# **Campaign Finance Report**

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

| Filer Identificati<br>Number :           | ion                     | 2017         | 0122      |                       |         | Repor<br>Filed I |                | CANDI       | DATE      |        | СОМ        | MITTEE             | ✓              | LOBI         | BYIST   |                |              |
|--|-------------------------|--------------|-----------|-----------------------|---------|------------------|----------------|-------------|-----------|--------|------------|--------------------|----------------|--------------|---------|----------------|--------------|
| Name of Filing (                         | Committee               | . Candida    | ate or L  | obbvist:              |         |                  |                | VID FOR     | JUDGE     | =      |            |                    |                |              |         |                |              |
| Street Address:                          |                         | EDERAL       |           | -                     |         |                  | .,             |             |           |        |            |                    |                |              |         |                |              |
| City:                                    | PHILA                   | DELPHIA      | 4         |                       |         |                  |                | State:      | PA        |        |            | Zip Co             | <b>de:</b> 19  | 147          |         |                |              |
| TYPE OF<br>REPORT                        | 6TH TUESI<br>PRE-PRIMA  |              | 1.        | 2ND FRIDA<br>PRIMARY  | Y PRE   | - 2. <b>X</b>    | 30 DA<br>PRIMA |             | POST-     | 3.     |            | AMENDN<br>REPORT   |                | Yes          | N       | 0              | $\checkmark$ |
| (place X to<br>the right of              | 6TH TUESI<br>PRE-ELECT  |              | 4.        | 2ND FRIDA<br>ELECTION | Y PRE   | 5.               | 30 DA          |             | POST-     | 6.     |            | TERMIN/<br>REPORT  |                | Yes          | N       | 0              | $\checkmark$ |
| report type)                             | ANNUAL                  | REPORT       | 7.        | <b>Year</b> 2017      |         |                  |                | NG METH     |           |        |            | PAPER              |                | $\checkmark$ | DISK    | ETTE           |              |
| Name of Office S                         | L<br>Sought by          | Candidat     | e:        |                       |         |                  |                | DATE C      | )F ELE    | CTIO   | N          | District<br>Number | Office<br>Code | Par          | ty Code | e Cour<br>Code |              |
| JUDGE OF THE                             | COURT O                 |              |           |                       |         | -1TA             |                | мо          | DAY       | YE     | AR         | 1                  | CPJP           | DEN          | 1       | 51             |              |
| JUDGE OF THE                             | COURTO                  |              |           | AS - FIILP            | DLLFI   | IIA              |                | 11          |           | 7      | 2017       |                    | (SEE INS       | TRUCTI       | ONS FOR | CODES          | 5)           |
| Summary of                               |                         | and          | мо        | DAY                   | YEAR    | 2                |                | мо          | DAY       | YE     | AR         | FC                 | R OFFIC        | E USE        | ONLY    |                |              |
| Expenditures                             | s from:                 |              |           | 3 28                  | 2       | 017 <b>1</b>     | 0              | 5           | 5         | 1      | 2017       |                    |                |              |         |                |              |
| A. Amount Bro                            | ught Forw               | ard From     | ı Last R  | leport                |         |                  | \$             |             |           | 25,2   | 225.00     |                    |                |              |         |                |              |
| B. Total Monet                           | ary Contril             | butions A    | And Rec   | eipts (Fron           | 1 Sche  | dule I)          | \$             |             |           | 48,8   | 300.00     |                    |                |              |         |                |              |
| C. Total Funds                           | Available               | (Sum Of      | Lines A   | and B)                |         |                  | \$             |             |           | 74,0   | )25.00     |                    |                |              |         |                |              |
| D. Total Expen                           | ditures (Fi             | rom Sche     | edule II  | I)                    |         |                  | \$             |             |           | 43,5   | 79.35      |                    |                |              |         |                |              |
| E. Ending Cash                           | Balance (               | Subtract     | Line D    | From Line             | C)      |                  | \$             |             |           | 30,4   | 45.65      |                    |                |              |         |                |              |
| F. Value Of In-                          | Kind Conti              | ributions    | Receiv    | ed (From S            | chedu   | le II)           | \$             |             |           |        | 13.18      | 1                  |                |              |         |                |              |
| G. Unpaid Deb                            | ts And Obl              | igations     | (From S   | Schedule IV           | ()      |                  | \$             |             |           |        | 0.00       |                    |                |              |         |                |              |
|  |                         |              |           |                       | AFF     | IDAV             | T SE           | CTION       |           |        |            |                    |                |              |         |                |              |
| PART I - If this is                      |                         | -            | -         | -                     |         |                  |                |             |           |        | -          | -                  |                |              |         |                |              |
| I swear (or affirm<br>correct and compl  |                         | eport, inclu | uding the | e attached sc         | hedules | s filed on       | paper          | or by elect | tronic m  | edium  | , are to f | the best o         | f my knov      | vledge       | and bel | ief , tr       | ue           |
| Sworn to and subs                        | cribed befor<br>day of  | re me this   |           | 20                    |         |                  |                |             |           | s      | ignature   | e of Perso         | n Submitt      | ing Rep      | ort     |                | _            |
|  |                         | Signatur     | e         |                       |         |                  | _              |             |           |        |            | Prin               | ted Name       |              |         |                | _            |
| My Commission E                          | xpires                  | -            |           |                       |         |                  | _              |             |           |        |            | Ema                | il             |              |         |                | _            |
|  | Ν                       | 40           | D         | AY                    | YR      |                  |                |             | Are       | ea Cod | e          | Daytin             | e Teleph       | one Nu       | mber    |                |              |
| Part II- If this is                      | a report o              | of a cand    | lidate's  | authorized            | Comn    | nittee, G        | Candid         | ate shall   | sign he   | ere.   |            |                    |                |              |         |                |              |
| I swear (or affirm)<br>No 320) as amende |                         | e best of m  | iy knowle | edge and beli         | ef this | political        | comm           | ittee has r | not viola | ted an | y provis   | ions of th         | e act of Ju    | ine 3,1      | 937 (P. | L. 133         | з,           |
| Sworn to and subso                       | cribed before<br>day of | e me this    |           | 20                    |         |                  |                |             |           |        | s          | ignature           | of Candida     | ite          |         |                | _            |
|  |                         |              |           |                       |         |                  | _              |             |           |        |            | Printe             | ed Name        |              |         |                | -            |
| My Commission Exp                        |                         | ignature     |           |                       |         |                  | -              |             |           |        |            | Ema                | il             |              |         |                | -            |
|  | _                       |              |           |                       |         |                  | _              |             |           |        |            |                    |                |              |         |                | _            |
|  |                         | мо           | D         | AY                    | YR      |                  |                |             | Area      | Code   |            | D                  | aytime Te      | elephon      | e Num   | ber            |              |

