

**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: 2004 S 8th St Apt A

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 2020 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
1. RECEIPTS		
1A. Contributions (Including Loans) from Individuals	\$ 0	\$ 1427.29
1B. Contributions from Committees (Transfers-In)	\$ 0	\$ 500
1C. Other Income and Commercial Loans	\$ 0	\$ 0
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 0	\$ 0
2. DISBURSEMENTS		
2A. Gross Expenditures	\$ 20	\$ 20
2B. Contributions to Committees (Transfers-Out)	\$ 1,000	\$ 1,000
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 1,020	\$ 1,020

CASH SUMMARY

Cash Balance Beginning of Report	\$ 1171.04
Total Receipts	\$ 0
Subtotal	\$ 1171.04
Total Disbursements	\$ 1020.00
CASH BALANCE END OF REPORT	\$ 151.04
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ 0
LOANS (Balance at the Close of This Period-3B)	\$ 17.08

REC'D REP'D 210707 810349

KK

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 <u>Sylvia Velez</u>	Signature of Candidate or Treasurer <u>Sylvia Velez</u>	Date: <u>7/6/2021</u>
	Email: <u>Sylvia.siv@depwv.com</u>	Daytime Phone: <u>414-610-8180</u>

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.

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
3/31/2020	Summit Bank P.O. Box 8046 Madison, WI 53708 Check if: <input type="checkbox"/> In-Kind Offset	Monthly Bank Fee	5
4/31/2020	Summit Bank Check if: <input type="checkbox"/> In-Kind Offset	Monthly Bank	5
5/31/2020	Summit Bank Check if: <input type="checkbox"/> In-Kind Offset	Monthly Bank	5
6/31/2020	Summit Bank Check if: <input type="checkbox"/> In-Kind Offset	Monthly Bank	5
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE

\$ 20

TOTAL ITEMIZED EXPENDITURES

\$

TOTAL UNITEMIZED EXPENDITURES

\$

TOTAL EXPENDITURES

\$ 20

DISBURSEMENTS
Contributions To Committees
(Transfers-Out)

Complete Committee Name
Friends of Sylvia Ortiz-Velez

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Date	Full Name, Mailing Address and Zip Code	Amount	Y-T-D Total
6/15/2020	Citizens for Sylvia Ortiz-Velez Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan	1,000	1,000
	 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE		\$ 1,000	
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES		\$ 1,000	

Complete Committee Name
Friends of Sylvia

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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
3/19/2020	Sylvia Velez 517 W Madison St Milw, WI 53204	17.08	0	0	17.08
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					\$