

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

KAREN ORTIZ FOR CONGRESS

ADDRESS (number and street)

425 WEST 18TH STREET

15C

Check if different
than previously
reported. (ACC)

NEW YORK

NY

10011

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C

C00928283

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

NY

12

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y
04 / 01 / 2026

through

M M / D D / Y Y Y Y
06 / 30 / 2026*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 Treasurer

ORTIZ, KAREN, , ,

Signature of Treasurer

ORTIZ, KAREN, , ,

Date

M M / D D / Y Y Y Y
07 / 14 / 2026

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office
Use
Only**FEC FORM 3**
(Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

KAREN ORTIZ FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	2	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	4014.20	20906.28
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	4014.20	20906.28
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	4499.05	22799.44
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	4499.05	22799.44
8. Cash on Hand at Close of Reporting Period (from Line 27)	23468.52	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	25361.68	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

KAREN ORTIZ FOR CONGRESS

Report Covering the Period:

From:

MM / DD / YYYY
04 / 01 / 2026

To:

MM / DD / YYYY
06 / 30 / 2026**I. RECEIPTS****COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

(i) Itemized (use Schedule A).....

1988.09

16412.45

(ii) Unitemized

2026.11

4493.83

(iii) TOTAL of contributions
from individuals ▶

4014.20

20906.28

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

0.00

0.00

(d) The Candidate

0.00

0.00

(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))..

4014.20

20906.28

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the
Candidate.....

25361.68

25361.68

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS
(add Lines 13(a) and (b)).....

25361.68

25361.68

14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS
(Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)..... ▶

29375.88

46267.96

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	4499.05	22799.44
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	4499.05	22799.44

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	- 1408.31
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	29375.88
25. SUBTOTAL (add Line 23 and Line 24).....	27967.57
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	4499.05
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	23468.52

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 92

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

KAREN ORTIZ FOR CONGRESS

Full Name (Last, First, Middle Initial)

Bonney Hoffman, Amy, , ,

A.

Mailing Address 130 Boren Ave N
3303

City
Seattle

State
WA

Zip Code
98109

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

229.48

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 14 2026

Transaction ID : SA11AI.4624

Amount of Each Receipt this Period

125.00

☐ Memo Item
Donation

Full Name (Last, First, Middle Initial)

Bonney Hoffman, Amy, , ,

B.

Mailing Address 130 Boren Ave N
3303

City
Seattle

State
WA

Zip Code
98109

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

329.48

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 25 2026

Transaction ID : SA11AI.4609

Amount of Each Receipt this Period

100.00

☐ Memo Item
Donation

Full Name (Last, First, Middle Initial)

Chiu, Franklin, , ,

C.

Mailing Address 240 Riverside Blvd
4k

City
New York

State
NY

Zip Code
10069

FEC ID number of contributing
federal political committee.

C

Name of Employer

Friedman Vartolo LLP

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 16 2026

Transaction ID : SA11AI.4584

Amount of Each Receipt this Period

300.00

☐ Memo Item
Donation

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

525.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 92

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

KAREN ORTIZ FOR CONGRESS

Full Name (Last, First, Middle Initial)

Davitt, Diane, , ,

A.

Mailing Address 457 Murray Ave

City

Osteen

State

FL

Zip Code

32764

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orange County Public Schools

Occupation

Educator

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Election Cycle-to-Date ▼

521.15

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 10 2026

Transaction ID : SA11AI.4550

Amount of Each Receipt this Period

521.15

☐ Memo Item
Donation

Full Name (Last, First, Middle Initial)

McDonald, Jason, , ,

B.

Mailing Address 645 East 14th Street
#MC

City

New York

State

NY

Zip Code

10009

FEC ID number of contributing
federal political committee.

C

Name of Employer

MFA Production LLC

Occupation

Educator/Artist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 24 2026

Transaction ID : SA11AI.4559

Amount of Each Receipt this Period

100.00

☐ Memo Item
Donation

Full Name (Last, First, Middle Initial)

Schiro, Kimberly, , ,

C.

Mailing Address 196 West Trail

City

Stamford

State

CT

Zip Code

06903

FEC ID number of contributing
federal political committee.

C

Name of Employer

Social Security Administration

Occupation

Judge/Attorney

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Election Cycle-to-Date ▼

604.48

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 05 2026

Transaction ID : SA11AI.4566

Amount of Each Receipt this Period

500.00

☐ Memo Item
Donation

SUBTOTAL of Receipts This Page (optional)..... ►

1121.15

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 92

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

KAREN ORTIZ FOR CONGRESS

Full Name (Last, First, Middle Initial)

Smith, Retired, , ,

A.

