

**CAMPAIGN FINANCE REPORT  
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment:     Yes             No

Instructions for completing schedules are on the back of each schedule.

**COMMITTEE IDENTIFICATION**

Name of Committee  
*Friends of Sylvia Ortiz-Velez*

Street Address  
*517 W Madison Street*

City, State and Zip Code  
*Milwaukee, WI 53204*

OFFICE USE ONLY

Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form.   

**NAME OF REPORT**

- January Continuing       Pre-Primary
- July Continuing *2019*       Spring       Fall       Special
- September Continuing       Pre-Election
- Termination Report  
*also complete Schedule 4*

**SUMMARY OF RECEIPTS AND  
DISBURSEMENTS**

	Column A This Period	Column B Calendar Year-To-Date
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**1. RECEIPTS**

1A. Contributions (Including Loans) from Individuals	\$ <i>2055</i>	\$ <i>2055</i>
1B. Contributions from Committees (Transfers-In)	\$	\$
1C. Other Income and Commercial Loans	\$	\$
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ <i>2055</i>	\$ <i>2055</i>

**2. DISBURSEMENTS**

2A. Gross Expenditures	\$ <i>1151.29</i>	\$ <i>1151.29</i>
2B. Contributions to Committees (Transfers-Out)	\$	\$
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ <i>1151.29</i>	\$ <i>1151.29</i>

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ <i>0</i>
Total Receipts	\$ <i>2055</i>
Subtotal	\$ <i>2055</i>
Total Disbursements	\$ <i>1151.29</i>
<b>CASH BALANCE END OF REPORT</b>	\$ <i>903.71</i>
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$ <i>0</i>
<b>LOANS</b> (Balance at the Close of This Period-3B)	\$ <i>1063.06</i>

MDEC REOP-190910 PM 0109 *[Signature]*

*I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.*

Type or Print Name of Candidate or Treasurer <i>Sylvia Velez</i>	Signature of Candidate or Treasurer <i>Sylvia Velez</i>	Date: <i>9/10/19</i>
	Email <i>Sylvia Velez</i>	Daytime Phone: <i>414-610-8181</i>

**NOTE:** The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.1400, 11.1401, Wis. Stats.

**Contributions (Including Loans) From Individuals**

Complete Committee Name  
**Friends of Suliza - Ortiz - Velez**

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
1/23/19	Steven P Shea 3646 W Armour	Milwaukee County Supervisor Teacher at Mate	25	25
	Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			
1/23/19	Victor Huyke 4531 W Foresthome Milw, WI 53220	Owner of El Conquistador	50	50
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			
1/23/19	Carmen Cabrera 1220 W Scott Milw, WI 53204	Employee of Centro Hispano	50	50
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			
1/23/19	Hector Colon 4226 W Willowway Milw, WI 53221	President of Lutheran Social Services of Wisconsin.	100	100
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			
1/23/19	Anthony Zielinski 2463 S Superior Milw, WI 53207	City of Milwaukee Alderman	300	300
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			
1/23/19	Valdemar Escobar 1407 S. 1st St Milw, WI 53204	Restaurant Owner	300	300
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			
1/21/19	Oralia Ortiz 2223 S 9th West Allis, WI 53219	Retired	30	30
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Conduit - Ethics ID#			

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 855 ✓

TOTAL ITEMIZED CONTRIBUTIONS

\$

TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$

**Contributions (Including Loans) From Individuals**

Complete Committee Name  
**Friends of Sylvia Ortiz-Velez**

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
2/20/19	Luz Sosa 3071 S. Howell Apt 3 Milw, WI 53207  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____	MATC Teacher	100	100
2/20/19	Raisa Koltun 815 E Pleasant Milw, WI  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____	Employee of Milwaukee County	100	100
4/5/19	Chris Abele 1141 N. Old World 3rd St # 2901 Milw, WI 53203  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____	Milwaukee County Executive	1,000	1,000
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE \$ 1200

TOTAL ITEMIZED CONTRIBUTIONS \$

TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS \$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS \$ 2055

**SCHEDULE 2-A**

**DISBURSEMENTS**  
Gross Expenditures

Complete Committee Name

Friends of Sylvia Ortiz-Velez

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
1/24/19	Snifters 606 S 5th Street Milw, WI 53204 Check if: <input type="checkbox"/> In-Kind Offset	Fundraiser expense	250
1/26/19	Weber Printing 3048 N 34th Mil, WI 53210 Check if: <input type="checkbox"/> In-Kind Offset	Printed Materials ? Admin fee \$100 added	279.84
1/30/19	Square Squareup.com Check if: <input type="checkbox"/> In-Kind Offset	Scan device	10.56
2/1/19	Sylvia Velez 517 W Madison Avenue Milw, WI 53204 Check if: <input type="checkbox"/> In-Kind Offset	Outstanding Loan Payback	\$280
2/26/19	Act Blue <a href="https://secure.actble.com">https://secure.actble.com</a> Check if: <input type="checkbox"/> In-Kind Offset	Expense for online collection	2.95
2/26/19	Act Blue Check if: <input type="checkbox"/> In-Kind Offset	Expense for online collection	2.95
1/31/19	Bank Fee 2159 S Miller Summit Parkway West Milwaukee, WI 53219 Check if: <input type="checkbox"/> In-Kind Offset	Monthly fee	5
2/13/19	United Postal Service 1416 S. 14th Street Milw, WI 53204 Check if: <input type="checkbox"/> In-Kind Offset	Postage	5.50

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 836.8
TOTAL ITEMIZED EXPENDITURES	\$
TOTAL UNITEMIZED EXPENDITURES	\$
TOTAL EXPENDITURES	\$

**SCHEDULE 2-A**

**DISBURSEMENTS**  
Gross Expenditures

Complete Committee Name  
Friends of Sylvia Ortiz-Velez

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
4/5/19	Act Blue  Check if: <input type="checkbox"/> In-Kind Offset	Expense	39.50
2/28/19	Monthly Bank fee Summit Credit Union  Check if: <input type="checkbox"/> In-Kind Offset	Service Fee	5
3/31/19	Monthly Bank fee Summit Credit  Check if: <input type="checkbox"/> In-Kind Offset	Service Fee	5
4/29/19	Sylvia Velez 517 W Madison Milw, WI 53204  Check if: <input type="checkbox"/> In-Kind Offset	Out Studio Loan pay back	49.99
4/30/19	Monthly Bank fee Summit  Check if: <input type="checkbox"/> In-Kind Offset	monthly fee	5
5/30/19	Monthly Bank fee  Check if: <input type="checkbox"/> In-Kind Offset	Monthly Fee	5
6/21	Dyango Zerpa. 2415 N Booth Milw WI 53212  Check if: <input type="checkbox"/> In-Kind Offset	Campaign work	200
6/30	Monthly Bank fee  Check if: <input type="checkbox"/> In-Kind Offset	Monthly Fee	5

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 314.49
TOTAL ITEMIZED EXPENDITURES	\$
TOTAL UNITEMIZED EXPENDITURES	\$
TOTAL EXPENDITURES	\$ 1151.29

**SCHEDULE 3-B**

**Loans  
Individual, Committee or Commercial  
ADDITIONAL DISCLOSURE**

Complete Committee Name  
Friends of Sylvia Ortiz-Velez

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
6/1/19	Sylvia Velez 577 W Madison St Milw, WI 53204	1393.05	0	329.99	1063.06

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
/ /					

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
/ /					

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$

SUBTOTAL OUTSTANDING LOANS THIS PAGE

\$

TOTAL OUTSTANDING LOANS

\$