

**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 2021                       Spring                       Fall                       Special  
 September Continuing                       Pre-Election                       Termination Report  
also complete Schedule 4

**SUMMARY OF RECEIPTS AND DISBURSEMENTS**

|  | Column A<br>This Period | Column B<br>Calendar<br>Year-To-Date |
|--|-------------------------|--------------------------------------|
| <b>1. RECEIPTS</b>                                     |                         |                                      |
| 1A. Contributions (Including Loans) from Individuals   | \$ 0                    | \$                                   |
| 1B. Contributions from Committees (Transfers-In)       | \$ 0                    | \$                                   |
| 1C. Other Income and Commercial Loans                  | \$ 0                    | \$                                   |
| <b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)  | \$ 0                    | \$                                   |
| <b>2. DISBURSEMENTS</b>                                |                         |                                      |
| 2A. Gross Expenditures                                 | \$ 30                   | \$                                   |
| 2B. Contributions to Committees (Transfers-Out)        | \$ 91.04                | \$                                   |
| <b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B) | \$ 121.04               | \$                                   |

**CASH SUMMARY**

|   |           |
|---|-----------|
| Cash Balance Beginning of Report  | \$ 121.04 |
| Total Receipts  | \$ 0      |
| Subtotal  | \$ 121.04 |
| Total Disbursements   | \$ 121.04 |
| <b>CASH BALANCE END OF REPORT</b>                                       | \$ 0      |
| <b>INCURRED OBLIGATIONS</b><br>(Balance at the Close of This Period-3A) | \$        |
| <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 | Signature of Candidate or Treasurer | Date: 7/6/2021              |
| Sylvia Velez                                 | Sylvia Velez                        | Daytime Phone: 414-610-8180 |

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.

REC'D 210707 110849

(K)

**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<br>Of Person or Business to Whom Payment is Made | Specific Purpose of Expenditure | Amount |
|-----------|--|---------------------------------|--------|
| 1/31/2021 | Summit Bank<br><small>Check if: <input type="checkbox"/> In-Kind Offset</small>          | Monthly Bank fee                | 5      |
| 2/31/21   | Summit Bank<br><small>Check if: <input type="checkbox"/> In-Kind Offset</small>          | Monthly Bank fee                | 5      |
| 3/31/21   | Summit Bank<br><small>Check if: <input type="checkbox"/> In-Kind Offset</small>          | Monthly Bank fee                | 5      |
| 4/31/21   | Summit Bank<br><small>Check if: <input type="checkbox"/> In-Kind Offset</small>          | Monthly Bank fee                | 5      |
| 5/31/21   | Summit Bank<br><small>Check if: <input type="checkbox"/> In-Kind Offset</small>          | Monthly Bank fee                | 5      |
| 6/31/21   | Summit Bank<br><small>Check if: <input type="checkbox"/> In-Kind Offset</small>          |                                 | 5      |
|           | <small>Check if: <input type="checkbox"/> In-Kind Offset</small>                         |                                 |        |
|           | <small>Check if: <input type="checkbox"/> In-Kind Offset</small>                         |                                 |        |

|  |       |
|--|-------|
| SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE | \$ 30 |
| TOTAL ITEMIZED EXPENDITURES              | \$    |
| TOTAL UNITEMIZED EXPENDITURES            | \$    |
| TOTAL EXPENDITURES                       | \$ 30 |

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

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   | Amount   | Y-T-D Total |
|--|---|----------|-------------|
| 6/28/21  | Citizens for Sylvia Ortiz-Velez<br>Check if: <input checked="" type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Loan | 91.04    | 91.04       |
|  | 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       |   | \$ 91.04 |             |
| TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES |   | \$ 91.04 |             |

**SCHEDULE 3-B**

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

Complete Committee Name  
Friends

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 |
|------------|--|--|-----------------------|---------------------------------|--|
| 12/31/2008 | Sylvia Velez<br>577 W Madison St<br>Milw, WI 53204     | 17.08  |                       |                                 | 17.08                                      |

