 UNION BLVD	ALLENTOWN	PA	18109	8 17 11	$243.80	PRINTING
CAPITOL PROMOTIONS	249 N. KESSLER AVE	GLENSIDE	PA	19038	9 30 11	$320.41	SIGNS
CLEAR CHANNEL	541 ALTA DR	WHITEHALL	PA	18052		$580.-	ADVERTISING
ALLENTOWN F.C.U.	211S HANOVER AVE	ALLENTOWN	PA	18109	8 10 11	$1.-	MONEY ORDER
ALLENTOWN F.C.U.	211S HANOVER AVE	ALLENTOWN	PA	18109	9 26 11	$1.-	MONEY ORDER
ALLENTOWN F.C.U.	211S HANOVER AVE	ALLENTOWN	PA	18109	10 11 11	$1.-	MONEY ORDER
To Whom Paid	Mailing Address	City	State	Zip Code (Plus 4)	Date (Mo. Day Year)	Amount	Description of Expenditure
						$	
To Whom Paid	Mailing Address	City	State	Zip Code (Plus 4)	Date (Mo. Day Year)	Amount	Description of Expenditure
						$	

PAGE TOTAL $1147.21

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

DSEB-502 (7-99)

SCHEDULE IV

STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Name of Filing Committee or Candidate: HERSHMAN FOR CITY COMPTROLLER

Reporting Period: From 6-7-11 To 10-24-6

Name of Creditor: LOUIS HERSHMAN
Outstanding Balance of Debt: $ 133.80
Mailing Address: 105 N. GILMORE ST
DATE DEBT INCURRED: MO 8 DA 30 YEAR 11
City: ALLENTOWN
State: PA
Zip Code (Plus 4): 18109
Description of Debt: LOAN TO HERSHMAN FOR CITY COMPTROLLER

Name of Creditor:
Outstanding Balance of Debt: $
Mailing Address:
DATE DEBT INCURRED: MO DA YEAR
City:
State:
Zip Code (Plus 4):
Description of Debt:

Name of Creditor:
Outstanding Balance of Debt: $
Mailing Address:
DATE DEBT INCURRED: MO DA YEAR
City:
State:
Zip Code (Plus 4):
Description of Debt:

Name of Creditor:
Outstanding Balance of Debt: $
Mailing Address:
DATE DEBT INCURRED: MO DA YEAR
City:
State:
Zip Code (Plus 4):
Description of Debt:

Name of Creditor:
Outstanding Balance of Debt: $
Mailing Address:
DATE DEBT INCURRED: MO DA YEAR
City:
State:
Zip Code (Plus 4):
Description of Debt:

Name of Creditor:
Outstanding Balance of Debt: $
Mailing Address:
DATE DEBT INCURRED: MO DA YEAR
City:
State:
Zip Code (Plus 4):
Description of Debt:

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL $

DSEB-502 (7-99)