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** CONROY, DAVID FOR JUDGE From: <u>3/28/2017</u> To: <u>5/1/2017</u> 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 300.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 300.00 3. Contributions Received Over \$250.00 (From Part C and Part D) \$ **Contributions Received From Political Committees (Part C)** 46,500.00 2,000.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 48,500.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 48,800.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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# 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 Committe   | e or Candidate |                   | Reporting | Period |      |    |            |
|---------------------------|----------------|-------------------|-----------|--------|------|----|------------|
|                           |                |                   | From:     |        | То   | :  |            |
|                           |                |                   |           | DATE   |      |    | AMOUNT     |
| Full Name of Contributing | Committee      |                   | мо        | DAY    | YEAR |    |            |
| Mailing Address           |                |                   |           |        |      | \$ | 0.00       |
| City                      | State          | Zip Code (Plus 4) |           |        |      |    |            |
|                           |                |                   |           |        |      | Γ  | PAGE TOTAL |

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

0.00

\$

| Use this Part to ite                           | emize all other<br>0.01 to \$250.( | 1 TO \$250.00<br>contribution<br>00 in the repo | s wi<br>ortin | ith an<br>1g peri | aggrega<br>od. |                        |    | om.                         |
|--|------------------------------------|---|---------------|-------------------|----------------|------------------------|----|-----------------------------|
| Name of Filing Committee or Candidat           | e                                  |   | Rep           | orting Pe         | eriod          |                        |    |                             |
| CONROY, DAVID FOR JUDGE                        |                                    |   | Froi          | m:                | <u>3/28/2</u>  | 2 <u>017</u> <b>To</b> | :  | <u>5/1/2017</u>             |
|  |                                    |   |               |                   | DATE           |                        |    | AMOUNT                      |
| Full Name of Contributor<br>BAHURIAK LAW GROUP |                                    |   |               | мо                | DAY            | YEAR                   |    |                             |
| Mailing Address 518 S 3RD STREET               |                                    |   |               |                   |                | 2017                   | \$ | 150.00                      |
| City PHILADELPHIA                              | <b>State</b><br>PA                 | <b>Zip Code (Plus 4)</b><br>19147               |               | 4                 | 4              | 2017                   |    |                             |
| Full Name of Contributor<br>MICHAEL E WALLACE  |                                    |   |               | мо                | DAY            | YEAR                   |    |                             |
| Mailing Address 1600 LOCUST STR                | ET                                 |   |               |                   |                | 2017                   | \$ | 150.00                      |
| City PHILADELPHIA                              | <b>State</b><br>PA                 | <b>Zip Code (Plus 4)</b><br>19103               |               | 4                 | 19             | 2017                   |    |                             |
| Enter Grand Total of Part A on S               | Schedule I, Detail                 | ed Summary Pag                                  | je, Se        | ection 2          |                |                        | \$ | <b>PAGE TOTAL</b><br>300.00 |

