

Commonwealth of Pennsylvania  
**Campaign Finance Report**

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

<b>Filer Identification Number:</b>	1776132	<b>Report Filed By:</b>	CANDIDATE 1.	COMMITTEE 2.	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						
<b>TYPE OF REPORT</b>	6th Tuesday Pre-Primary	1.	2nd Friday Pre-Primary	2.	30 Day Post-Primary	3.	Amendment Report?	YES	NO	X
	6th Tuesday Pre-Election	4. X	2nd Friday Pre-Election	5.	30 Day Post-Election	6.	Termination Report?	YES	NO	X
	Annual Report	7.	YEAR	2018						

<b>Name of Office Sought by Candidate:</b>	<b>DATE OF ELECTION</b>	<b>District Number:</b>	<b>Office Code:</b>	<b>Party Code:</b>	<b>County Code:</b>
Representative in the General Assembly	MO: 11 DAY: 6 YEAR: 2018	180	STH	DEM	51

<b>Summary of Receipts and Expenditures from:</b>	MO: 6 DAY: 5 YEAR: 2018	To	MO: 9 DAY: 17 YEAR: 2018	<b>FOR OFFICE USE ONLY</b>
	A. Amount Brought Forward From Last Report			
B. Total Monetary Contributions and Receipts (From Schedule I)			\$ 1,500.00	
C. Total Funds Available (Sum of Lines A and B)			\$ 3,053.26	
D. Total Expenditures (From Schedule III)			\$ 1,500.00	
E. Ending Cash Balance (Subtract Line D from Line C)			\$ 1,553.26	
F. Value of In-Kind Contributions Received (From Schedule II)			\$ 0	
G. Unpaid Debts and Obligations (From Schedule IV)			\$ 0	

**AFFIDAVIT SECTION**

**PART I -** If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

19th day of September 2018  
 Signature: *[Signature]*  
 NOTARIAL SEAL  
 ANIBELKA JIMENEZ  
 Notary Public  
 CITY OF PHILADELPHIA, PHILADELPHIA CNTY  
 My Commission Expires Dec 16, 2018  
 MO: DAY: YEAR

Signature of Person Submitting Report  
*[Signature]*  
 Joseph H. Evangelista  
 Printed Name  
 215 Area Code  
 360-1524 Daytime Telephone Number

**PART II -** This is a report of a Candidate's Authorized Committee, candidate shall 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

19th day of September 2018  
 Signature: *[Signature]*  
 NOTARIAL SEAL  
 ANIBELKA JIMENEZ  
 Notary Public  
 CITY OF PHILADELPHIA, PHILADELPHIA CNTY  
 My Commission Expires Dec 16, 2018  
 MO: DAY: YEAR

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

SCHEDULE I  
**Contributions And Receipts**

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
Re-Elect Angel Cruz for the 180th	From <u>06/05/2018</u> To <u>09/17/2018</u>

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ 0

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ 0
All Other Contributions (Part B)	\$ 0
TOTAL for the Reporting Period (2)	\$ 0

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ 0
All Other Contributions (Part D)	\$ 1,500.00
TOTAL for the Reporting Period (3)	\$ 1,500.00

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period (4)	\$ 0

<b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$ 1,500.00
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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 Committee or Candidate Re-Elect Angel Cruzfor the 180th			Reporting Period From <u>06/05/2018</u> To <u>09/17/2018</u>		
Full Name of Contributing Committee			MO. DAY YEAR		
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributing Committee			MO. DAY YEAR		
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributing Committee			MO. DAY YEAR		
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributing Committee			MO. DAY YEAR		
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributing Committee			MO. DAY YEAR		
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributing Committee			MO. DAY YEAR		
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributing Committee			MO. DAY YEAR		
Mailing Address					
City		State	Zip Code (Plus 4)		
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.					<b>Part A Total</b>

Part B

# 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 Filing Committee or Candidate Re-Elect Angel Cruz for the 180th			Reporting Period From <u>06/05/2018</u> To <u>09/17/2018</u>		
Full Name of Contributor			MO DAY YEAR		
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributor			MO DAY YEAR		
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributor			MO DAY YEAR		
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributor			MO DAY YEAR		
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributor			MO DAY YEAR		
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributor			MO DAY YEAR		
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributor			MO DAY YEAR		
Mailing Address					
City		State	Zip Code (Plus 4)		
Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.					<b>Part B Total</b>

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 over \$250.00 in the reporting period.

Name of Filing Committee or Candidate Re-Elect Angel Cruzfor the 180th			Reporting Period From <u>06/05/2018</u> To <u>09/17/2018</u>		
Full Name of Contributing Committee			MO. DAY YEAR		
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributing Committee			MO. DAY YEAR		
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributing Committee			MO. DAY YEAR		
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributing Committee			MO. DAY YEAR		
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributing Committee			MO. DAY YEAR		
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributing Committee			MO. DAY YEAR		
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributing Committee			MO. DAY YEAR		
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributing Committee			MO. DAY YEAR		
Mailing Address					
City		State	Zip Code (Plus 4)		
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.					Part C Total

## Part D

**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 Re-Elect Angel Cruz for the 180th			Reporting Period From <u>06/05/2018</u> To <u>09/17/2018</u>			
Full Name of Contributor Carol Evangelista			MO. 8	DAY 14	YEAR 2018	\$ 1,500.00
Mailing Address 133 E Westmoreland St						
City Phila		State PA	Zip Code (Plus 4) 19134			
Employer Name			Occupation			
Employer Mailing Address/Principal Place of Business						

