

# 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>	9800260	<b>Report Filed By:</b>	CANDIDATE	1.	COMMITTEE	2.	X	LOBBYIST	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
-----------------------	--------------	--------------------

<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.	2nd Friday Pre-Election	5.	30 Day Post Election	6. X	Termination Report?	YES	NO	X
	Annual Report	7.	YEAR		2016					

Name of Office Sought by Candidate:	<b>DATE OF ELECTION</b>			District Number:	Office Code:	Party Code:	County Code:
	MO.	DAY	YEAR	180		DEM	51

<b>Summary of Receipts and Expenditures from:</b>	MO.	DAY	YEAR	To	MO.	DAY	YEAR	<b>FOR OFFICE USE ONLY</b>
A. Amount Brought Forward From Last Report								\$ 2,600.33
B. Total Monetary Contributions and Receipts (From Schedule I)								\$ 5,650.00
C. Total Funds Available (Sum of Lines A and B)								\$ 8,250.33
D. Total Expenditures (From Schedule III)								\$ 6,111.81
E. Ending Cash Balance (Subtract Line D from Line C)								\$ 2,138.52
F. Value of In-Kind Contributions Received (From Schedule II)								\$ -
G. Unpaid Debts and Obligations (From Schedule IV)								\$ 200.00

**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

_____ day of _____ 20____	}	_____
Signature		Signature of Person Submitting Report
My commission expires _____		Printed Name
MO. DAY YEAR		Area Code _____ Daytime Telephone Number _____

**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		Signature of Candidate
My commission expires _____		Printed Name
MO. DAY YEAR		Area Code _____ Daytime Telephone Number _____

SCHEDULE I  
**Contributions And Receipts**

Detailed Summary Page

Name of Filing Committee or Candidate 7th Ward Friends of Angel Cruz	Reporting Period From _____ To _____
---	---

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

<b>2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)</b>	
Contributions Received from Political Committees (Part A)	\$ -
All Other Contributions (Part B)	\$ 1,050.00
TOTAL for the Reporting Period (2)	\$ 1,050.00

<b>3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)</b>	
Contributions Received from Political Committees (Part C)	\$ 4,600.00
All Other Contributions (Part D)	\$ -
TOTAL for the Reporting Period (3)	\$ 4,600.00

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

<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.)	\$ 5,650.00
--	-------------

## 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			Reporting Period			
7th Ward Friends of Angel Cruz			From _____ To _____			
Full Name of Contributor Lori Contreras			MO.	DAY	YEAR	\$ 150.00
			10	30	2016	
Mailing Address 115 w allegheny ave						
City phila	State PA	Zip Code (Plus 4)				
Full Name of Contributor Jose Giral			MO.	DAY	YEAR	\$ 150.00
			10	30	2016	
Mailing Address 1434 Bristol St						
City Phila	State PA	Zip Code (Plus 4) 19124				
Full Name of Contributor Joseph Evangelista			MO.	DAY	YEAR	\$ 150.00
			10	30	2016	
Mailing Address 133 E Westmoreland St						
City Phila	State PA	Zip Code (Plus 4) 19134				
Full Name of Contributor Kelli Symes			MO.	DAY	YEAR	\$ 150.00
			10	30	2016	
Mailing Address 2807 stevens st						
City phila	State PA	Zip Code (Plus 4) 19149				
Full Name of Contributor Jessica Crespo			MO.	DAY	YEAR	\$ 150.00
			10	30	2016	
Mailing Address 2429 N Mascher St						
City Phila	State PA	Zip Code (Plus 4) 19133				
Full Name of Contributor DAVID TARANTINO			MO.	DAY	YEAR	\$ 150.00
			10	30	2016	
Mailing Address 5833 GERMANTOWN AVE						
City PHILA	State PA	Zip Code (Plus 4)				
Full Name of Contributor Mike Vargas			MO.	DAY	YEAR	\$ 150.00
			10	30	2016	
Mailing Address 4300 Potter St						
City Phila	State PA	Zip Code (Plus 4) 19134				
Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.						<b>Part B Total</b>
						\$ 1,050.00

## 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 _____ To _____			
Full Name of Contributing Committee Democratic Campaign Committee of Philadelphia		MO. 11	DAY 4	YEAR 2016	\$ 4,600.00
Mailing Address 219 spring garden st					
City phila	State PA	Zip Code (Plus 4)			
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.				<b>Part C Total</b>	\$ 4,600.00

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 _____ To _____
---	---

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ -

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period (2)	\$ -

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250 (FROM PART G)	
TOTAL for the Reporting Period (3)	\$ -