# PART C Contributions Received From Political Committees

OVER \$250.00

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

| CityWASHINGTONState<br>DCZip Code (Plus 4)<br>200014442017Full Name of Contributing Committee<br>LOCAL 0098 IBEW COPE (PHILA)MoDAYYEARMailing Address1719 SPRING GARDEN STAZip Code (Plus 4)<br>19130000041112017CityPHILADELPHIAState<br>PAZip Code (Plus 4)<br>19130000041112017Full Name of Contributing Committee<br>LOCAL 0098 IBEW COPE (PHILA)MoDAYYEARMoDAYYEARMoDAYYEAR   |                                       | Reporting        | g Period   |        |      |                     |
|--|---------------------------------------|------------------|------------|--------|------|---------------------|
| Full Name of Contributing Committee<br>IBEW PAC VOLUNTARY FUNDMODAYYEAR<br>PAMailing Address900 SEVENTH STREET NW4420175CityWASHINGTONState<br>DCZip Code (Plus 4)<br>20014442017Full Name of Contributing Committee<br>LOCAL 0098 IBEW COPE (PHILA)MODAYYEAR<br>PAYEARMailing Address1719 SPRING GARDEN STA112017\$CityPHILADELPHIAState<br>PAZip Code (Plus 4)<br>191300004112017Full Name of Contributing Committee<br>LOCAL 0098 IBEW COPE (PHILA)MODAYYEAR<br>PA\$Full Name of Contributing Committee<br>LOCAL 0098 IBEW COPE (PHILA)State<br>PAZip Code (Plus 4)<br>1913000004192017Full Name of Contributing Committee<br>LOCAL 0098 IBEW COPE (PHILA)State<br>PAZip Code (Plus 4)<br>1913000004192017Full Name of Contributing Committee<br>LOCAL 0098 IBEW COPE (PHILA)State<br>PAZip Code (Plus 4)<br>1913000004192017Full Name of Contributing Committee<br>PAInteger PAInteger PA2000102017Full Name of Contributing Committee<br>PAMODAYYEARYEAR  | CONROY, DAVID FOR JUDGE               | From:            | <u>3/2</u> | 8/2017 | То:  | <u>5/1/2017</u>     |
| IBEW PAC VOLUNTARY FUND       MO       DAY       YEAR         Mailing Address       900 SEVENTH STREET NW       A  |                                       |                  | DA         | TE     |      | AMOUNT              |
| State       Zip Code (Plus 4)       4       4       4       2017       \$       5         City       WASHINGTON       State       Zip Code (Plus 4)       20001       4       4       4       2017       \$       5         Full Name of Contributing Committee       DC       20001       MO       DAY       YEAR         LOCAL 0098 IBEW COPE (PHILA)       Mailing Address       1719 SPRING GARDEN ST       4       11       2017       \$       20,0         City       PHILADELPHIA       State       Zip Code (Plus 4)       4       11       2017       \$       20,0         Full Name of Contributing Committee       MO       DAY       YEAR       YEAR       20,0         City       PHILADELPHIA       State       Zip Code (Plus 4)       4       19       2017       \$       20,0         Gity       PHILADELPHIA       State       Zip Code (Plus 4)       4       19       2017       \$       20,0         Full Name of Contributing Committee       MO       DAY       YEAR       YEAR       4       19       2017       \$       20,0         Full Name of Contributing Committee       MO       DAY       YEAR       4       19       20,17  |                                       |                  | мо         | DAY    | YEAR |                     |
| City       WASHINGTON       State       Zip Code (Plus 4)       Mo       DAY       YEAR         Full Name of Contributing Committee       LOCAL 0098 IBEW COPE (PHILA)       Mo       DAY       YEAR       \$ 20,001         Mailing Address       1719 SPRING GARDEN ST       Mo       DAY       YEAR       \$ 20,001         City       PHILADELPHIA       State       Zip Code (Plus 4)       4       111       2017       \$ 20,001         Full Name of Contributing Committee       DC       Zip Code (Plus 4)       4       111       2017       \$ 20,001         Full Name of Contributing Committee       DC       Mo       DAY       YEAR       \$ 20,001         Mailing Address       1719 SPRING GARDEN ST       Mo       DAY       YEAR       \$ 20,001         Mailing Address       1719 SPRING GARDEN ST       Mo       DAY       YEAR       \$ 20,001         City       PHILADELPHIA       State       Zip Code (Plus 4)       4       119       2017       \$ 20,001         Full Name of Contributing Committee       PA       191300000       4       19       2017       \$ 20,001         Full Name of Contributing Committee       Mo       DAY       YEAR       \$ 20,001       \$ 20,001       \$ 20,001 | Mailing Address 900 SEVENTH STREET NW |                  |            |        |      | <b>\$</b> 500.00    |
