

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.	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	5th Tuesday Pre-Primary	1.	2nd Friday Pre-Primary	2.	30 Day Post Primary	3.	Amendment Report?	Yes	No	X
	6th Tuesday Pre-Election	4.	2nd Friday Pre-Election	5.	30 Day Post Election	6.	Termination Report?	Yes	No	X
Other	Annual Report	7.	YEAR	2020						
Name of Office Sought by Candidate: Representative				DATE OF ELECTION			District Number:	Office Code:	Party Code:	County Code:
				MO.	DAY	YEAR	7	STH	DEM	51
Dates of Reporting Period				MO.	DAY	YEAR	To	MO.	DAY	YEAR
				6	23	2020		9	14	2020
Cash Balance at End of Reporting Period: ≈0.00							FOR OFFICE USE ONLY			
Total Amount of Filer's Outstanding Debts or Liabilities at End of Reporting Period: ≈0.00										

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 _____ 20 _____

Signature

My Commission expires _____
MO. DAY YEAR

Angel Cruz

Signature of Person Submitting Report

Angel Cruz

Printed Name

215 291-5643

Area Code Daytime Telephone Number

AFFIDAVIT SECTION

PART II

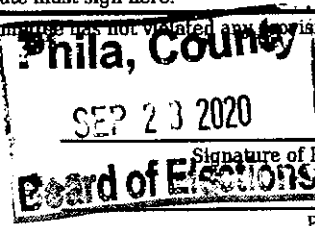
If statement is filed on behalf of Candidate's Authorized Committee, the Candidate must sign here.

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



Angel Cruz

Signature of Person Submitting Report

Printed Name

Area Code Daytime Telephone Number