Mailing Address 39835 Cypus Lane

City
Palmdale

State
CA

Zip Code
93551

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 27 2026

Transaction ID : SA11AI.4576

Amount of Each Receipt this Period

216.00

☐ Memo Item
Donation

Full Name (Last, First, Middle Initial)

Wells, Mary, , ,

B.

Mailing Address 2206a 11th Ave South

City
Nashville

State
TN

Zip Code
37204

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mary Kathryn Wells Design

Occupation

Interior Design

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

209.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 22 2026

Transaction ID : SA11AI.4546

Amount of Each Receipt this Period

41.98

☐ Memo Item
Donation

Full Name (Last, First, Middle Initial)

Wells, Mary, , ,

C.

Mailing Address 2206a 11th Ave South

City
Nashville

State
TN

Zip Code
37204

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mary Kathryn Wells Design

Occupation

Interior Design

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

251.88

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 22 2026

Transaction ID : SA11AI.4539

Amount of Each Receipt this Period

41.98

☐ Memo Item
Donation

SUBTOTAL of Receipts This Page (optional)..... ▶

299.96

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 92

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

KAREN ORTIZ FOR CONGRESS

Full Name (Last, First, Middle Initial)

Wells, Mary, , ,

A.

Mailing Address 2206a 11th Ave South

City

Nashville

State

TN

Zip Code

37204

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mary Kathryn Wells Design

Occupation

Interior Design

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Election Cycle-to-Date ▼

293.86

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 22 2026

Transaction ID : SA11AI.4537

Amount of Each Receipt this Period

41.98

☐ Memo Item
Donation

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

41.98

TOTAL This Period (last page this line number only)..... ▶

1988.09

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 92

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 11d
12 ☒ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

KAREN ORTIZ FOR CONGRESS

Full Name (Last, First, Middle Initial)

ORTIZ, KAREN, , ,

A.

Mailing Address 425 WEST 18TH STREET

15C

City

NEW YORK

State

NY

Zip Code

10011

FEC ID number of contributing
federal political committee.

C H6NY12297

Name of Employer

US EEOC

Occupation

Administrative Judge

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

14088.08

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 06 / 2026

Transaction ID : SA13A.4475

Amount of Each Receipt this Period

520.00

☐ Memo Item

Invoice 10&11 Imani Thomas

Full Name (Last, First, Middle Initial)

ORTIZ, KAREN, , ,

B.

Mailing Address 425 WEST 18TH STREET

15C

City

NEW YORK

State

NY

Zip Code

10011

FEC ID number of contributing
federal political committee.

C H6NY12297

Name of Employer

US EEOC

Occupation

Administrative Judge

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

306.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 13 / 2026

Transaction ID : SA13A.4472

Amount of Each Receipt this Period

300.00

☐ Memo Item

Invoice 12 Imani Thomas

Full Name (Last, First, Middle Initial)

ORTIZ, KAREN, , ,

C.

Mailing Address 425 WEST 18TH STREET

15C

City

NEW YORK

State

NY

Zip Code

10011

FEC ID number of contributing
federal political committee.

C H6NY12297

Name of Employer

US EEOC

Occupation

Administrative Judge

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

14450.58

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 28 / 2026

Transaction ID : SA13A.4473

Amount of Each Receipt this Period

362.50

☐ Memo Item

Invoice 14 Imani Thomas

SUBTOTAL of Receipts This Page (optional)..... ►

1182.50

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 92

☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☒ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

KAREN ORTIZ FOR CONGRESS

Full Name (Last, First, Middle Initial)

ORTIZ, KAREN, , ,

A.

Mailing Address 425 WEST 18TH STREET

15C

City

NEW YORK

State

NY

Zip Code

10011

FEC ID number of contributing
federal political committee.

C H6NY12297

Name of Employer

US EEOC

Occupation

Administrative Judge

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

14521.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 29 / 2026

Transaction ID : SA13A.4534

Amount of Each Receipt this Period

70.95

☐ Memo Item

Team Lunch Rosemary East

B.

Full Name (Last, First, Middle Initial)

ORTIZ, KAREN, , ,

Mailing Address 425 WEST 18TH STREET

15C

City

NEW YORK

State

NY

Zip Code

10011

FEC ID number of contributing
federal political committee.

C H6NY12297

Name of Employer

US EEOC

Occupation

Administrative Judge

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

15196.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 04 / 2026

Transaction ID : SA13A.4474

Amount of Each Receipt this Period

675.00

☐ Memo Item

Invoice 15 Imani Thomas

C.

Full Name (Last, First, Middle Initial)

ORTIZ, KAREN, , ,

Mailing Address 425 WEST 18TH STREET

15C

City

NEW YORK

State

NY

Zip Code

10011

FEC ID number of contributing
federal political committee.

