

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: 9800260	Report Filed On Behalf of	<input type="checkbox"/> CANDIDATE 1.	<input type="checkbox"/> COMMITTEE 2.	<input checked="" type="checkbox"/> LOBBYIST 3.
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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 (Check One)	Name of Office Sought by Candidate:	District No.	Party	DATE OF ELECTION		
				MO.	DAY	YEAR
<input type="checkbox"/> 6th Tuesday Pre-Primary		180	DEM	0	0	0

Dates Of Reporting Period	MO.	DAY	YEAR	To	MO.	DAY	YEAR
	11	28	2018		12	31	2018

Cash Balance At End Of Reporting Period: \$ <u>1,623.34</u>	<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> <p style="font-size: 1.2em; margin: 0;">RECEIVED</p> <p style="margin: 0;">JAN 23 2019</p> <p style="margin: 0;">PHILA CITY COMMISSIONERS</p> </div>
Total Amount of Filer's Outstanding Debts or Liabilities At End Of Reporting Period: \$ <u>0</u>	

<input type="checkbox"/> Amendment Report	YES		NO	X
<input checked="" type="checkbox"/> Annual Report	YES		NO	X

AFFIDAVIT SECTION

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 23 day of January, 2019

Signature: Marla J. Marko Signature of Person Submitting Report: Joseph H Evangelista

My commission expires 4/19/2022 YEAR

Area Code: 215 Daytime Telephone Number: 360-1524

Notary Seal: **MARLA J. MARKO, Notary Public Philadelphia County**

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. 1933, No 320) as amended.

Sworn to and subscribed before me this _____ day of _____, 20____

Signature: _____ Signature of Candidate: _____

Printed Name: _____

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