

## 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**  
 [1201036]

Submitted on:  
 3/5/2020 20:36:28 (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 11 / 1 / 2019 To 11 / 30 / 2019 Report Type: M11

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$      ,      , 0 . 00

Loans \$      ,      , 0 . 00

Total Monetary \$      ,      , 0 . 00

In-Kind \$      ,      , 0 . 00

**(7) Expenditures This Report**

Monetary Expenditures \$      ,      , -2 . 57

Transfers to Office Account \$      ,      , 0 . 00

Total Monetary \$      ,      , -2 . 57

**(8) Other Distributions**

\$      ,      , 0 . 00

**(9) TOTAL Monetary Contributions To Date**

\$      , 11 , 355 . 26

**(10) TOTAL Monetary Expenditures To Date**

\$      , 3 , 128 . 93

### (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

11/1/2019 through 11/30/2019

(3) Cover Period \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ through \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (4) Page 1 of 0

(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
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Noel Ortiz

(2) I.D. Number 351

(3) Cover Period 11/1/2019 through 11/30/2019

(4) Page 1 of 1

(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					
11/6/2019 //	Osceola County Democrats, 220 E Monument Ave Kissimmee, FL 34741	contribution adjustment	RE	Add	\$-2.57
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