C H6NY12297

Name of Employer

US EEOC

Occupation

Administrative Judge

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

15742.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 04 / 2026

Transaction ID : SA13A.4478

Amount of Each Receipt this Period

546.00

☐ Memo Item

Palm Cards Radix Printing & Publishing

SUBTOTAL of Receipts This Page (optional)..... ►

1291.95

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 92

☐ 11a ☐ 11b ☐ 11c ☐ 11d
12 ☒ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

KAREN ORTIZ FOR CONGRESS

Full Name (Last, First, Middle Initial)

ORTIZ, KAREN, , ,

A.

Mailing Address 425 WEST 18TH STREET

15C

City

NEW YORK

State

NY

Zip Code

10011

FEC ID number of contributing
federal political committee.

C H6NY12297

Name of Employer

US EEOC

Occupation

Administrative Judge

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

320.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 14 / 2026

Transaction ID : SA13A.4530

Amount of Each Receipt this Period

14.38

☐ Memo Item

team coffees Variety Coffee Roasters

B.

Full Name (Last, First, Middle Initial)

ORTIZ, KAREN, , ,

Mailing Address 425 WEST 18TH STREET

15C

City

NEW YORK

State

NY

Zip Code

10011

FEC ID number of contributing
federal political committee.

C H6NY12297

Name of Employer

US EEOC

Occupation

Administrative Judge

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

16361.82

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2026

Transaction ID : SA13A.4491

Amount of Each Receipt this Period

619.29

☐ Memo Item

Petitioning Michelle Aaron

C.

Full Name (Last, First, Middle Initial)

ORTIZ, KAREN, , ,

Mailing Address 425 WEST 18TH STREET

15C

City

NEW YORK

State

NY

Zip Code

10011

FEC ID number of contributing
federal political committee.

C H6NY12297

Name of Employer

US EEOC

Occupation

Administrative Judge

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

16990.11

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2026

Transaction ID : SA13A.4492

Amount of Each Receipt this Period

628.29

☐ Memo Item

Petitioning Chris Sare

SUBTOTAL of Receipts This Page (optional)..... ▶

1261.96

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 92

☐ 11a ☐ 11b ☐ 11c ☐ 11d
12 ☒ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

KAREN ORTIZ FOR CONGRESS

Full Name (Last, First, Middle Initial)

ORTIZ, KAREN, , ,

A.

Mailing Address 425 WEST 18TH STREET
15C

City
NEW YORK

State
NY

Zip Code
10011

FEC ID number of contributing
federal political committee.

C H6NY12297

Name of Employer
US EEOC

Occupation
Administrative Judge

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

341.22

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 15 2026

Transaction ID : SA13A.4529

Amount of Each Receipt this Period

20.32

☐ Memo Item

team beverages Picky Barista

Full Name (Last, First, Middle Initial)

ORTIZ, KAREN, , ,

B.

Mailing Address 425 WEST 18TH STREET
15C

City
NEW YORK

State
NY

Zip Code
10011

FEC ID number of contributing
federal political committee.

C H6NY12297

Name of Employer
US EEOC

Occupation
Administrative Judge

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

17180.54

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 16 2026

Transaction ID : SA13A.4471

Amount of Each Receipt this Period

190.43

☐ Memo Item

Hole punch, clipboards, pens, file, box, Staples

Full Name (Last, First, Middle Initial)

ORTIZ, KAREN, , ,

C.

Mailing Address 425 WEST 18TH STREET
15C

City
NEW YORK

State
NY

Zip Code
10011

FEC ID number of contributing
federal political committee.

C H6NY12297

Name of Employer
US EEOC

Occupation
Administrative Judge

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

17490.54

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 18 2026

Transaction ID : SA13A.4493

Amount of Each Receipt this Period

310.00

☐ Memo Item

Chris Sare

SUBTOTAL of Receipts This Page (optional)..... ►

520.75

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 OF 92

☐ 11a ☐ 11b ☐ 11c ☐ 11d
12 ☒ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

KAREN ORTIZ FOR CONGRESS

Full Name (Last, First, Middle Initial)

ORTIZ, KAREN, , ,

A.

Mailing Address 425 WEST 18TH STREET
15C

City
NEW YORK

State
NY

Zip Code
10011

FEC ID number of contributing
federal political committee.

C H6NY12297

Name of Employer
US EEOC

Occupation
Administrative Judge

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

17800.54

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 18 / 2026

Transaction ID : SA13A.4494

Amount of Each Receipt this Period

310.00

☐ Memo Item
petitionng Michelle Aaron

Full Name (Last, First, Middle Initial)

ORTIZ, KAREN, , ,

B.

Mailing Address 425 WEST 18TH STREET
15C

City
NEW YORK

State
NY

Zip Code
10011

FEC ID number of contributing
federal political committee.