| LOCAL 0098 IBEW COPE (PHILA)MODAYYEARMailing Address1719 SPRING GARDEN ST41112017CityPHILADELPHIAState<br>PAZip Code (Plus 4)<br>19130000041112017Full Name of Contributing Committee<br>LOCAL 0098 IBEW COPE (PHILA)MODAYYEARMailing Address1719 SPRING GARDEN STMODAYYEARCityPHILADELPHIAState<br>PAZip Code (Plus 4)<br>1913000004192017CityPHILADELPHIAState<br>PAZip Code (Plus 4)<br>1913000004192017Full Name of Contributing Committee<br>MOMODAYYEAR  | washington                            |                  | 4          | 4      | 2017 |                     |
| Full Name of Contributing Committee       State       Zip Code (Plus 4)       4       11       2017       \$       20,0         Full Name of Contributing Committee       MO       DAY       YEAR         LOCAL 0098 IBEW COPE (PHILA)       MO       DAY       YEAR       \$       20,0         Mailing Address       1719 SPRING GARDEN ST       MO       DAY       YEAR       \$       20,0         City       PHILADELPHIA       State       Zip Code (Plus 4)       4       19       2017       \$       20,0         Full Name of Contributing Committee       MO       DAY       YEAR       \$       20,0         Full Name of Contributing Committee       MO       DAY       YEAR       \$       20,0         Full Name of Contributing Committee       MO       DAY       YEAR       \$       20,0   |                                       |                  | мо         | DAY    | YEAR |                     |
| LOCAL 0098 IBEW COPE (PHILA)       MO       DAY       YEAR         Mailing Address       1719 SPRING GARDEN ST       4       19       2017         City       PHILADELPHIA       State       Zip Code (Plus 4)       191300000       4       19       2017       \$       2017         Full Name of Contributing Committee       MO       DAY       YEAR       YEAR       YEAR       YEAR  | City PHILADELPHIA State               |                  | - 4        | 11     | 2017 | \$ 20,000.00        |
| City     PHILADELPHIA     State     Zip Code (Plus 4)       PA     191300000     4     19     2017     \$     20,0       Full Name of Contributing Committee     MO     DAY     YEAR   |                                       |                  | мо         | DAY    | YEAR |                     |
| City     PHILADELPHIA     State     Zip Code (Plus 4)       PA     191300000         Full Name of Contributing Committee     MO     DAY     YEAR   | Mailing Address 1719 SPRING GARDEN ST |                  |            |        |      | <b>\$</b> 20,000.00 |
| MO DAY YEAR  | PHILADELPHIA                          |                  | 4          | 19     | 2017 |                     |
|  |                                       |                  | мо         | DAY    | YEAR |                     |
| Mailing Address         14004 MCNULTY ROAD         Zip Code (Plus 4)         4         19         2017         \$ 1,0           City         PHILADELPHIA         PA         19154         4         19         2017         \$ 1,0  | City PHILADELPHIA State               |                  | - 4        | 19     | 2017 | \$ 1,000.00         |
| Full Name of Contributing Committee     MO     DAY     YEAR       LABORERS' DIST COUNCIL OF THE METRO AREA OF PHILA & VICINITY     MO     DAY     YEAR   |                                       | PHILA & VICINITY | мо         | DAY    | YEAR |                     |
| Mailing Address       665 NORTH BROAD ST       5       1       2017       \$       5,0         City       PHILADELPHIA       State       Zip Code (Plus 4)       5       1       2017       \$       5,0         PA       19123       5       1       2017       \$       5       1       2017   | City PHILADELPHIA State               |                  | - 5        | 1      | 2017 | \$ 5,000.00         |

