

**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 St

City, State and Zip Code: Milwaukee WI 53204

e-mailed  
3-27-2020  
1:32 p.m.  
ib

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         Spring     Fall     Special

September Continuing     Pre-Election X 2020

Termination Report also complete Schedule 4

<b>SUMMARY OF RECEIPTS AND DISBURSEMENTS</b>	Column A This Period	Column B Calendar Year-To-Date
<b>1. RECEIPTS</b>		
1A. Contributions (Including Loans) from Individuals	\$ 0	\$ 1427.59
1B. Contributions from Committees (Transfers-In)	\$ 500	\$ 500
1C. Other Income and Commercial Loans	\$ 0	\$ 0
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ 500	\$
<b>2. DISBURSEMENTS</b>		
2A. Gross Expenditures	\$ 801.84	\$
2B. Contributions to Committees (Transfers-Out)	\$ 100.00	\$ 100
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ 901.84	\$

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ 1572.88
Total Receipts	\$ 500.00
Subtotal	\$ 2072.88
Total Disbursements	\$ 901.84
<b>CASH BALANCE END OF REPORT</b>	\$ 1171.04
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$ 0
<b>LOANS</b> (Balance at the Close of This Period-3B)	\$ 17.08

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 Ortiz-Velez</u>	Signature of Candidate or Treasurer <u>Sylvia Velez</u>	Date: <u>3/27/2020</u>
	Email: <u>Sylvia Velez</u>	Daytime Phone: <u>414-670-8180</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.

ETHCF-2L (Rev. 01-16)    The Wisconsin Ethics Commission prescribes this form. Completed forms must be filed with your local clerk

**RECEIPTS**  
**Contributions from Committees**  
**(Transfers-In)**

Complete Committee Name  
Friends of Sylvia Ortiz-Velez

Instructions for completing schedules are on the back of each schedule

Date	Full Name of Committee, Mailing Address and Zip Code	Amount of Contribution
3/16/2020	ATU Cope Voluntary 1000 New Hampshire Avenue Silver Spring, MD 20903 Check if <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	200
3/16/2020	AFSCME Council 32 - AFL-CIO 8033 Excelsior Drive, Suite B Madison, WI 53717-1903 Check if <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	300
	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-In) THIS PAGE		\$ 500
TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES		\$

**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
1/1/2020	Union Copy Center	Literature	105.60
Check if <input type="checkbox"/> In-Kind Offset			
1/7/2020 1/8/2020	Oscars Pub & Grill	Food Volunteers	19.51
Check if <input type="checkbox"/> In-Kind Offset			
1/31/2020	Summit Bank	Annual Fee	5.00
Check if <input type="checkbox"/> In-Kind Offset			
1/31/2020	Summit Bank	Monthly Fee.	5.00
Check if <input type="checkbox"/> In-Kind Offset			
2/31/2020	Summit Bank	Monthly fee	5.00
Check if <input type="checkbox"/> In-Kind Offset			
3/10/2020	Michelle Milewski 407 E Auer Mil, WI 53212	Campaign Work	300
Check if <input type="checkbox"/> In-Kind Offset			
3/16/2020	office Depot/office Max 362 E Capitol Drive Milw, WI 53212	office Supplies	61.73
Check if <input type="checkbox"/> In-Kind Offset			
3/19/2020	Michelle Milewski 407 E Auer Mil, WI 53212	Campaign Work	300
Check if <input checked="" type="checkbox"/> In-Kind Offset			
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 801.84
TOTAL ITEMIZED EXPENDITURES			\$
TOTAL UNITEMIZED EXPENDITURES			\$
TOTAL EXPENDITURES			\$

**SCHEDULE 2-B**

**DISBURSEMENTS**  
**Contributions To Committees**  
**(Transfers-Out)**

Complete Committee Name  
Friends of Sylvia Ortiz-Velaz

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

Date	Full Name, Mailing Address and Zip Code	Amount	Y-T-D Total
1/28/2020	Act Blue - Alex Brewer Friends of Alex Brewer  Check if <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	100	100
	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		\$ 100	
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES		\$ 100	

Complete Committee Name  
Friends of Sylvia

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

Date 3/19/2008	Full Name, Mailing Address and Zip Code of Loan Source <u>Sylvia Velez 517 W Madison St Milw, WI 53204</u>	Outstanding Obligations Beginning of This Period <u>17.08</u>	New Loans This Period <u>0</u>	Cumulative Payments This Period <u>0</u>	Outstanding Obligations End of This Period <u>17.08</u>
	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 \$

<b>SUBTOTAL OUTSTANDING LOANS THIS PAGE</b>	<b>\$</b>
<b>TOTAL OUTSTANDING LOANS</b>	<b>\$</b>