C H6NY12297

Name of Employer
US EEOC

Occupation
Administrative Judge

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

18019.83

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 18 / 2026

Transaction ID : SA13A.4495

Amount of Each Receipt this Period

219.29

☐ Memo Item
Petitioning Chris Sare

Full Name (Last, First, Middle Initial)

ORTIZ, KAREN, , ,

C.

Mailing Address 425 WEST 18TH STREET
15C

City
NEW YORK

State
NY

Zip Code
10011

FEC ID number of contributing
federal political committee.

C H6NY12297

Name of Employer
US EEOC

Occupation
Administrative Judge

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

18366.62

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 18 / 2026

Transaction ID : SA13A.4496

Amount of Each Receipt this Period

346.79

☐ Memo Item
Petitioning Chris Sare

SUBTOTAL of Receipts This Page (optional)..... ►

876.08

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 92

☐ 11a ☐ 11b ☐ 11c ☐ 11d
12 ☒ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

KAREN ORTIZ FOR CONGRESS

Full Name (Last, First, Middle Initial)

ORTIZ, KAREN, , ,

A.

Mailing Address 425 WEST 18TH STREET
15C

City
NEW YORK

State
NY

Zip Code
10011

FEC ID number of contributing
federal political committee.

C H6NY12297

Name of Employer
US EEOC

Occupation
Administrative Judge

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

18486.62

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 18 / 2026

Transaction ID : SA13A.4497

Amount of Each Receipt this Period

120.00

☐ Memo Item
Petitioning Chirs Sare

Full Name (Last, First, Middle Initial)

ORTIZ, KAREN, , ,

B.

Mailing Address 425 WEST 18TH STREET
15C

City
NEW YORK

State
NY

Zip Code
10011

FEC ID number of contributing
federal political committee.

C H6NY12297

Name of Employer
US EEOC

Occupation
Administrative Judge

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

18636.62

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 18 / 2026

Transaction ID : SA13A.4515

Amount of Each Receipt this Period

150.00

☐ Memo Item
petitioning Brandon McClymont

Full Name (Last, First, Middle Initial)

ORTIZ, KAREN, , ,

C.

Mailing Address 425 WEST 18TH STREET
15C

City
NEW YORK

State
NY

Zip Code
10011

FEC ID number of contributing
federal political committee.

C H6NY12297

Name of Employer
US EEOC

Occupation
Administrative Judge

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

398.86

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 18 / 2026

Transaction ID : SA13A.4532

Amount of Each Receipt this Period

57.64

☐ Memo Item
team coffees Ora La Casa de Las Flores

SUBTOTAL of Receipts This Page (optional)..... ►

327.64

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 OF 92

☐ 11a ☐ 11b ☐ 11c ☐ 11d
12 ☒ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

KAREN ORTIZ FOR CONGRESS

Full Name (Last, First, Middle Initial)

ORTIZ, KAREN, , ,

A.

Mailing Address 425 WEST 18TH STREET
15C

City
NEW YORK

State
NY

Zip Code
10011

FEC ID number of contributing
federal political committee.

C H6NY12297

Name of Employer
US EEOC

Occupation
Administrative Judge

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

18786.62

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 19 / 2026

Transaction ID : SA13A.4506

Amount of Each Receipt this Period

150.00

☐ Memo Item

Petitioning Derrick Williams

Full Name (Last, First, Middle Initial)

ORTIZ, KAREN, , ,

B.

Mailing Address 425 WEST 18TH STREET
15C

City
NEW YORK

State
NY

Zip Code
10011

FEC ID number of contributing
federal political committee.

C H6NY12297

Name of Employer
US EEOC

Occupation
Administrative Judge

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

420.12

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 19 / 2026

Transaction ID : SA13A.4531

Amount of Each Receipt this Period

21.26

☐ Memo Item

Team coffees Maman NYC

Full Name (Last, First, Middle Initial)

ORTIZ, KAREN, , ,

C.

Mailing Address 425 WEST 18TH STREET
15C

City
NEW YORK

State
NY

Zip Code
10011

FEC ID number of contributing
federal political committee.

C H6NY12297

Name of Employer
US EEOC

Occupation
Administrative Judge

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

20174.78

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2026

Transaction ID : SA13A.4477

Amount of Each Receipt this Period

1388.16

☐ Memo Item

Palm Cards Radix Printing & Publishing

SUBTOTAL of Receipts This Page (optional)..... ►

1559.42

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 OF 92

☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☒ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

KAREN ORTIZ FOR CONGRESS

Full Name (Last, First, Middle Initial)

ORTIZ, KAREN, , ,

A.