46,500.00

\$

### 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               |                                       |                   |                          | Rep   | orting Pe | riod          |               |                    |
|---|---------------------------------------|-------------------|--------------------------|-------|-----------|---------------|---------------|--------------------|
| CONROY, DAVID FOR JUDGE                             |                                       |                   |                          | From  | n:        | <u>3/28/2</u> | <u>017</u> To | :: <u>5/1/2017</u> |
|   |                                       |                   |                          |       | DA        | ATE           |               | AMOUNT             |
| Full Name of Contributor<br>JUDE D CONROY           |                                       |                   |                          |       | мо        | DAY           | YEAR          |                    |
| Mailing 600 COMMODORE CO                            | URT UNIT 2618                         |                   |                          |       |           |               |               | <b>\$</b> 500.00   |
| City PHILADELPHIA                                   | <b>State</b><br>PA                    | -                 | <b>Code (Plus</b><br>146 | 4)    | 4         | 25            | 2017          |                    |
| Employer Name CITY OF PHILADELPH                    | IA                                    |                   |                          |       | Occupat   | tion A        | TTORN         | EY                 |
| Employer Mailing Address/Principal Plac<br>Business | e of                                  |                   | City                     |       |           | State         |               | Zip Code (Plus 4)  |
| 3 SOUTH PENN SQUARE                                 |                                       |                   | PHILADE                  | LPHIA |           | PA            |               | 19102              |
| Full Name of Contributor<br>E CHARLES PERUTO, JR    |                                       |                   |                          |       | мо        | DAY           | YEAR          |                    |
| Mailing 2000 DELANCEY PLAC                          | Œ                                     |                   |                          |       |           |               |               | <b>\$</b> 500.00   |
| City PHILADELPHIA                                   | <b>State</b><br>PA                    | <b>Zip</b><br>191 | Code (Plus               | 4)    | 4         | 25            | 2017          |                    |
| Employer Name SELF-EMPLOYED                         | · · · · · · · · · · · · · · · · · · · |                   |                          |       | Occupat   | tion A        | TTORN         | EY                 |
| Employer Mailing Address/Principal Plac<br>Business | e of                                  |                   | City                     |       |           | State         |               | Zip Code (Plus 4)  |
| 2101 PINE STREET                                    |                                       |                   | PHILADE                  | LPHIA |           | PA            |               | 19103              |
| Full Name of Contributor<br>RAY ANGELINI            |                                       |                   |                          |       | мо        | DAY           | YEAR          |                    |
| Mailing 74 LYMAN AVENUE                             |                                       |                   |                          |       |           |               |               | <b>\$</b> 1,000.00 |
| City WOODBURY                                       | <b>State</b><br>NJ                    | <b>Zip</b><br>080 | <b>Code (Plus</b>        | 4)    | 4         | 4             | 2017          |                    |
| Employer Name SELF-EMPLOYED                         |                                       |                   |                          |       | Occupat   | tion          | CONTRA        | CTOR               |
| Employer Mailing Address/Principal Plac<br>Business | e of                                  |                   | City                     |       | 1         | State         |               | Zip Code (Plus 4)  |
| 74 LYMAN AVENUE                                     |                                       |                   | WOODBU                   | IRY   |           | NJ            |               | 08096              |

\$

### PART E **OTHER RECEIPTS**

# **REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.** Use this Part to report refunds received, interest earned, returned checks and

### prior expenditures that were returned to the filer.

| Name of Filing Committee or Candidat | 2                  |                 | Report  | ing Perio | od  |      |    |         |      |
|--------------------------------------|--------------------|-----------------|---------|-----------|-----|------|----|---------|------|
|                                      |                    |                 | From:   |           |     | То:  |    |         |      |
|                                      |                    |                 |         | D         | ATE |      |    | AMOUNT  | Ē    |
| Full Name                            |                    |                 |         | мо        | DAY | YEAR |    |         |      |
| Mailing Address                      |                    |                 |         |           |     | Γ    | 4  | 5       | 0.00 |
| City                                 | State              | Zip Code (      | Plus 4) |           |     |      |    |         |      |
| Receipt Description                  |                    | I               |         | I         |     |      |    |         |      |
| Enter Grand Total of Part E on Sched | lule T. Detailed ! | Summary Page    | Section | 4         |     |      |    | PAGE TO | TAL  |
|                                      | ale 1, Detalled    | cullina y Tuge, | Section |           |     |      | \$ |         | 0.00 |

# SCHEDULE II IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

### USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

**Detailed Summary Page** 

| Name of Filing Committee or Candidate   | Reporting Period |                             |                 |
|---|------------------|-----------------------------|-----------------|
| CONROY, DAVID FOR JUDGE   | From:            | <u>3/28/2017</u> <b>то:</b> | <u>5/1/2017</u> |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P   | ER CONTRIBUTOR   |                             |                 |
| TOTAL for the Reporting Pe  | riod (1)         | \$                          | 0.00            |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR  | (F)              |                             |                 |
| TOTAL for the Reporting Pe  | riod (2)         | \$                          | 13.18           |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)  |                  |                             |                 |
| TOTAL for the Reporting Pe  | riod (3)         | \$                          | 0.00            |
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (<br>amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, 1 |                  | \$                          | 13.18           |