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

Part D Total	
\$	1,500.00

## 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 Candidate Re-Elect Angel Cruzfor the 180th			Reporting Period From <u>06/05/2018</u> To <u>09/17/2018</u>		
Full Name			MO. DAY YEAR		
Mailing Address					
City		State	Zip Code (Plus 4)		
Receipt Description					
Full Name			MO. DAY YEAR		
Mailing Address					
City		State	Zip Code (Plus 4)		
Receipt Description					
Full Name			MO. DAY YEAR		
Mailing Address					
City		State	Zip Code (Plus 4)		
Receipt Description					
Full Name			MO. DAY YEAR		
Mailing Address					
City		State	Zip Code (Plus 4)		
Receipt Description					
Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.					<b>Part E Total</b>

## 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	
Re-Elect Angel Cruz for the 180th		From <u>06/05/2018</u> To <u>09/17/2018</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period (1)		\$	0
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period (2)		\$	0
<b>3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250 (FROM PART G)</b>			
TOTAL for the Reporting Period (3)		\$	0
<b>TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD</b> (Add and enter amount totals from Boxes 1, 2 and 3; also enter this amount on Page 1, Report Cover Page, Item F.)		\$	0



**SCHEDULE II**  
**Part F**  
**In-kind Contributions Received**

**VALUE OF \$50.01 TO \$250.00**

Name of Filing Committee or Candidate Re-Elect Angel Cruzfor the 180th			Reporting Period From <u>06/05/2018</u> To <u>09/17/2018</u>		
Full Name of Contributor			MO. DAY YEAR		
Mailing Address					
City		State	Zip Code (Plus 4)		
Description of Contribution					
Full Name of Contributor			MO. DAY YEAR		
Mailing Address					
City		State	Zip Code (Plus 4)		
Description of Contribution					
Full Name of Contributor			MO. DAY YEAR		
Mailing Address					
City		State	Zip Code (Plus 4)		
Description of Contribution					
Full Name of Contributor			MO. DAY YEAR		
Mailing Address					
City		State	Zip Code (Plus 4)		
Description of Contribution					
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.					<b>Part F Total</b>

**SCHEDULE II  
Part G**

# In-kind Contributions Received

**VALUE OVER \$250.00**

Name of Filing Committee or Candidate Re-Elect Angel Cruzfor the 180th			Reporting Period From <u>06/05/2018</u> To <u>09/17/2018</u>	
Full Name of Contributor			MO. DAY YEAR	
Mailing Address				
City	State	Zip Code (Plus 4)		
Employer of Contributor			Occupation	
Employer Mailing Address/Principal Place of Business			Description of Contribution	
Full Name of Contributor			MO. DAY YEAR	
Mailing Address				
City	State	Zip Code (Plus 4)		
Employer of Contributor			Occupation	
Employer Mailing Address/Principal Place of Business			Description of Contribution	
Full Name of Contributor			MO. DAY YEAR	
Mailing Address				
City	State	Zip Code (Plus 4)		
Employer of Contributor			Occupation	
Employer Mailing Address/Principal Place of Business			Description of Contribution	
Full Name of Contributor			MO. DAY YEAR	
Mailing Address				
City	State	Zip Code (Plus 4)		
Employer of Contributor			Occupation	
Employer Mailing Address/Principal Place of Business			Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.				<b>Part G Total</b>

SCHEDULE III  
**Statement Of Expenditures**

Name of Filing Committee or Candidate Re-Elect Angel Cruzfor the 180th			Reporting Period From <u>06/05/2018</u> To <u>09/17/2018</u>	
To Whom Paid Carol Evangelista			MO 8	DAY 27
Mailing Address 133 E Westmoreland St			YEAR 2018	
City Phila	State PA	Zip Code (Plus 4) 19134		
Description of Expenditure Re-Pay Loan				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.				<b>Schedule III Total</b>
				\$ 1,500.00

SCHEDULE IV

# Statement Of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Name of Filing Committee or Candidate Re-Elect Angel Cruzfor the 180th				Reporting Period From 06/05/2018 To 09/17/2018			
Name of Creditor					Outstanding Balance of Debt		
Mailing Address				Date Debt Incurred	MO.	DAY	YEAR
City		State	Zip Code (Plus 4)				
Description of Debt							
Name of Creditor					Outstanding Balance of Debt		
Mailing Address				Date Debt Incurred	MO.	DAY	YEAR
City		State	Zip Code (Plus 4)				
Description of Debt							
Name of Creditor					Outstanding Balance of Debt		
Mailing Address				Date Debt Incurred	MO.	DAY	YEAR
City		State	Zip Code (Plus 4)				
Description of Debt							
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							Schedule IV Total

# 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: <b>1776130</b>	Report Filed On Behalf of	CANDIDATE 1. <input checked="" type="checkbox"/>	COMMITTEE 2. <input type="checkbox"/>	LOBBYIST 3. <input type="checkbox"/>
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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:	District No.	Party	DATE OF ELECTION		
				MO.	DAY	YEAR
<input type="checkbox"/> 1. 6th Tuesday Pre-Primary	<b>Representative in the General Assembly</b>	<b>180</b>	<b>DEM</b>	<b>11</b>	<b>6</b>	<b>2018</b>

Dates Of Reporting Period	MO.	DAY	YEAR	To	MO.	DAY	YEAR
	<b>6</b>	<b>5</b>	<b>2018</b>		<b>9</b>	<b>17</b>	<b>2018</b>

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 SEP 20 09 14 PM 14
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Amendment Report?	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>
Finalization 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 Candidate'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 19th day of September 2018

*Angel Cruz*  
 Signature of Person Submitting Report  
Angel Cruz  
 Printed Name

*[Notary Seal]*  
 My commission expires 18 MO. 18 DAY, 2018 YEAR

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 of Candidate

\_\_\_\_\_  
 Printed Name

My commission expires \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_ Area Code \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_