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 [X] COMMITTEE [ ] LOBBYIST [ ]

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

STREET ADDRESS: 405 N. GILMORE ST

CITY: ALLENTOWN STATE: PA ZIP CODE: 18104-2039

TYPE OF REPORT (CHECK ONE):
1. 5TH (ANNUAL) FILED IN JANUARY
2. 2ND PRE-PRIMARY
3. 30-DAY POST-PRIMARY
4. 5TH (ANNUAL) PRE-ELECTION
5. X
6. 30-DAY POST-ELECTION
7. ANNUAL

NAME OF OFFICE SOUGHT BY CANDIDATE: CITY COUNCIL - 4 YR TERM

DISTRICT NO.:

PARTY: REP.

DATE OF ELECTION: MO. 10 DAY 7 YEAR 17

FOR OFFICE USE ONLY

DATES OF REPORTING PERIOD: 6/16/17 TO 10/27/17

CASH BALANCE AT END OF REPORTING PERIOD: $ _____

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

AMENDED REPORT? YES [ ] NO [✓]

TERMINATION REPORT? YES [ ] NO [✓]

AFFIDAVIT SECTION

PART I -
If statement is filed on behalf of a Political Committee or Candidate'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 23rd DAY OF October 2017

Vivian Segui
SIGNATURE

MY COMMISSION EXPIRES 09 16 2020 (NO. DAY YR.)

Louis J. Hershman
SIGNATURE OF PERSON SUBMITTING REPORT

LOUIS J. HERSHMAN
PRINTED NAME

610 432-3197
AREA CODE DAYTIME TELEPHONE NUMBER

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
VIVIAN SEGUI, Notary Public
Allentown City, Lehigh County
My Commission Expires September 16, 2020

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 _____ (NO. DAY YR.)

_____
SIGNATURE OF CANDIDATE

_____
PRINTED NAME

_____ _____
AREA CODE DAYTIME TELEPHONE NUMBER

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

DSEB-503 (12-99)

10/30/2017 10:04 6108210812 HERSHMAN & ASSOC. PAGE 01/01