Mailing Address 425 WEST 18TH STREET

15C

City

NEW YORK

State

NY

Zip Code

10011

FEC ID number of contributing
federal political committee.

C H6NY12297

Name of Employer

US EEOC

Occupation

Administrative Judge

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

20447.28

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2026

Transaction ID : SA13A.4498

Amount of Each Receipt this Period

272.50

☐ Memo Item

petitioning Michelle Aaron

Full Name (Last, First, Middle Initial)

ORTIZ, KAREN, , ,

B.

Mailing Address 425 WEST 18TH STREET

15C

City

NEW YORK

State

NY

Zip Code

10011

FEC ID number of contributing
federal political committee.

C H6NY12297

Name of Employer

US EEOC

Occupation

Administrative Judge

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

20756.55

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2026

Transaction ID : SA13A.4499

Amount of Each Receipt this Period

309.27

☐ Memo Item

Petitioning Chris Sare

Full Name (Last, First, Middle Initial)

ORTIZ, KAREN, , ,

C.

Mailing Address 425 WEST 18TH STREET

15C

City

NEW YORK

State

NY

Zip Code

10011

FEC ID number of contributing
federal political committee.

C H6NY12297

Name of Employer

US EEOC

Occupation

Administrative Judge

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

20962.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2026

Transaction ID : SA13A.4536

Amount of Each Receipt this Period

205.46

☐ Memo Item

Team Meal Maman NYC

SUBTOTAL of Receipts This Page (optional)..... ►

787.23

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 OF 92

☐ 11a ☐ 11b ☐ 11c ☐ 11d
12 ☒ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

KAREN ORTIZ FOR CONGRESS

Full Name (Last, First, Middle Initial)

ORTIZ, KAREN, , ,

A.

Mailing Address 425 WEST 18TH STREET

15C

City

NEW YORK

State

NY

Zip Code

10011

FEC ID number of contributing
federal political committee.

C H6NY12297

Name of Employer

US EEOC

Occupation

Administrative Judge

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

21440.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 21 / 2026

Transaction ID : SA13A.4476

Amount of Each Receipt this Period

478.00

☐ Memo Item

Invoice 17 &18 Imani Thomas

Full Name (Last, First, Middle Initial)

ORTIZ, KAREN, , ,

B.

Mailing Address 425 WEST 18TH STREET

15C

City

NEW YORK

State

NY

Zip Code

10011

FEC ID number of contributing
federal political committee.

C H6NY12297

Name of Employer

US EEOC

Occupation

Administrative Judge

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

21815.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 21 / 2026

Transaction ID : SA13A.4479

Amount of Each Receipt this Period

375.00

☐ Memo Item

Petitioning Kaspar Tapper

Full Name (Last, First, Middle Initial)

ORTIZ, KAREN, , ,

C.

Mailing Address 425 WEST 18TH STREET

15C

City

NEW YORK

State

NY

Zip Code

10011

FEC ID number of contributing
federal political committee.

C H6NY12297

Name of Employer

US EEOC

Occupation

Administrative Judge

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

23090.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 21 / 2026

Transaction ID : SA13A.4480

Amount of Each Receipt this Period

1275.00

☐ Memo Item

petitioning kyan thistlewaite

SUBTOTAL of Receipts This Page (optional)..... ►

2128.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 OF 92

☐ 11a ☐ 11b ☐ 11c ☐ 11d
12 ☒ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

KAREN ORTIZ FOR CONGRESS

Full Name (Last, First, Middle Initial)

ORTIZ, KAREN, , ,

A.

Mailing Address 425 WEST 18TH STREET

15C

City

NEW YORK

State

NY

Zip Code

10011

FEC ID number of contributing
federal political committee.

C H6NY12297

Name of Employer

US EEOC

Occupation

Administrative Judge

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1755.12

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 21 / 2026

Transaction ID : SA13A.4526

Amount of Each Receipt this Period

1335.00

☐ Memo Item

petitioning admin Lynne Speed

Full Name (Last, First, Middle Initial)

ORTIZ, KAREN, , ,

B.

Mailing Address 425 WEST 18TH STREET

15C

City

NEW YORK

State

NY

Zip Code

10011

FEC ID number of contributing
federal political committee.

C H6NY12297

Name of Employer

US EEOC

Occupation

Administrative Judge

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2005.12

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 21 / 2026

Transaction ID : SA13A.4527

Amount of Each Receipt this Period

250.00

☐ Memo Item

Petitioning Admin Leslie Vaughan

Full Name (Last, First, Middle Initial)

ORTIZ, KAREN, , ,

C.

Mailing Address 425 WEST 18TH STREET

15C

City

NEW YORK

State

NY

Zip Code

10011

FEC ID number of contributing
federal political committee.

