

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: 1776132 | Report Filed On Behalf of | CANDIDATE 1. | COMMITTEE 2. | X | LOBBYIST 3. | | | |
| Name of Filing Committee, Candidate or Lobbyist: Re-Elect Angel Cruz for the 180th | | | | | | | | |
| Street Address: 133 E Westmoreland St | | | | | | | | |
| City: Philadelphia | | | State: PA | | Zip Code: 19134 | | | |
| TYPE OF REPORT (Check One) | Name of Office Sought by Candidate: | | District No. | Party | DATE OF ELECTION | | | |
| | Representative in the General Assembly | | 180 | DEM | MO | DAY | YEAR | |
| <input type="checkbox"/> 1. 6th Tuesday Pre-Primary | <input type="checkbox"/> 2. 2nd Friday Pre-Primary | <input checked="" type="checkbox"/> 3. 30 Day Post-Primary | <input type="checkbox"/> 4. 6th Tuesday Pre-Election | <input type="checkbox"/> 5. 2nd Friday Pre-Election | <input type="checkbox"/> 6. 30 Day Post-Election | <input type="checkbox"/> 7. Annual Report | | |
| Dates Of Reporting Period | | MO | DAY | YEAR | To | MO | DAY | YEAR |
| | | 3 | 27 | 2018 | To | 4 | 30 | 2018 |
| Cash Balance At End Of Reporting Period: | | \$ | | 0 | FOR OFFICE USE ONLY 2018 MAY - 2 A 11: 06 CITY COMMISSIONERS DOCUMENTS UNIT | | | |
| Total Amount of Filer's Outstanding Debts or Liabilities At End Of Reporting Period: | | \$ | | 0 | | | | |
| Amendment Report? | | YES | NO | <input checked="" type="checkbox"/> | | | | |
| Termination Report? | | YES | NO | <input checked="" type="checkbox"/> | | | | |

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 2nd day of May 2018

[Signature]
 ANABELKA JIMENEZ
 Notary Public
 My Commission Expires Dec 16, 2018

[Signature]
 Signature of Person Submitting Report
 Joseph H Evangelista
 Printed Name
 215 Area Code 360-1524 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 2nd day of May 2018

[Signature]
 ANABELKA JIMENEZ
 Notary Public
 My Commission Expires Dec 16, 2018

[Signature]
 Signature of Candidate
 Angel Cruz
 Printed Name
 215 Area Code 291-5643 Daytime Telephone Number

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: 1776130 | Report Filed On Behalf of | CANDIDATE 1. <input checked="" type="checkbox"/> | COMMITTEE 2. | LOBBYIST 3. | | | | | | | | | | | | | | | |
|--|--|--|---|---------------------------|-----|-----|------|------|---|----|------|--|---|----|------|--|--|--|--|
| Name of Filing Committee, Candidate or Lobbyist: Angel Cruz | | | | | | | | | | | | | | | | | | | |
| Street Address: 302 E Tioga St | | | | | | | | | | | | | | | | | | | |
| City: Philadelphia | | State: PA | | Zip Code: 19134 | | | | | | | | | | | | | | | |
| TYPE OF REPORT (Check One) | Name of Office Sought by Candidate: Representative in the General Assembly | | District No. 180 | Party DEM | | | | | | | | | | | | | | | |
| | | | DATE OF ELECTION MO: 5 DAY: 15 YEAR: 2018 | | | | | | | | | | | | | | | | |
| 6th Tuesday Pre-Primary 1. | Dates Of Reporting Period <table border="1" style="margin: auto;"> <tr> <th>MO.</th><th>DAY</th><th>YEAR</th> <th>To</th><th>MO.</th><th>DAY</th><th>YEAR</th> </tr> <tr> <td>3</td><td>27</td><td>2018</td> <td></td><td>4</td><td>30</td><td>2018</td> </tr> </table> | MO. | DAY | YEAR | To | MO. | DAY | YEAR | 3 | 27 | 2018 | | 4 | 30 | 2018 | 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> | | | FOR OFFICE USE ONLY 2018 MAY - 2 A 11:00 CITY COMMISSIONERS DOCUMENTS UNIT |
| MO. | | DAY | YEAR | To | MO. | DAY | YEAR | | | | | | | | | | | | |
| 3 | | 27 | 2018 | | 4 | 30 | 2018 | | | | | | | | | | | | |
| 2nd Friday Pre-Primary 2. <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | |
| 30 Day Post-Primary 3. | | | | | | | | | | | | | | | | | | | |
| 6th Tuesday Pre-Election 4. | | | | | | | | | | | | | | | | | | | |
| 2nd Friday Pre-Election 5. | | | | | | | | | | | | | | | | | | | |
| 30 Day Post-Election 6. | | | | | | | | | | | | | | | | | | | |
| Annual Report 7. | | | | | | | | | | | | | | | | | | | |
| Amendment Report? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Termination Report? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | |

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

| | | |
|---|-------|---|
| COMMONWEALTH OF PENNSYLVANIA NOTARY SEAL ANIBELKA SIMENEZ My Commission Expires Dec 16, 2018 MO. DAY YEAR | 20 18 | Signature of Person Submitting Report Angel Cruz Printed Name 215 Area Code 291-5643 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

| | | |
|--|----------|---|
| day of _____ 20 _____ Signature My commission expires MO. DAY YEAR | 20 _____ | Signature of Candidate Printed Name Area Code Daytime Telephone Number |
|--|----------|---|