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

| Name of Filing Committee or Candidate              |               |                       | Reporting | Period   |          |     |                 |
|--|---------------|-----------------------|-----------|----------|----------|-----|-----------------|
| CONROY, DAVID FOR JUDGE                            |               |                       | From:     | <u>3</u> | /28/2017 | То: | <u>5/1/2017</u> |
|  |               |                       |           | DATE     |          |     | AMOUNT          |
| Full Name of Contributor<br>ROBERT W HERSHMAN      |               |                       | мо        | DAY      | YEAR     |     |                 |
| Mailing Address 220 FEDERAL STRE                   | ET            |                       | 4         | 3        | 2017     | \$  | 13.18           |
| City Philadelphia                                  | State         | Zip Code (Plus 4)     | 1         |          |          |     |                 |
|  | PA            | 19147                 |           |          |          |     |                 |
| Description of Contribution: CERTIFIE              | D MAILINGS    |                       |           |          |          |     |                 |
|  |               |                       |           |          |          |     |                 |
| Enter Grand Total of Part F on Sched<br>Section 2. | ule II, In-Ki | nd Contributions Deta | iled Sum  | mary Pag | je,      |     | PAGE TOTAL      |
|  |               |                       |           |          |          | Þ   | 13.18           |

### PAGE 12

### SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

| Name of Filing Committee or Candidate                          |              |        |             |         | Re     | porting P | Period    |        |         |                           |
|--|--------------|--------|-------------|---------|--------|-----------|-----------|--------|---------|---------------------------|
|  |              |        |             |         | Fro    | om:       |           | То:    |         |                           |
|  |              |        |             |         |        |           | DATE      |        |         | AMOUNT                    |
| Full Name of Contributor                                       |              |        |             |         |        | мо        | DAY       | YEAR   |         |                           |
| Mailing Address  |              |        |             |         |        |           |           |        | \$      | 0.00                      |
| City   | State        |        | Zip Code(P  | Plus 4) |        |           |           |        |         |                           |
| Employer of Contributor  |              |        |             |         |        | Occupa    | tion      |        |         |                           |
| Employer Mailing Address/Principal Plac<br>Business            | e of         | City   |             | State   |        | Zip<br>4) | Code(Plus | Descri | ption o | of Contribution           |
| Enter Grand Total of Part G on Sch<br>Summary Page, Section 3. | edule II, Ir | n-Kind | Contributio | ons De  | etaile | ed        |           |        |         | <b>PAGE TOTAL</b><br>0.00 |

# SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate    |                    |                                   | Reporti                   | ng Period                        |               |     |                 |
|--|--------------------|-----------------------------------|---------------------------|----------------------------------|---------------|-----|-----------------|
| CONROY, DAVID FOR JUDGE                  |                    |                                   | From                      | <u>3/28</u>                      | <u>8/2017</u> | То: | <u>5/1/2017</u> |
|  |                    |                                   |                           | DATE                             |               |     | AMOUNT          |
| <b>To Whom Paid</b><br>MIFFLIN TAVERN    |                    |                                   | мо                        | DAY                              | YEAR          |     |                 |
| Mailing Address 2ND & MIFFLIN STR        | EETS               |                                   | 3                         | 28                               | 2017          | \$  | 2,140.00        |
| City PHILADELPHIA                        | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19148 | <b>Descri</b> p<br>HALL R | tion of Exp<br>ENTAL             | penditure     | 9   |                 |
| To Whom Paid<br>STRASSHEIM PRINTING      |                    |                                   | мо                        | DAY                              | YEAR          |     |                 |
| Mailing Address 333 N 15TH STREET        | -                  |                                   | 3                         | 28                               | 2017          | \$  | 1,461.24        |
| City PHILADELPHIA                        | State<br>PA        | <b>Zip Code (Plus 4)</b><br>19103 |                           | <b>ition of Exp</b><br>IGN PRINT |               | 2   |                 |
| To Whom Paid<br>SQUARE GROUP INC         |                    |                                   | мо                        | DAY                              | YEAR          |     |                 |
| Mailing Address PO BOX 34608             |                    |                                   | 3                         | 28                               | 2017          | \$  | 15,000.00       |
| City PHILADELPHIA                        | State<br>PA        | <b>Zip Code (Plus 4)</b><br>19101 |                           | ntion of Exp                     |               | 2   |                 |
| <b>To Whom Paid</b><br>60TH WARD DEM     |                    |                                   | мо                        | DAY                              | YEAR          |     |                 |
| Mailing Address 5409 ADDISON STR         | EET                |                                   | 4                         | 1                                | 2017          | \$  | 100.00          |
| City PHILADELPHIA                        | State<br>PA        | <b>Zip Code (Plus 4)</b><br>19143 | <b>Descrip</b><br>FUND F  | otion of Exp<br>RAISER           | penditure     | 2   |                 |
| To Whom Paid<br>FRIENDS OF SHARIF STREET |                    |                                   | мо                        | DAY                              | YEAR          |     |                 |
| Mailing Address 1600 JFK BLVD #20        | 0                  |                                   | 4                         | 1                                | 2017          | \$  | 100.00          |
| City PHILADELPHIA                        | State<br>PA        | <b>Zip Code (Plus 4)</b><br>19103 | <b>Descrip</b><br>FUND F  | otion of Exp<br>RAISER           | penditure     |     |                 |

