Campaign Finance Report

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

Filer Identification 20170122 Report Filed By:					СОМ	ITTEE	✓	LOBB	YIST								
Name of Filing C	Committe	e, Candid	ate or Lo	obbyist:		CON	IROY	/ FOR	JUDGE								
Street Address:	220	FEDERAL	STREET	Ī													
City:	PHIL	ADELPHI <i>i</i>	4						State:	PA			Zip Cod	de: 19	9147		
TYPE OF REPORT	6TH TUES		1.	2ND FRIDA PRIMARY	AY PRE	- 2		30 DA PRIMA		POST-	Г- 3.		AMENDM REPORT		Yes	No	~
(place X to the right of	6TH TUES		4.	2ND FRIDA	AY PRI	E- 5	5.	30 DA ELECT		POST-	6.		TERMINA REPORT		Yes	No	
report type)	ANNUAL	REPORT	7. X	Year 2019					IG METHO				PAPER			DISKE	ΓΤΕ
Name of Office S	– Sought by	Candida	te:						DATE 0	F ELE	CTIO	N	District Number	Office Code	Part	y Code	County Code
JUDGE OF THE	MUNICIE	PAL COUR	₹T						МО	DAY	YE	AR		MCJ	DEM		51
		712 0001	· ·						11		5	2019		(SEE IN	ISTRUCTIO	NS FOR C	ODES)
Summary of Expenditures		s and	МО	DAY	YEAF		T	^	МО	DAY		AR	FO	R OFFI	CE USE	ONLY	
				11 26	2	019		1	12		31	2019					
A. Amount Bro				-	n Sche	dule	I)	\$ \$			60,0	0.00					
C. Total Funds Available (Sum Of Lines A and B) \$ 60,067.								067.64									
D. Total Expenditures (From Schedule III)						\$				67.64							
E. Ending Cash Balance (Subtract Line D From Line C)						\$				0.00							
F. Value Of In-	Kind Con	tributions	Receive	ed (From S	Schedu	le II)	\$				0.00					
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule I	/)			\$				0.00			•		
					AFF	IDA	VIT	ΓSE	CTION								
PART I - If this is	s a Comm	nittee rep	ort, trea	surer sign	here.	If thi	is is	a Can	ndidate re	eport, o	andio	date sig	ın here.				
I swear (or affirm) correct and complete		report, incl	uding the	attached so	hedule	s filed	l on p	paper (or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge a	nd belie	f , true
Sworn to and subs	cribed bef	ore me this	•	20							s	ignature	of Perso	n Submit	ting Rep	ort	
	_	Signatu	ro					-					Prin	ted Name	e		
My Commission Ex	cpires	0.5											Ema	il			
		мо	D/	ΑY	YR			•		Are	ea Cod	le	Daytim	e Telepl	none Nur	nber	
Part II- If this is	a report	of a cand	lidate's	authorized	Comr	nitte	e, Ca	andida	ate shall	sign h	ere.						
I swear (or affirm) No 320) as amende		ne best of n	ny knowle	edge and bel	ief this	polit	ical	commi	ittee has n	ot viola	ted an	y provisi	ions of th	e act of J	une 3,19	37 (P.L.	1333,
Sworn to and subsc		re me this										Si	ignature o	of Candid	ate		
	day of —												Printe	d Name			
	;	Signature						•									
My Commission Exp	oires												Ema	il			
	_	МО	D	AY	YF	R				Area	Code		Da	aytime T	elephon	e Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, ,							
Name of Filing Committee or Candidate	Reporting	g Period					
CONROY FOR JUDGE	From:	11/26/201	<u>.9</u> To:	12/31/2019			
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)	All Other Contributions (Part B)						
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)			\$	0.00			
All Other Contributions (Part D)			\$	0.00			
TOTAL for the Reporting	Period	(3)	\$	0.00			
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			\$	0.00			

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	his Part to itemize onl with an aggregate val	-			-			
Name of Filing Comm	ittee or Candidate		Re	porting				
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•			•	•		PAGE 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 Camulate			Reporting Period From: To:					
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					

