

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number 83-3083064	Report Filed By (Mark X) <input type="checkbox"/> Candidate <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Lobbyist
Name of Filing Committee, Candidate or Lobbyist Friends of Connie Cruz	
Street Address 4420 Dale Drive	
City Erie	State PA
Zip Code 16511	

Type of Report (Place x under report type)

1- 6th Tuesday Pre-Primary	2- 2nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6th Tuesday Pre-Election	5- 2nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY) 11/05/2019		Year 2020	Amendment Report		Termination Report			

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	01/01/2020	12/31/2020	
A. Amount Brought Forward From Last Report	\$	8.00	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	100.00	
C. Total Funds Available (Sum of Lines A and B)	\$	108.00	
D. Total Expenditures (From Schedule III)	\$	100.00	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	8.00	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	2935.84	

2021 JAN 14 AM 9:20
 ERIE COUNTY
 VOTER REGISTRATION

Affidavit Section
 Commonwealth of Pennsylvania - Notary Seal
 MICHELLE GONDA - Notary Public
 Erie County
 My Commission Expires May 26, 2023
 Commission Number 1290868

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, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 14 day of Jan 2020

Signature: Michelle Gonda

My Commission expires 5 26 23
MO. DAY YR.

Signature of Person Submitting report: Jose L. Cruz

Printed Name: Jose L. Cruz

Area Code: 814 Daytime Telephone Number: 323-2466

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 14 day of Jan 2020

Signature: Michelle Gonda

My Commission expires 5 26 23
MO. DAY YR.

Signature of Candidate: Connie Cruz

Printed Name: Connie L. Cruz

Area Code: 814 Daytime Telephone Number: 572-6169

Commonwealth of Pennsylvania - Notary Seal
 MICHELLE GONDA - Notary Public
 Erie County
 My Commission Expires May 26, 2023
 Commission Number 1290868

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number	Friends of Connie Cruz	
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period	(1)	\$ 0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)		\$ 0
All Other Contributions (Part B)		\$ 100.00
Total for the reporting period	(2)	\$ 100.00
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)		\$ 0
All Other Contributions (Part D)		\$ 0
Total for the reporting period	(3)	\$ 0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period	(4)	\$ 100.00
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$ 100.00

PART B
All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	Friends of Connie Cruz
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Full Name of Contributor		Connie Cruz		Date [MM/DD/YYYY]	\$	100.00	
				05/01/2020			
House #	4420	Street Address	Dale Drive	Date [MM/DD/YYYY]	\$		
City	Erie	State	PA	Zip Code	16511	Date [MM/DD/YYYY]	\$
Full Name of Contributor				Date [MM/DD/YYYY]	\$		
House #		Street Address		Date [MM/DD/YYYY]	\$		
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor				Date [MM/DD/YYYY]	\$		
House #		Street Address		Date [MM/DD/YYYY]	\$		
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor				Date [MM/DD/YYYY]	\$		
House #		Street Address		Date [MM/DD/YYYY]	\$		
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor				Date [MM/DD/YYYY]	\$		
House #		Street Address		Date [MM/DD/YYYY]	\$		
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor				Date [MM/DD/YYYY]	\$		
House #		Street Address		Date [MM/DD/YYYY]	\$		
City		State		Zip Code		Date [MM/DD/YYYY]	\$

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	Friends of Connie Cruz
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To Whom Paid		McCarty Printing			Date [MM/DD/YYYY]	\$	100.00
					05/01/2020		
House #	246	Street Address	East 7th Street		Description of Expenditure		
City	Erie	State	PA	Zip Code	16503 Paid towards balance owed		
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			