|   |                    |                                   |                          |                                |           | PAG | E 14   |
|---|--------------------|-----------------------------------|--------------------------|--------------------------------|-----------|-----|--------|
| To Whom Paid<br>DUCKY BRITS FOUNDATION  |                    |                                   | мо                       | DAY                            | YEAR      |     |        |
| Mailing Address 8200 GILBER             | RT STREET          |                                   | 4                        | 15                             | 2017      | \$  | 100.00 |
| City PHILADELPHIA                       | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19150 | <b>Descrip</b><br>FUND F | ntion of Exp<br>RAISER         | penditure |     |        |
| To Whom Paid<br>23RD WARD DEM           |                    |                                   | мо                       | DAY                            | YEAR      |     |        |
| Mailing Address 1215 HAWO               | RTH STREET         |                                   | 4                        | 4                              | 2017      | \$  | 100.00 |
| City PHILADELPHIA                       | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19124 | <b>Descrip</b><br>FUND F | ntion of Exp<br>RAISER         | penditure |     |        |
| To Whom Paid<br>CAMPAIGN FOR COMPASSION |                    |                                   | мо                       | DAY                            | YEAR      |     |        |
| Mailing Address UMKNOWN                 |                    |                                   | 4                        | 22                             | 2017      | \$  | 100.00 |
| City PHILADELPHIA                       | State<br>PA        | <b>Zip Code (Plus 4)</b><br>19100 | <b>Descrip</b><br>FUND F | otion of Exp<br>RAISER         | oenditure |     |        |
| To Whom Paid<br>11TH WARD DEM           |                    |                                   | мо                       | DAY                            | YEAR      |     |        |
| Mailing Address UNKNOWN                 |                    |                                   | 4                        | 17                             | 2017      | \$  | 100.00 |
| City PHILADELPHIA                       | State<br>PA        | <b>Zip Code (Plus 4)</b><br>19100 | <b>Descrip</b><br>FUND F | ntion of Exp<br>RAISER         | penditure |     |        |
| To Whom Paid<br>FRIENDS OF NE           |                    |                                   | мо                       | DAY                            | YEAR      |     |        |
| Mailing Address 424 SOLLY               |                    |                                   | 4                        | 27                             | 2017      | \$  | 100.00 |
| City PHILADELPHIA                       | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19100 | -                        | tion of Exp<br>IBUTION         | benditure |     |        |
| <b>To Whom Paid</b><br>47TH WARD DEM    |                    |                                   | мо                       | DAY                            | YEAR      |     |        |
| Mailing Address UNKNOWN                 |                    |                                   | 4                        | 26                             | 2017      | \$  | 45.00  |
| City PHILADELPHIA                       | State<br>PA        | <b>Zip Code (Plus 4)</b><br>19100 |                          | <b>ition of Exp</b><br>IBUTION | oenditure |     |        |
|   |                    |                                   |                          |                                |           |     |        |