<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 III

## Statement Of Expenditures

Name of Filing Committee or Candidate 7th Ward Friends of Angel Cruz			Reporting Period From _____ To _____			
To Whom Paid daniel claudio gonzalezs			MO. 11	DAY 8	YEAR 2016	\$ 100.00
Mailing Address 3230 n front at						
City phila	State PA	Zip Code (Plus 4)				
Description of Expenditure Worker						
To Whom Paid emilio f martinez			MO. 11	DAY 8	YEAR 2016	\$ 100.00
Mailing Address 2525 n 2nd st						
City phila	State PA	Zip Code (Plus 4)				
Description of Expenditure Worker						
To Whom Paid jesus pagan			MO. 11	DAY 8	YEAR 2016	\$ 100.00
Mailing Address 1607 n 6th st						
City phila	State PA	Zip Code (Plus 4) 19140				
Description of Expenditure Worker						
To Whom Paid Lisa Cruz			MO. 11	DAY 8	YEAR 2016	\$ 100.00
Mailing Address 128 N 10th St						
City Phila	State PA	Zip Code (Plus 4)				
Description of Expenditure Worker						
To Whom Paid Lenore Weinberg			MO. 11	DAY 8	YEAR 2016	\$ 100.00
Mailing Address 3230 Kip St						
City Phila	State PA	Zip Code (Plus 4) 19134				
Description of Expenditure Worker						
To Whom Paid Nelson Gomez			MO. 11	DAY 8	YEAR 2016	\$ 100.00
Mailing Address 3006 B St						
City Phila	State PA	Zip Code (Plus 4) 19134				
Description of Expenditure Worker						

## SCHEDULE III

## Statement Of Expenditures

Name of Filing Committee or Candidate 7th Ward Friends of Angel Cruz			Reporting Period From _____ To _____			
To Whom Paid Valerie Gomez			MO. 11	DAY 8	YEAR 2016	\$ 100.00
Mailing Address 3006 B St						
City Phila	State PA	Zip Code (Plus 4) 19134				
Description of Expenditure Worker						
To Whom Paid mark graham			MO. 11	DAY 8	YEAR 2016	\$ 100.00
Mailing Address 149 w lippincott st						
City phila	State PA	Zip Code (Plus 4) 19133				
Description of Expenditure Worker						
To Whom Paid Angel Rodriguez			MO. 11	DAY 8	YEAR 2016	\$ 100.00
Mailing Address 149W Lippencott St						
City Philadelphia	State PA	Zip Code (Plus 4) 19133				
Description of Expenditure Worker						
To Whom Paid Juanita Rodriguez			MO. 11	DAY 8	YEAR 2016	\$ 100.00
Mailing Address 146 W Wishart St						
City Philadelphia	State PA	Zip Code (Plus 4) 19134				
Description of Expenditure Worker						
To Whom Paid cindy smith			MO. 11	DAY 8	YEAR 2016	\$ 100.00
Mailing Address 439 e allegheny ave						
City phila	State PA	Zip Code (Plus 4) 19134				
Description of Expenditure Worker						
To Whom Paid esperanza perez			MO. 11	DAY 8	YEAR 2016	\$ 100.00
Mailing Address 431 e allegheny ave						
City phila	State PA	Zip Code (Plus 4) 19134				
Description of Expenditure Worker						

## SCHEDULE III

## Statement Of Expenditures

Name of Filing Committee or Candidate 7th Ward Friends of Angel Cruz		Reporting Period From _____ To _____			
To Whom Paid Jose A Ramos		MO. 11	DAY 8	YEAR 2016	\$ 100.00
Mailing Address 3607 N Lawrence St					
City Phila	State PA	Zip Code (Plus 4) 19140			
Description of Expenditure Worker					
To Whom Paid Noelia Vasquez		MO. 11	DAY 8	YEAR 2016	\$ 100.00
Mailing Address 3607 N Lawrence St					
City Phila	State PA	Zip Code (Plus 4) 19140			
Description of Expenditure Worker					
To Whom Paid Darlene Velazquez		MO. 11	DAY 8	YEAR 2016	\$ 100.00
Mailing Address 112 E Roosevelt Blvd					
City Phila	State PA	Zip Code (Plus 4)			
Description of Expenditure Worker					
To Whom Paid Nisel Griffin		MO. 11	DAY 8	YEAR 2016	\$ 100.00
Mailing Address 3028 D St					
City Phila	State PA	Zip Code (Plus 4) 19134			
Description of Expenditure Worker					
To Whom Paid nilsa rodriguez		MO. 11	DAY 8	YEAR 2016	\$ 100.00
Mailing Address 3028 D st					
City phila	State PA	Zip Code (Plus 4) 19134			
Description of Expenditure worker					
To Whom Paid Emilio Montes de Oca		MO. 11	DAY 8	YEAR 2016	\$ 100.00
Mailing Address 441 W Carey St					
City Phila	State PA	Zip Code (Plus 4) 19140			
Description of Expenditure worker					



