

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Noel Ortiz
 Name
 (2) PO Box 22617
 Address (number and street)
Kissimmee, FL 34742
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1194538]

Submitted on:
 11/9/2019 12:32:18 (eastern)

Check here if address has changed (3) ID Number: 351

(4) Check appropriate box(es):

Candidate Office Sought: Kissimmee City Commission Seat 1

Political Committee (PC) Check here if PC or ECO has disbanded

Electioneering Communications Org. (ECO) Check here if PTY has disbanded

Party Executive Committee (PTY) Check here if no other IE or EC reports will be filed

Independent Expenditure (IE) (also covers an individual making electioneering communications)

(5) Report Identifiers

Cover Period: From 10 / 1 / 2019 To 10 / 31 / 2019 Report Type: M10

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, 1 , 300 . 00

Loans \$, , 0 . 00

Total Monetary \$, 1 , 300 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 0 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 0 . 00

(8) Other Distributions
 \$, , 0 . 00

(9) TOTAL Monetary Contributions To Date
 \$, 9 , 505 . 26

(10) TOTAL Monetary Expenditures To Date
 \$, 2 , 462 . 99

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) _____
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X _____
 Signature

(Type name) _____
 Candidate Chairperson (only for PC and PTY)

X _____
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Noel Ortiz (2) I.D. Number 351
 10/1/2019 through 10/31/2019
 (3) Cover Period / / through / / (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
10/28/2019 / /	Zayas Martinez, Maria M 7678 BLUE QUAIL LN ORLANDO, FL 32835	I	retired	CH			\$1,000.00
1							
10/15/2019 / /	Prime Life Insurance Co., 103 E Monument Ave Kissimmee, FL 34741	B	insurance co	CH			\$300.00
2							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Noel Ortiz

(2) I.D. Number 351

(3) Cover Period 10/1/2019 through 10/31/2019

(4) Page 1 of 0

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					