| To Whom Paid<br>OLNEY FELLOWSHIP FOR EDUCATION  |                                   | мо  | DAY   | YEAR  |        |           |
|---|-----------------------------------|---|---|---|--------|-----------|
| Mailing Address UNKNOWN   |                                   | 4   | 28  | 2017  | \$     | 100.00    |
| City PHILADELPHIA State PA  | <b>Zip Code (Plus 4)</b><br>19100 |   | <b>ition of Exp</b><br>IBUTION  | enditure  |        |           |
| To Whom Paid<br>16TH WARD   |                                   | мо  | DAY   | YEAR  |        |           |
| Mailing Address UNKNOWN   |                                   | 4   | 29  | 2017  | \$     | 100.00    |
| City PHILADELPHIA State PA  | <b>Zip Code (Plus 4)</b><br>19100 |   | <b>ition of Exp</b><br>IBUTION  | enditure  |        |           |
| <b>To Whom Paid</b><br>SPEAK  |                                   | мо  | DAY   | YEAR  |        |           |
| Mailing Address PO BOX 27698  |                                   | 4   | 29  | 2017  | \$     | 100.00    |
| City PHILADELPHIA State PA  | <b>Zip Code (Plus 4)</b><br>19118 |   | <b>tion of Exp</b><br>IBUTION   | enditure  |        |           |
|   |                                   |   |   |   |        |           |
| To Whom Paid<br>LIBERTY SQUARE  |                                   | мо  | DAY   | YEAR  | <br>   |           |
|   |                                   | <b>мо</b><br>4                              | <b>DAY</b> 28   | <b>YEAR</b><br>2017                                     | \$<br> | 20,000.00 |
| LIBERTY SQUARE  | <b>Zip Code (Plus 4)</b><br>19101 | 4<br>Descrip                                |   | 2017<br>penditure                                       | \$     | 20,000.00 |
| LIBERTY SQUARE Mailing Address PO BOX 34608 City PHILADELPHIA State   |                                   | 4<br>Descrip                                | 28<br>tion of Exp   | 2017<br>penditure                                       | \$<br> | 20,000.00 |
| LIBERTY SQUARE Mailing Address PO BOX 34608 City PHILADELPHIA PA To Whom Paid   |                                   | 4<br>Descrip<br>CONSU                       | 28<br><b>ition of Exp</b><br>LTING SEF                                | 2017<br>eenditure<br>VICES                              | \$<br> | 20,000.00 |
| LIBERTY SQUARE Mailing Address PO BOX 34608 City PHILADELPHIA To Whom Paid 10TH WARD DEM Mailing Address  |                                   | 4<br>Descrip<br>CONSU<br>MO<br>4<br>Descrip | 28<br>tion of Exp<br>LTING SEF<br>DAY                                 | 2017<br>eenditure<br>VICES<br>YEAR<br>2017              |        |           |
| LIBERTY SQUARE Mailing Address PO BOX 34608 City PHILADELPHIA To Whom Paid 10TH WARD DEM Mailing Address UNKNOWN City PHILADELPHIA State                          | 19101<br>Zip Code (Plus 4)        | 4<br>Descrip<br>CONSU<br>MO<br>4<br>Descrip | 28<br>tion of Exp<br>LTING SEF<br>DAY<br>29<br>tion of Exp            | 2017<br>eenditure<br>VICES<br>YEAR<br>2017              |        |           |
| LIBERTY SQUARE Mailing Address PO BOX 34608 City PHILADELPHIA State PA To Whom Paid 10TH WARD DEM Mailing Address UNKNOWN City PHILADELPHIA State PA To Whom Paid | 19101<br>Zip Code (Plus 4)        | 4 Descrip CONSU MO 4 Descrip CONTR          | 28<br>tion of Exp<br>LTING SEF<br>DAY<br>29<br>tion of Exp<br>IBUTION | 2017<br>eenditure<br>VICES<br>YEAR<br>2017<br>eenditure |        |           |

|   |                    |                                   |  |     |      |    | 10                             |
|---|--------------------|-----------------------------------|--|-----|------|----|--------------------------------|
| <b>To Whom Paid</b><br>26TH WARD GOP                                    |                    |                                   | мо   | DAY | YEAR |    |                                |
| Mailing Address 1713 WOLF STREET  |                    |                                   | 4  | 17  | 2017 | \$ | 200.00                         |
| City PHILADELPHIA   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19145 | Description of Expenditure<br>FUND RAISER            |     |      |    |                                |
| To Whom Paid<br>DAVID CONROY  |                    |                                   | мо   | DAY | YEAR |    |                                |
| Mailing Address 2031 S HOLLYWOOD STREET                                 |                    |                                   | 5  | 1   | 2017 | \$ | 686.43                         |
| City PHILADELPHIA   | <b>State</b><br>PA | Zip Code (Plus 4)<br>19145        | Description of Expenditure<br>EXPENSE REIMBURSEMENTS |     |      |    |                                |
| To Whom Paid<br>8TH WARD DEM  |                    |                                   | мо   | DAY | YEAR |    |                                |
| Mailing Address UNKNOWN   |                    |                                   | 4  | 4   | 2017 | \$ | 150.00                         |
| City PHILADELPHIA   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19100 | Description of Expenditure<br>FU                     |     |      |    |                                |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. |                    |                                   |  |     |      | \$ | <b>PAGE TOTAL</b><br>43,579.35 |