

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.)

Filer Identification Number: 9800260	Report Filed By: <b>CANDIDATE</b>	1.	<b>COMMITTEE</b>	2.	X	<b>LOBBYIST</b>	3.		
Name of Filing Committee, Candidate or Lobbyist: 7th Ward Friends of Angel Cruz									
Street Address: 133 E Westmoreland St									
City: Philadelphia				State: PA		Zip Code: 19134			
TYPE OF REPORT	1st Tuesday Pre-Primary	1.	2nd Friday Pre-Primary	2.	3rd Day Post-Primary	3.	Amendment Report? YES NO X		
	6th Tuesday Pre-Election	4. X	2nd Friday Pre-Election	5.	3rd Day Post-Election	6.	Verification Report? YES NO X		
	Annual Report	7.	YEAR 2018						
Name of Office Sought by Candidate:				DATE OF ELECTION MO. DAY YEAR 11 6 2018		District Number: 180	Office Code: DEM	Party Code: DEM	County Code: 51

Summary of Receipts and Expenditures from:	MO. DAY YEAR	To	MO. DAY YEAR	FOR OFFICE USE ONLY
	6 5 2018		9 17 2018	
A. Amount Brought Forward From Last Report	\$ 1,740.20			<p style="writing-mode: vertical-rl; transform: rotate(180deg);">2018 SEP 20 11:04 AM</p>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 0			
C. Total Funds Available (Sum of Lines A and B)	\$ 1,740.20			
D. Total Expenditures (From Schedule III)	\$ 151.84			
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 1,588.36			
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

*Shibbula Jimenez*  
 Notary Public  
 My commission expires Dec 18, 2018

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

PART II - If 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 \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
 Signature

My commission expires \_\_\_\_\_ MO. DAY YEAR

\_\_\_\_\_  
 Signature of Candidate  
 Printed Name  
 Area Code Daytime Telephone Number

Based on DSEB-502 (7-99)

SCHEDULE I  
**Contributions And Receipts**

Detailed Summary Page

Name of Filing Committee or Candidate 7th Ward Friends of Angel Cruz	Reporting Period From <u>06/05/2018</u> To <u>09/17/2018</u>
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<b>1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the Reporting Period (1)	\$ 0

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

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

<b>4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)</b>	
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.)	\$ 0
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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 7th Ward Friends of Angel Cruz			Reporting Period From 06/05/2018 To 09/17/2018		
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.

Part B Total

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 7th Ward Friends of Angel Cruz			Reporting Period From 06/05/2018 To 09/17/2018		
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 7th Ward Friends of Angel Cruz			Reporting Period From 06/05/2018 To 09/17/2018		
Full Name of Contributor					
Mailing Address					
City		State	Zip Code (Plus 4)		
Employer Name			Occupation		
Employer Mailing Address/Principal Place of Business					
Full Name of Contributor					
Mailing Address					
City		State	Zip Code (Plus 4)		
Employer Name			Occupation		
Employer Mailing Address/Principal Place of Business					
Full Name of Contributor					
Mailing Address					
City		State	Zip Code (Plus 4)		
Employer Name			Occupation		
Employer Mailing Address/Principal Place of Business					

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

<b>Part D Total</b>
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## 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 7th Ward Friends of Angel Cruz			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					
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 7th Ward Friends of Angel Cruz	Reporting Period From <u>06/05/2018</u> To <u>09/17/2018</u>
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<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
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**SCHEDULE II**  
**Part F**  
**In-kind Contributions Received**

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

Name of Filing Committee or Candidate 7th Ward Friends of Angel Cruz			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					
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 7th Ward Friends of Angel Cruz			Reporting Period From 06/05/2018 To 09/17/2018		
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.					Part G Total

SCHEDULE III  
**Statement Of Expenditures**

Name of Filing Committee or Candidate 7th Ward Friends of Angel Cruz			Reporting Period From <u>06/05/2018</u> To <u>09/17/2018</u>			
To Whom Paid Four Seasons Fresh Grille			MO.	DAY	YEAR	\$ 151.84
			6	6	2018	
Mailing Address 3503 "B" St						
City Phila	State PA	Zip Code (Plus 4) 19134				
Description of Expenditure Foor						
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					<b>Schedule III Total</b> \$ 151.84	

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 7th Ward Friends of Angel Cruz				Reporting Period From 06/05/2018 To 09/17/2018		
Name of Creditor					Outstanding Balance of Debt	
Mailing Address				Date Debt Incurred		
City		State	Zip Code (Plus 4)			
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
Mailing Address				Date Debt Incurred		
City		State	Zip Code (Plus 4)			
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
Mailing Address				Date Debt Incurred		
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