

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: 2017122	Report Filed On Behalf of CANDIDATE 1.	COMMITTEE 2. X	LOBBYIST 3.														
Name of Filing Committee, Candidate or Lobbyist: Robert W. Hershman																	
Street Address: 220 Federal Street																	
City: Philadelphia		State: PA	Zip Code: 19147-5310														
TYPE OF REPORT (Check One) 1. 6th Tuesday Pre-Primary 2. 2nd Friday Pre-Primary 3. 30 Day Post Primary 4. 6th Tuesday Pre-Election 5. 2nd Friday Pre-Election 6. 30 Day Post Election 7. Annual Report X	Name of Office Sought by Candidate: Judge of the Commonwealth Court		District No. 1	Party DEM	DATE OF ELECTION MO. DAY YEAR 0 0 0												
	Dates Of Reporting Period		To		FOR OFFICE USE ONLY												
	MO. DAY YEAR 11 28 2018		MO. DAY YEAR 12 31 2018														
	Cash Balance At End Of Reporting Period: \$ 32,735.22																
	Total Amount of Filer's Outstanding Debts or Liabilities At End Of Reporting Period: \$ 32,735.22																
	<table border="1"> <tr> <td>Amendment Report?</td> <td>YES</td> <td></td> <td>NO</td> <td>X</td> </tr> <tr> <td>Termination Report?</td> <td>YES</td> <td></td> <td>NO</td> <td>X</td> </tr> </table>								Amendment Report?	YES		NO	X	Termination Report?	YES		NO
	Amendment Report?	YES		NO	X												
Termination Report?	YES		NO	X													

AFFIDAVIT SECTION

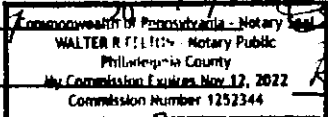
PART I -

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

15th day of January 2019
 Signature: Walter A. [Signature]
 Signature of Person Submitting Report: [Signature]
 Printed Name: ROBERT W. HERSHMAN
 My commission expires 11 12 22 MO. DAY YEAR
 Area Code: 215
 Daytime Telephone Number: 462-5900



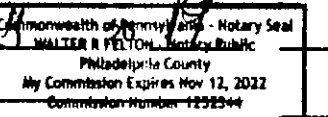
PART II -

If statement is filed on behalf of Candidate's Authorized Committee, the 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

15th day of January 2019
 Signature: Walter R. [Signature]
 Signature of Candidate: [Signature]
 Printed Name: DAVID H. CONROY
 My commission expires 11 12 22 MO. DAY YEAR
 Area Code: 215
 Daytime Telephone Number: 514-0118



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: 2017077	Report Filed On Behalf of: CANDIDATE	1. <input checked="" type="checkbox"/>	COMMITTEE	2.	LOBBYIST	3.																					
Name of Filing Committee, Candidate or Lobbyist: Robert W. Hershman																											
Street Address: 220 Federal Street																											
City: Philadelphia			State: AL		Zip Code: 19147-5310																						
TYPE OF REPORT (Check One) 1. 6th Tuesday Pre-Primary 2. 2nd Friday Pre-Primary 3. 30 Day Post Primary 4. 6th Tuesday Pre-Election 5. 2nd Friday Pre-Election 6. 30 Day Post Election 7. Annual Report <input checked="" type="checkbox"/>	Name of Office Sought by Candidate: Judge of the Commonwealth Court		District No. 1		Party DEM																						
	Dates Of Reporting Period <table border="1" style="display: inline-table; margin-right: 10px;"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>11</td><td>28</td><td>2018</td></tr> </table> To <table border="1" style="display: inline-table;"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>12</td><td>31</td><td>2018</td></tr> </table>		MO.	DAY	YEAR	11	28	2018	MO.	DAY	YEAR	12	31	2018	<table border="1" style="width:100%;"> <tr> <th colspan="3">DATE OF ELECTION</th> </tr> <tr> <th>MO.</th> <th>DAY</th> <th>YEAR</th> </tr> <tr> <td>0</td> <td>0</td> <td>0</td> </tr> </table>		DATE OF ELECTION			MO.	DAY	YEAR	0	0	0	FOR OFFICE USE ONLY 2018 JAN 17 PM 1:11	
	MO.	DAY	YEAR																								
	11	28	2018																								
	MO.	DAY	YEAR																								
	12	31	2018																								
	DATE OF ELECTION																										
MO.	DAY	YEAR																									
0	0	0																									
Cash Balance At End Of Reporting Period: \$ <u>0</u>																											
Total Amount of Filer's Outstanding Debts or Liabilities At End Of Reporting Period: \$ <u>0</u>																											
<table border="1" style="width:100%;"> <tr> <td>Amendment Report?</td> <td>YES</td> <td>NO</td> <td>X</td> </tr> <tr> <td>Termination Report?</td> <td>YES</td> <td>NO</td> <td>X</td> </tr> </table>				Amendment Report?	YES	NO	X	Termination Report?	YES	NO	X																
Amendment Report?	YES	NO	X																								
Termination Report?	YES	NO	X																								
<table border="1" style="width:100%;"> <tr> <td>Amendment Report?</td> <td>YES</td> <td>NO</td> <td>X</td> </tr> <tr> <td>Termination Report?</td> <td>YES</td> <td>NO</td> <td>X</td> </tr> </table>				Amendment Report?	YES	NO	X	Termination Report?	YES	NO	X																
Amendment Report?	YES	NO	X																								
Termination Report?	YES	NO	X																								
<table border="1" style="width:100%;"> <tr> <td>Amendment Report?</td> <td>YES</td> <td>NO</td> <td>X</td> </tr> <tr> <td>Termination Report?</td> <td>YES</td> <td>NO</td> <td>X</td> </tr> </table>				Amendment Report?	YES	NO	X	Termination Report?	YES	NO	X																
Amendment Report?	YES	NO	X																								
Termination Report?	YES	NO	X																								
<table border="1" style="width:100%;"> <tr> <td>Amendment Report?</td> <td>YES</td> <td>NO</td> <td>X</td> </tr> <tr> <td>Termination Report?</td> <td>YES</td> <td>NO</td> <td>X</td> </tr> </table>				Amendment Report?	YES	NO	X	Termination Report?	YES	NO	X																
Amendment Report?	YES	NO	X																								
Termination Report?	YES	NO	X																								

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
15th day of January
Walter R. Felton
 Signature

Commonwealth of Pennsylvania - Notary Seal
 WALTER R. FELTON - Notary Public
 Philadelphia County
 My Commission Expires Nov 12, 2022
 Commission Number 1252344

Robert W. Hershman
 Signature of Person Submitting Report
ROBERT W. HERSHMAN
 Printed Name

My commission expires 11 12 22 215 467-5978
 MO. DAY YEAR Area Code Daytime Telephone Number

PART II -

If statement is filed on behalf of Candidate's Authorized Committee, the 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
15th day of January
Walter R. Felton
 Signature

Commonwealth of Pennsylvania - Notary Seal
 WALTER R. FELTON - Notary Public
 Philadelphia County
 My Commission Expires Nov 12, 2022
 Commission Number 1252344

David H. Conroy
 Signature of Candidate
DAVID H. CONROY
 Printed Name

My commission expires 11 12 22 215 514-0118
 MO. DAY YEAR Area Code Daytime Telephone Number