## SCHEDULE III

## Statement Of Expenditures

Name of Filing Committee or Candidate 7th Ward Friends of Angel Cruz			Reporting Period From _____ To _____			
To Whom Paid angel ortiz			MO. 11	DAY 8	YEAR 2016	\$ 100.00
Mailing Address 2910 mutter st						
City phila	State PA	Zip Code (Plus 4) 19133				
Description of Expenditure worker						
To Whom Paid Debbie toro			MO. 11	DAY 8	YEAR 2016	\$ 100.00
Mailing Address 2910 Mutter St						
City Phila	State PA	Zip Code (Plus 4) 19133				
Description of Expenditure worker						
To Whom Paid fernando furner			MO. 11	DAY 8	YEAR 2016	\$ 100.00
Mailing Address 2021 Cst						
City phila	State PA	Zip Code (Plus 4) 19134				
Description of Expenditure worker						
To Whom Paid Carmelina Torres			MO. 11	DAY 8	YEAR 2016	\$ 100.00
Mailing Address 409 E Cambria St						
City Phila	State PA	Zip Code (Plus 4) 19134				
Description of Expenditure worker						
To Whom Paid Francisca Rivera			MO. 11	DAY 8	YEAR 2016	\$ 100.00
Mailing Address 3203 Rorer St						
City Phila	State PA	Zip Code (Plus 4) 19134				
Description of Expenditure worker						
To Whom Paid Dorca B Pena Portillo			MO. 11	DAY 8	YEAR 2016	\$ 100.00
Mailing Address 515 E Westmoreland St						
City Phila	State PA	Zip Code (Plus 4) 19134				
Description of Expenditure worker						

## SCHEDULE III

## Statement Of Expenditures

Name of Filing Committee or Candidate 7th Ward Friends of Angel Cruz			Reporting Period From _____ To _____			
To Whom Paid Angel Morales			MO. 11	DAY 8	YEAR 2016	\$ 100.00
Mailing Address 3365 N Mascher St						
City Phila	State PA	Zip Code (Plus 4) 19140				
Description of Expenditure worker						
To Whom Paid carmen j alecia			MO. 11	DAY 8	YEAR 2016	\$ 100.00
Mailing Address 3365 n mascher st						
City phila	State PA	Zip Code (Plus 4) 19134				
Description of Expenditure worker						
To Whom Paid Carlos Padro			MO. 11	DAY 8	YEAR 2016	\$ 100.00
Mailing Address 320 E William St						
City Phila	State PA	Zip Code (Plus 4) 19134				
Description of Expenditure worker						
To Whom Paid Charlie Guzman Jr			MO. 11	DAY 8	YEAR 2016	\$ 100.00
Mailing Address 123 E Tioga St						
City Phila	State PA	Zip Code (Plus 4) 19134				
Description of Expenditure worker						
To Whom Paid Larry Counts			MO. 11	DAY 8	YEAR 2016	\$ 100.00
Mailing Address 3440 N lee St						
City Phila	State PA	Zip Code (Plus 4) 19134				
Description of Expenditure worker						
To Whom Paid Margarita Santos			MO. 11	DAY 8	YEAR 2016	\$ 100.00
Mailing Address 3054 N Ella St						
City Phila	State PA	Zip Code (Plus 4) 19140				
Description of Expenditure worker						

## SCHEDULE III

## Statement Of Expenditures

Name of Filing Committee or Candidate 7th Ward Friends of Angel Cruz			Reporting Period From _____ To _____			
To Whom Paid Terry Bell			MO. 11	DAY 8	YEAR 2016	\$ 100.00
Mailing Address 3239 N Hope St A1						
City Phila	State PA	Zip Code (Plus 4) 19140				
Description of Expenditure worker						
To Whom Paid Karen Allen			MO. 11	DAY 8	YEAR 2016	\$ 100.00
Mailing Address 3240 N Hope St						
City Phila	State PA	Zip Code (Plus 4) 19140				
Description of Expenditure worker						
To Whom Paid Guillermo Garcia			MO. 11	DAY 8	YEAR 2016	\$ 100.00
Mailing Address 3001 N Swanson St						
City Phila	State PA	Zip Code (Plus 4) 19134				
Description of Expenditure worker						
To Whom Paid Taima DeJesus			MO. 11	DAY 8	YEAR 2016	\$ 100.00
Mailing Address 3517 N Ella St						
City Phila	State PA	Zip Code (Plus 4) 19134				
Description of Expenditure worker						
To Whom Paid Anna Marie Rosado			MO. 11	DAY 8	YEAR 2016	\$ 100.00
Mailing Address 3001 n Swanson St						
City Phila	State PA	Zip Code (Plus 4) 19134				
Description of Expenditure worker						
To Whom Paid Rosa Gomez			MO. 11	DAY 8	YEAR 2016	\$ 100.00
Mailing Address 233 E Westmoreland St						
City Phila	State PA	Zip Code (Plus 4) 19134				
Description of Expenditure worker						