C H6NY12297

Name of Employer

US EEOC

Occupation

Administrative Judge

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

23416.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 22 / 2026

Transaction ID : SA13A.4500

Amount of Each Receipt this Period

326.79

☐ Memo Item

Petitioning Chris Sare

SUBTOTAL of Receipts This Page (optional)..... ►

1911.79

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 OF 92

☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☒ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

KAREN ORTIZ FOR CONGRESS

Full Name (Last, First, Middle Initial)

ORTIZ, KAREN, , ,

A.

Mailing Address 425 WEST 18TH STREET

15C

City

NEW YORK

State

NY

Zip Code

10011

FEC ID number of contributing
federal political committee.

C H6NY12297

Name of Employer

US EEOC

Occupation

Administrative Judge

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2305.12

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 22 / 2026

Transaction ID : SA13A.4502

Amount of Each Receipt this Period

300.00

☐ Memo Item

petitioning Michelle Aaron

Full Name (Last, First, Middle Initial)

ORTIZ, KAREN, , ,

B.

Mailing Address 425 WEST 18TH STREET

15C

City

NEW YORK

State

NY

Zip Code

10011

FEC ID number of contributing
federal political committee.

C H6NY12297

Name of Employer

US EEOC

Occupation

Administrative Judge

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

23646.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 22 / 2026

Transaction ID : SA13A.4516

Amount of Each Receipt this Period

230.00

☐ Memo Item

Petitioning Suzanne Klebes

Full Name (Last, First, Middle Initial)

ORTIZ, KAREN, , ,

C.

Mailing Address 425 WEST 18TH STREET

15C

City

NEW YORK

State

NY

Zip Code

10011

FEC ID number of contributing
federal political committee.

C H6NY12297

Name of Employer

US EEOC

Occupation

Administrative Judge

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3048.12

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 22 / 2026

Transaction ID : SA13A.4517

Amount of Each Receipt this Period

743.00

☐ Memo Item

petitioning Harrison Elfrinck

SUBTOTAL of Receipts This Page (optional)..... ►

1273.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 20 OF 92

☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☒ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

KAREN ORTIZ FOR CONGRESS

Full Name (Last, First, Middle Initial)

ORTIZ, KAREN, , ,

A.

Mailing Address 425 WEST 18TH STREET
15C

City
NEW YORK

State
NY

Zip Code
10011

FEC ID number of contributing
federal political committee.

C H6NY12297

Name of Employer
US EEOC

Occupation
Administrative Judge

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3164.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 22 / 2026

Transaction ID : SA13A.4533

Amount of Each Receipt this Period

116.23

☐ Memo Item

Team Lunch Suram Sushi & Ramen

Full Name (Last, First, Middle Initial)

ORTIZ, KAREN, , ,

B.

Mailing Address 425 WEST 18TH STREET
15C

City
NEW YORK

State
NY

Zip Code
10011

FEC ID number of contributing
federal political committee.

C H6NY12297

Name of Employer
US EEOC

Occupation
Administrative Judge

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

24921.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 26 / 2026

Transaction ID : SA13A.4481

Amount of Each Receipt this Period

1275.00

☐ Memo Item

petitioning kyan thistlewaite

Full Name (Last, First, Middle Initial)

ORTIZ, KAREN, , ,

C.

Mailing Address 425 WEST 18TH STREET
15C

City
NEW YORK

State
NY

Zip Code
10011

FEC ID number of contributing
federal political committee.

C H6NY12297

Name of Employer
US EEOC

Occupation
Administrative Judge

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

25288.59

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 26 / 2026

Transaction ID : SA13A.4503

Amount of Each Receipt this Period

366.79

☐ Memo Item

Petitioning Michelle Aaron

SUBTOTAL of Receipts This Page (optional)..... ►

1758.02

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 92

☐ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
☐ 12	☒ 13a	☐ 13b	☐ 14	☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

KAREN ORTIZ FOR CONGRESS

Full Name (Last, First, Middle Initial)

ORTIZ, KAREN, , ,

A.

Mailing Address 425 WEST 18TH STREET

15C

City

NEW YORK

State

NY

Zip Code

10011

FEC ID number of contributing
federal political committee.**C** H6NY12297

Name of Employer

US EEOC

Occupation

Administrative Judge

Receipt For: 2026

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

25376.09

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	2	6

Transaction ID : SA13A.4504

Amount of Each Receipt this Period

87.50

☐

Memo Item

Petitioning Chris Sare

B.

