

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:	1776693	Report Filed By:	CANDIDATE ^{1.}	COMMITTEE ^{2.} <input checked="" type="checkbox"/>	LOBBYIST ^{3.}
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Name of Filing Committee, Candidate or Lobbyist:
Angel Cruz for City Council

Street Address:
133 E Westmoreland St

City: Philadelphia State: PA Zip Code: 19134

TYPE OF REPORT	6th Tuesday Pre-Primary	1. <input checked="" type="checkbox"/>	2nd Friday Pre-Primary	2.	30 Day Post Primary	3.	Amendment Report?	Yes	No	<input checked="" type="checkbox"/>
	6th Tuesday Pre-Election	4.	2nd Friday Pre-Election	5.	30 Day Post Election	6.	Termination Report?	Yes	No	<input checked="" type="checkbox"/>
Other	Annual Report	7.	YEAR	2019						

Name of Office Sought by Candidate: City Council	DATE OF ELECTION			District Number: 7	Office Code: PH4	Party Code: DEM	County Code:
	MO.	DAY	YEAR				
	5	21	2019				

Summary of Receipts and Expenditures from:	MO.	DAY	YEAR	To	MO.	DAY	YEAR
		1	1		2019		4
A. Amount Brought Forward From Last Report					\$0.00		
B. Total Monetary Contributions and Receipts (From Schedule I)					\$12,450.00		
C. Total Funds Available (Sum of Lines A and B)					\$12,450.00		
D. Total Expenditures (From Schedule III)					\$5,001.32		
E. Ending Cash Balance (Subtract Line D from Line C)					\$7,448.68		
F. Value of In-Kind Contributions Received (From Schedule II)					\$2,000.00		
G. Unpaid Debts and Obligations (From Schedule IV)					\$0.00		

FOR OFFICE USE ONLY

2019 APR - 4 P 10: 05

CITY CLERK'S OFFICE DOCUMENTS UNIT

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

2 day of APRIL 20 19	Notarial Seal MAISOUN MAY KTAISHAT - Notary Public BUCK TWP, BUCKS COUNTY My Commission Expires Oct 14, 2021	Signature of Person Submitting Report <i>Joseph H Evangelista</i>
<i>Joseph H Evangelista</i> Signature	My Commission expires October 14, 2021 MO. DAY YEAR	Printed Name Joseph H Evangelista
	Area Code 215	Daytime Telephone Number 360-1524

AFFIDAVIT SECTION

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

2 day of APRIL 20 19	Notarial Seal MAISOUN MAY KTAISHAT - Notary Public BUCK TWP, BUCKS COUNTY My Commission Expires Oct 14, 2021	Signature of Person Submitting Report <i>Angel L Cruz</i>
<i>Angel L Cruz</i> Signature	My Commission expires October 14, 2021 MO. DAY YEAR	Printed Name Angel L. Cruz
	Area Code 215	Daytime Telephone Number 291-5643

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:	1776696	Report Filed By:	CANDIDATE	1. <input checked="" type="checkbox"/>	COMMITTEE	2. <input type="checkbox"/>	LOBBYIST	3. <input type="checkbox"/>	
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	6th Tuesday Pre-Primary	1. <input checked="" type="checkbox"/>	2nd Friday Pre-Primary	2. <input type="checkbox"/>	30 Day Post Primary	3. <input type="checkbox"/>	Amendment Report?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
	6th Tuesday Pre-Election	4. <input type="checkbox"/>	2nd Friday Pre-Election	5. <input type="checkbox"/>	30 Day Post Election	6. <input type="checkbox"/>	Termination Report?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Other	Annual Report	7. <input type="checkbox"/>	YEAR	2019					
Name of Office Sought by Candidate: City Council			DATE OF ELECTION			District Number: 7	Office Code: PH4	Party Code: DEM	County Code:
			MO.	DAY	YEAR				
			5	21	2019				
Dates of Reporting Period	MO.	DAY	YEAR	To	MO.	DAY	YEAR		
	1	1	2019		4	1	2019		
Cash Balance at End of Reporting Period:						\$0.00			
Total Amount of Filer's Outstanding Debts or Liabilities at End of Reporting Period:						\$0.00			
FOR OFFICE USE ONLY									
2019 APR - 4 P 10-11 DOCUMENTS UNIT									

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

_____ day of <u>April</u> 20 <u>19</u> _____ Signature My Commission expires _____ MO. DAY YEAR	_____ Notarial Seal MARISSOUN MAY KTAISHAT - Notary Public BUCK TWP, BUCKS COUNTY My Commission Expires Oct 14, 2021	_____ Signature of Person Submitting Report <u>Angel L Cruz</u> _____ Printed Name _____ Area Code _____ Daytime Telephone Number
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AFFIDAVIT SECTION

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	_____ Signature of Person Submitting Report _____ Printed Name _____ Area Code _____ Daytime Telephone Number
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