## SCHEDULE III

## Statement Of Expenditures

Name of Filing Committee or Candidate 7th Ward Friends of Angel Cruz		Reporting Period From _____ To _____			
To Whom Paid Anastacia Rivera		MO. 11	DAY 8	YEAR 2016	\$ 100.00
Mailing Address 3440 Rosehill St					
City Phila	State PA	Zip Code (Plus 4) 19134			
Description of Expenditure worker					
To Whom Paid marilyn Rivera		MO. 11	DAY 8	YEAR 2016	\$ 100.00
Mailing Address 3226 Kip St					
City Phila	State PA	Zip Code (Plus 4) 19134			
Description of Expenditure worker					
To Whom Paid David Martinez		MO. 11	DAY 8	YEAR 2016	\$ 100.00
Mailing Address 3317 n lee st					
City phila	State PA	Zip Code (Plus 4) 19134			
Description of Expenditure worker					
To Whom Paid Zorida Ortiz		MO. 11	DAY 8	YEAR 2016	\$ 100.00
Mailing Address 2946 N Ella St					
City Philadelphia	State PA	Zip Code (Plus 4) 19134			
Description of Expenditure worker					
To Whom Paid Myriam Colon		MO. 11	DAY 8	YEAR 2016	\$ 200.00
Mailing Address 4016 N Reese St					
City Phila	State PA	Zip Code (Plus 4)			
Description of Expenditure worker					
To Whom Paid Norma Colon		MO. 11	DAY 8	YEAR 2016	\$ 100.00
Mailing Address 2927 Ella St					
City Phila	State PA	Zip Code (Plus 4)			
Description of Expenditure worker					

## SCHEDULE III

## Statement Of Expenditures

Name of Filing Committee or Candidate 7th Ward Friends of Angel Cruz			Reporting Period From _____ To _____			
To Whom Paid maranyely ramos			MO. 11	DAY 8	YEAR 2016	\$ 100.00
Mailing Address 3054 n ella st						
City phila	State PA	Zip Code (Plus 4) 19134				
Description of Expenditure worker						
To Whom Paid democratic campaign committee			MO. 10	DAY 29	YEAR 2016	\$ 1,050.00
Mailing Address 219 spring garden st						
City phila	State PA	Zip Code (Plus 4) 19123				
Description of Expenditure Cocktail Party Tickets						
To Whom Paid Jeaneanne Santos			MO. 11	DAY 8	YEAR 2016	\$ 100.00
Mailing Address 3415 Arbor St						
City Phila	State PA	Zip Code (Plus 4) 19134				
Description of Expenditure worker						
To Whom Paid Jinette Olmeda			MO. 11	DAY 8	YEAR 2016	\$ 100.00
Mailing Address 2415 Arbor St						
City Phila	State PA	Zip Code (Plus 4) 19134				
Description of Expenditure worker						
To Whom Paid ernesto rivera jr			MO. 11	DAY 8	YEAR 2016	\$ 100.00
Mailing Address 2842 n hancock st						
City phila	State PA	Zip Code (Plus 4) 19133				
Description of Expenditure worker						
To Whom Paid staples			MO. 11	DAY 8	YEAR 2016	\$ 11.81
Mailing Address roosevelt blvd at adams ave						
City phila	State PA	Zip Code (Plus 4) 19124				
Description of Expenditure Copies						

## SCHEDULE III

**Statement Of Expenditures**

Name of Filing Committee or Candidate 7th Ward Friends of Angel Cruz			Reporting Period From _____ To _____			
To Whom Paid Carol Evangelista			MO. 11	DAY 9	YEAR 2016	\$ 150.00
Mailing Address 133 E Westmoreland St						
City Phila	State PA	Zip Code (Plus 4) 19134				
Description of Expenditure receipts						
To Whom Paid elsa roig			MO. 11	DAY 8	YEAR 2016	\$ 200.00
Mailing Address 438 w cayuga st						
City phila	State PA	Zip Code (Plus 4) 19140				
Description of Expenditure worker						
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						<b>Schedule III Total</b> \$ 6,111.81

## 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 _____ To _____		
Name of Creditor Angel Cruz					Outstanding Balance of Debt \$ 200.00	
Mailing Address 302 E Tioga St			Date Debt Incurred	MO.	DAY	YEAR
City Phila				State PA	Zip Code (Plus 4) 19134	11
Description of Debt Loan						
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.						Schedule IV Total \$ 200.00