Full Name (Last, First, Middle Initial)

ORTIZ, KAREN, , ,

Mailing Address 425 WEST 18TH STREET

15C

City

NEW YORK

State

NY

Zip Code

10011

FEC ID number of contributing
federal political committee.**C** H6NY12297

Name of Employer

US EEOC

Occupation

Administrative Judge

Receipt For: 2026

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

25693.38

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	2	6

Transaction ID : SA13A.4505

Amount of Each Receipt this Period

317.29

☐

Memo Item

Petitioning Michelle Aaron

C.

Full Name (Last, First, Middle Initial)

ORTIZ, KAREN, , ,

Mailing Address 425 WEST 18TH STREET

15C

City

NEW YORK

State

NY

Zip Code

10011

FEC ID number of contributing
federal political committee.**C** H6NY12297

Name of Employer

US EEOC

Occupation

Administrative Judge

Receipt For: 2026

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

25993.38

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	2	6

Transaction ID : SA13A.4507

Amount of Each Receipt this Period

300.00

☐

Memo Item

Petitioning Derrick Williams

SUBTOTAL of Receipts This Page (optional).....▶

704.79

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 92

☐ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
☐ 12	☒ 13a	☐ 13b	☐ 14	☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

KAREN ORTIZ FOR CONGRESS

Full Name (Last, First, Middle Initial)

ORTIZ, KAREN, , ,

A.

Mailing Address 425 WEST 18TH STREET

15C

City

NEW YORK

State

NY

Zip Code

10011

FEC ID number of contributing
federal political committee.**C** H6NY12297

Name of Employer

US EEOC

Occupation

Administrative Judge

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

26143.38

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	2	6

Transaction ID : SA13A.4508

Amount of Each Receipt this Period

150.00

☐ Memo Item

James Duke petitioning

B.

Full Name (Last, First, Middle Initial)

ORTIZ, KAREN, , ,

Mailing Address 425 WEST 18TH STREET

15C

City

NEW YORK

State

NY

Zip Code

10011

FEC ID number of contributing
federal political committee.**C** H6NY12297

Name of Employer

US EEOC

Occupation

Administrative Judge

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

26243.38

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	2	6

Transaction ID : SA13A.4510

Amount of Each Receipt this Period

100.00

☐ Memo Item

Olga Giske Petitioning

C.

Full Name (Last, First, Middle Initial)

ORTIZ, KAREN, , ,

Mailing Address 425 WEST 18TH STREET

15C

City

NEW YORK

State

NY

Zip Code

10011

FEC ID number of contributing
federal political committee.**C** H6NY12297

Name of Employer

US EEOC

Occupation

Administrative Judge

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3664.35

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	2	6

Transaction ID : SA13A.4511

Amount of Each Receipt this Period

500.00

☐ Memo Item

Howard Giske

SUBTOTAL of Receipts This Page (optional)..... ▶

750.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 OF 92

☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☒ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

KAREN ORTIZ FOR CONGRESS

Full Name (Last, First, Middle Initial)

ORTIZ, KAREN, , ,

A.

Mailing Address 425 WEST 18TH STREET
15C

City
NEW YORK

State
NY

Zip Code
10011

FEC ID number of contributing
federal political committee.

C H6NY12297

Name of Employer
US EEOC

Occupation
Administrative Judge

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

26818.38

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 26 / 2026

Transaction ID : SA13A.4513

Amount of Each Receipt this Period

575.00

☐ Memo Item

Petitioning Normar Rodriguez

Full Name (Last, First, Middle Initial)

ORTIZ, KAREN, , ,

B.

Mailing Address 425 WEST 18TH STREET
15C

City
NEW YORK

State
NY

Zip Code
10011

FEC ID number of contributing
federal political committee.

C H6NY12297

Name of Employer
US EEOC

Occupation
Administrative Judge

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

26993.38

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 26 / 2026

Transaction ID : SA13A.4514

Amount of Each Receipt this Period

175.00

☐ Memo Item

Petitioning Normar Rodriguez

Full Name (Last, First, Middle Initial)

ORTIZ, KAREN, , ,

C.

Mailing Address 425 WEST 18TH STREET
15C

City
NEW YORK

State
NY

Zip Code
10011

FEC ID number of contributing
federal political committee.

C H6NY12297

Name of Employer
US EEOC

Occupation
Administrative Judge

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4664.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 26 / 2026

Transaction ID : SA13A.4518

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Petitioning Harrison Elfrinck

SUBTOTAL of Receipts This Page (optional)..... ►

1750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 24 OF 92

☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☒ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

KAREN ORTIZ FOR CONGRESS

Full Name (Last, First, Middle Initial)

ORTIZ, KAREN, , ,

A.

Mailing Address 425 WEST 18TH STREET

15C

City

NEW YORK

State

NY

Zip Code

10011

FEC ID number of contributing
federal political committee.