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	me of Filing Committee or Candidate		Reporting Period					
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committee				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Sche	dule I, Detailed Sum	ımary Pa	age, Sectio	n 3.			\$	0.00

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.)

ame of Filing Committee or Candidate		Rep	orting Pe	riod				
			Fron	n:				
				D	ATE		АМС	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address City State Zip Code (Plus 4)							\$	0.00
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupa	tion			
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			PA(GE TOTAL 0.00

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	Reporting Period						
			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	GE 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 Pe	riod							
CONROY FOR JUDGE	From:	11/26/2019 To:	12/31/2019						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR									
TOTAL for the Reporting Pe	eriod (1)	\$	0.00						
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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 Candidat	:e		Reporting					
			From:			То:		
				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 Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL	
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL	
						\$	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candida	me of Filing Committee or Candidate			Reporting Period							
					Fro	m:		То	:		
					<u> </u>		DATE				AMOUNT
Full Name of Contributor						мо	DAY	YEAR	1		
Mailing Address										\$	0.00
City	State		Zip Code(F	Plus 4)							
Employer of Contributor	•		•			Occupa	ation				
Employer Mailing Address/Principal P Business	lace of	City		State		Zip 4)	Code(Plus	Desc	ripti	on of C	ontribution
Enter Grand Total of Part G on S	Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed							PAGE TOTAL			
Summary Page, Section 3.					0.00						

SCHEDULE III STATEMENT OF EXPENDITURES

		T							
Name of Filing Committee or Candida	te		Reportii	ng Period					
CONROY FOR JUDGE			From	11/2	6/2019	То:	12/31/2019		
				DATE	AMOUNT				
To Whom Paid 26TH WARD GOP			МО	DAY	YEAR				
Mailing Address 1713 WOLF STREE	ĒΤ		12	16	2019	\$	10,000.00		
City PHILADELPHIA	PHILADELPHIA PA Tip Code (Plus 4) 19145				Description of Expenditure CONTRIBUTION				
To Whom Paid AMERICAN PUB				DAY	YEAR				
Mailing Address 1500 MARKET STREET				18	2019	\$	20,000.00		
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19102		Description of Expenditure SWEARING-IN PARTY					
To Whom Paid FRIENDS OF 63RD WARD			мо	DAY	YEAR				
Mailing Address 1110 GRESS STRE	ET		12	16	2019	\$	5,000.00		
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19115		otion of Exp	penditure	•			
To Whom Paid FRIENDS OF 65TH WARD			мо	DAY	YEAR				
Mailing Address 4521 AUBREY AVENUE			12	16	2019	\$	5,000.00		
City PHILADELPHIA State Zip Code (Plus 4) PA 19144				tion of Exp IBUTION	penditure	:			

Mailing Address 4521 AUBRE	Y AVENUE		12	16	2019	\$	5,000.00
			1	otion of Exp	penditure		
To Whom Paid FRIENDS OF WARD 39B				DAY	YEAR		
Mailing Address P.O. BOX 37	139		12	16	2019	\$	5,000.00
City PHILADELPHIA State Zip Code (Plus 4) PA 19148			Description of Expenditure CONTRIBUTION				
	·						

To Whom Paid STRASSHEIM GRAPHIC DESIGN & DESIGN & CORP			мо	DAY	YEAR		
Mailing Address 1500 SPRING GARDEN STREET			12	27	2019	\$	2,050.23
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19130	Description of Expenditure PRINTER				
To Whom Paid THE PRIME RIB			МО	DAY	YEAR		
Mailing Address 1701 LOCUST STREET			12	21	2019	\$	3,017.41
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19103	Description of Expenditure MEETING/DINNER				
To Whom Paid WARD 1 EXECUTIVE COMMITTEE			МО	DAY	YEAR		
Mailing Address 611 MIFFLIN STREET			12	20	2019	\$	5,000.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19148	Description of Expenditure CONTRIBUTION				
To Whom Paid WARD 2 DEMOCRATS			МО	DAY	YEAR		
Mailing Address 525 QUEEN STREET			12	16	2019	\$	5,000.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19147	Description of Expenditure CONTRIBUTION				
Forton County Tatal of Formand House on Board Board St. 2007							PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	60,067.64