List All Endorsers or Guarantors (if any)

|  |                                     |
|--|-------------------------------------|
| Full Name, Mailing Address and Zip Code of Guarantor | Occupation                          |
|  | Amount Guaranteed Outstanding<br>\$ |

|  |                                     |
|--|-------------------------------------|
| Full Name, Mailing Address and Zip Code of Guarantor | Occupation                          |
|  | Amount Guaranteed Outstanding<br>\$ |

| 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<br>\$ |

|  |                                     |
|--|-------------------------------------|
| Full Name, Mailing Address and Zip Code of Guarantor | Occupation                          |
|  | Amount Guaranteed Outstanding<br>\$ |

| 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 |
|------|--|--|-----------------------|---------------------------------|--|
| / /  |  |  |                       |                                 |  |

|  |                                     |
|--|-------------------------------------|
| Full Name, Mailing Address and Zip Code of Guarantor | Occupation                          |
|  | Amount Guaranteed Outstanding<br>\$ |

|  |                                     |
|--|-------------------------------------|
| Full Name, Mailing Address and Zip Code of Guarantor | Occupation                          |
|  | Amount Guaranteed Outstanding<br>\$ |

SUBTOTAL OUTSTANDING LOANS THIS PAGE

\$

TOTAL OUTSTANDING LOANS

\$

TERMINATION REQUEST

Complete Committee Name

Ethics ID Number

Friends of Sylvia Ortiz-Velez

- A committee may terminate its registration and reporting requirements if the committee will no longer receive contributions, make disbursements or incur obligations, and the cash balance and obligations have been reduced to zero.
- Candidates may not terminate prior to the election in which they are participating.
- Non-candidate committees registered with the state must pay the \$100 filing fee if they have over \$2,500 in total expenses for the calendar year.
- Please read carefully and, if necessary, indicate how residual committee funds have been disposed of or if outstanding loans or obligations have been forgiven. Sign and date the termination request at the bottom of this page.
- If you have any transactions since your last report (other than final distribution of funds, or loan forgiveness), be sure to complete the full finance report. (ETHCF-2)
- Please note: An audit must be completed and all obligations with the Board, including settlement offers, fulfilled before termination can be granted. All records must be maintained until 3 years after the date of an election in which the registrant participates, even if termination is granted. (Per Wis. Stats. 11.0201(4), 11.0301(4), 11.0401(4), 11.0501(4), 11.0601(4), 11.0801(4), 11.0901(4))

DISPOSAL OF RESIDUAL FUNDS

THIS INFORMATION SHOULD ALSO BE INCLUDED ON SCHEDULE 2-A AND/OR 2-B.

| Date    | Recipient                       | Amount |
|---------|---------------------------------|--------|
| 6/28/21 | Citizens for Sylvia Ortiz-Velez | 91.04  |

LOAN OR DEBT FORGIVENESS

I hereby forgive all personal loans or have assumed responsibility for any and all debts of my campaign committee.

| Date | Endorser, Guarantor, or Creditor | Amount |
|------|----------------------------------|--------|
|      |                                  |        |

This is a non-candidate committee registered with the state and the committee made over \$2,500 in disbursements in the last calendar year. I have paid the \$100 filing fee.

I do not owe the \$100 filing fee.

Sylvia Velez  
Signature of Candidate or Treasurer

7/6/21  
Date

TERMINATION REQUEST. I hereby request that the committee registration be terminated. I declare that the committee has not incurred any obligations and does not anticipate incurring any. The committee does not anticipate receiving any further contributions or making any disbursements. I further state that the cash balance has been reduced to zero and that all remaining funds have been disposed of in the manner prescribed by law.

NOTE: The information on this form is required by s. 11.0105, Wis. Stats. Failure to provide the information may subject you to the penalties of ss. 11.1400, 11.1401, Wis. Stats.

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FO...  
10851...  
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