Campaign Finance Report

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

Filer Identificati Number :	on 201	.9C0131				Repor Filed		(CANDI	DATE	~	′ [c	OMMITTE	E	LOB	BYIS	Г	
Name of Filing C	Committee, Cand	idate or L	obbyis	t:		DAVID	H. C	ONR	OY								_	
Street Address:																		
City:								Sta	ate:				Zip Cod	l e: 19	9145			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND F PRIMA		/ PRE-	2.	30 D PRIN	OAY MARY		POST-	3.		AMENDM REPORT?		Yes] [Vo	/
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND F ELECT		/ PRE-	- 5.	30 C	OAY CTIOI		POST-	6. 3	Х	TERMINA REPORT?	TERMINATION REPORT?		1 [No	\
report type)	ANNUAL REPOR	T 7.	Year 2	2019					METHO				PAPER		V	DIS	KETTE	
Name of Office S	Sought by Candid	ate:				•		D	ATE O	F ELE	CTI	ON	District Number	Office Code	Pai	rty Co	de Cou	
								MO)	DAY		YEAR	1	MCJ	DEI	М	51	
JUDGE OF THE	MUNICIPAL COL	JRT							11		5	201	9	(SEE IN	STRUCTI	ONS FO	R CODES	5)
	Receipts and	МО	DA	Y	YEAR			М)	DAY	,	YEAR	FO	R OFFI	CE USE	ONL	Y	
Expenditures	from:		10	22	20	19	ГО		11		25	201	9					
A. Amount Bro	ught Forward Fro	om Last R	eport			·	9	\$				0.0)					
B. Total Moneta	ary Contribution	s And Rec	eipts (From	Sched	lule I)		\$			1	L,572.80	0					
C. Total Funds Available (Sum Of Lines A and B) \$ 1,572.8									1,572.80									
D. Total Expend	ditures (From Sc	hedule II	I)				9	\$			1	.,572.80)					
E. Ending Cash	Balance (Subtra	ct Line D	From I	Line (E)			\$				0.00						
F. Value Of In-	Kind Contributio	ns Receiv	ed (Fro	om Sc	hedule	e II)		\$				0.00						
G. Unpaid Debt	s And Obligation	s (From :	Schedu	le IV)			\$				0.00)		•			
					AFFI	[DAV]	IT SI	ECT	ION									
PART I - If this is		•								•			_					
I swear (or affirm) correct and comple) that this report, ir ete.	cluding th	e attach	ed sch	edules	filed or	pape	r or b	y elect	ronic m	ediu	ım, are to	the best of	my kno	wledge	and b	elief , t	rue
Sworn to and subs	cribed before me tl day of	nis	20									Signatu	re of Persor	Submit	ting Re	port		_
	Signa	ture					_						Print	ed Name	e			
My Commission Ex	-												Emai	I				-
	МО	D	AY		YR					Ar	ea C	ode	Daytim	e Telepi	none Nu	mber		
Part II- If this is	a report of a ca	ndidate's	author	rized	Commi	ittee, (Candi	date	shall	sign h	ere.							
I swear (or affirm) No 320) as amende		my knowl	edge an	d belie	ef this p	politica	comi	mitte	e has n	ot viola	ted	any prov	sions of the	act of J	une 3,1	937 (I	P.L. 133	з,
Sworn to and subsc		s											Signature o	f Candid	ate			_
	day of		_ 20				_						Printe	d Name				- $ $
	Signature	<u> </u>					_											_
My Commission Exp	ires												Emai	I				
	МО	D	AY		YR		_			Area	Cod	le	Da	ytime T	elephoi	ne Nur	nber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

-				
Name of Filing Committee or Candidate	Reporting	g Period		
DAVID H. CONROY	From:	10/22/201	<u>9</u> To:	11/25/2019
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	0.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	0.00
All Other Contributions (Part B)			\$	0.00
TOTAL for the Reporting	Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	1,572.80
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting) Period	(3)	\$	1,572.80
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting) Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	1,572.80

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize only with an aggregate valu							
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		<u> </u>			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
	•	·			•	•	$\overline{}$	DACE TOTAL

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

PAGE TOTAL\$ 0.00

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 Filling Committee of Candidate			Reporting Period From: To:					
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	1					

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

PAGE TOTAL \$0.00

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.

Name of Filing Committee or Candidate	Reporting P			
DAVID H. CONROY	From:	10/22/2019	То:	11/25/2019

DATE AMOUNT

Full Name of Contributing Committee CONROY FOR JUDGE			МО	DAY	YEAR	
Mailing Address 220 FEDERAL STREET						\$ 1,572.80
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19147	11	9	2019	

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

PAGE TOTAL 1,572.80

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	•			Rep	orting Pe	riod			
				Fror	n:		То):	
					D	ATE		A	MOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus	4)					
Employer Name	•	•			Occupa	tion			
Employer Mailing Address/Principal Pla Business	ce of		City			State		Zip Cod	le (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Deta	iled Sumr	mary Page,	Section	on 3.			P	O.00

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	Candidate		Report	ting Perio	bd			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•	•	_	
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			PAG	E TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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 Peri	od	
DAVID H. CONROY	From:	10/22/2019 To :	11/25/2019
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	र	
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candid	ate		Reporting	g Period			
			From:			To:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	ле Г		PAGE TOTAL
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	, ,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					Reporting	Period			
					From:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus	4)					
Employer of Contributor					Occupa	ation			
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributions	Deta	ailed				PAGE TOTAL
Summary Page, Section 3.									0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	ndidate		Reporti	ng Period			
DAVID H. CONROY			From	10/2	2/2019	То:	11/25/2019
				DATE			AMOUNT
To Whom Paid RIVERWINDS GOLF & TENI	NIS CLUB		мо	DAY	YEAR		
Mailing Address 270 EAGLE F	OINT ROAD		11	4	2019	\$	84.00
City WEST DEPTFORD	State NJ	Zip Code (Plus 4) 08086	Descrip MEETIN	otion of Exp	penditure		
To Whom Paid THE CAPITAL GRILLE			МО	DAY	YEAR		
Mailing Address 1338-46 CHI	ESTNUT STREET		11	8	2019	\$	1,220.00
City PHILADELPHIA	ty PHILADELPHIA PA 19107			otion of Exp			
To Whom Paid THE CAPITAL GRILLE	·		мо	DAY	YEAR		
Mailing Address 1338-46 CHI	ESTNUT STREET		11	8	2019	\$	235.80
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19107		otion of Exp			
To Whom Paid THE PALM RESTAURANT			МО	DAY	YEAR		
Mailing Address 200 S. BROAD STREET			11	8	2019	\$	33.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19102	Descrip MEETIN	otion of Exp	penditure	<u> </u>	
Enter Grand Total of Expendi	tures on Page 1 De	nort Cover Page Item F)				PAGE TOTAL
The stand rotal of Expendi	and on lage 1, Re	post dover 1 age, Item L	•			\$	1,572.80