C H6NY12297

Name of Employer

US EEOC

Occupation

Administrative Judge

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

27293.38

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 26 / 2026

Transaction ID : SA13A.4519

Amount of Each Receipt this Period

300.00

☐ Memo Item

petitioning Brandon McClymont

Full Name (Last, First, Middle Initial)

ORTIZ, KAREN, , ,

B.

Mailing Address 425 WEST 18TH STREET

15C

City

NEW YORK

State

NY

Zip Code

10011

FEC ID number of contributing
federal political committee.

C H6NY12297

Name of Employer

US EEOC

Occupation

Administrative Judge

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

27399.38

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 26 / 2026

Transaction ID : SA13A.4535

Amount of Each Receipt this Period

106.00

☐ Memo Item

Team Meal Asuka Sushi New York

Full Name (Last, First, Middle Initial)

ORTIZ, KAREN, , ,

C.

Mailing Address 425 WEST 18TH STREET

15C

City

NEW YORK

State

NY

Zip Code

10011

FEC ID number of contributing
federal political committee.

C H6NY12297

Name of Employer

US EEOC

Occupation

Administrative Judge

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4839.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 27 / 2026

Transaction ID : SA13A.4509

Amount of Each Receipt this Period

175.00

☐ Memo Item

Elias Santiago petitioning

SUBTOTAL of Receipts This Page (optional)..... ▶

581.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 25 OF 92

☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☒ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

KAREN ORTIZ FOR CONGRESS

Full Name (Last, First, Middle Initial)

ORTIZ, KAREN, , ,

A.

Mailing Address 425 WEST 18TH STREET
15C

City
NEW YORK

State
NY

Zip Code
10011

FEC ID number of contributing
federal political committee.

C H6NY12297

Name of Employer
US EEOC

Occupation
Administrative Judge

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

28137.38

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 27 / 2026

Transaction ID : SA13A.4512

Amount of Each Receipt this Period

738.00

☐ Memo Item
Olga Giske petitioning

Full Name (Last, First, Middle Initial)

ORTIZ, KAREN, , ,

B.

Mailing Address 425 WEST 18TH STREET
15C

City
NEW YORK

State
NY

Zip Code
10011

FEC ID number of contributing
federal political committee.

C H6NY12297

Name of Employer
US EEOC

Occupation
Administrative Judge

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

29315.38

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 27 / 2026

Transaction ID : SA13A.4520

Amount of Each Receipt this Period

1178.00

☐ Memo Item
petitioning Jeffrey Rebello

Full Name (Last, First, Middle Initial)

ORTIZ, KAREN, , ,

C.

Mailing Address 425 WEST 18TH STREET
15C

City
NEW YORK

State
NY

Zip Code
10011

FEC ID number of contributing
federal political committee.

C H6NY12297

Name of Employer
US EEOC

Occupation
Administrative Judge

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5580.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 27 / 2026

Transaction ID : SA13A.4521

Amount of Each Receipt this Period

741.00

☐ Memo Item
petitioning Nancy Guice

SUBTOTAL of Receipts This Page (optional)..... ►

2657.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 26 OF 92

☐ 11a ☐ 11b ☐ 11c ☐ 11d
12 ☒ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

KAREN ORTIZ FOR CONGRESS

Full Name (Last, First, Middle Initial)

ORTIZ, KAREN, , ,

A.

Mailing Address 425 WEST 18TH STREET
15C

City
NEW YORK

State
NY

Zip Code
10011

FEC ID number of contributing
federal political committee.

C H6NY12297

Name of Employer
US EEOC

Occupation
Administrative Judge

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

29701.38

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 27 / 2026

Transaction ID : SA13A.4522

Amount of Each Receipt this Period

386.00

☐ Memo Item

Petitioning Dennis Ingalls

Full Name (Last, First, Middle Initial)

ORTIZ, KAREN, , ,

B.

Mailing Address 425 WEST 18TH STREET
15C

City
NEW YORK

State
NY

Zip Code
10011

FEC ID number of contributing
federal political committee.

C H6NY12297

Name of Employer
US EEOC

Occupation
Administrative Judge

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

30806.38

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 28 / 2026

Transaction ID : SA13A.4523

Amount of Each Receipt this Period

1105.00

☐ Memo Item

Petitioning Suzanne Klebe

Full Name (Last, First, Middle Initial)

ORTIZ, KAREN, , ,

C.

Mailing Address 425 WEST 18TH STREET
15C

City
NEW YORK

State
NY

Zip Code
10011

FEC ID number of contributing
federal political committee.

C H6NY12297

Name of Employer
US EEOC

Occupation
Administrative Judge

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5855.35

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 28 / 2026

Transaction ID : SA13A.4524

Amount of Each Receipt this Period

275.00

☐ Memo Item

Petitioning Harrison Elfrinck

SUBTOTAL of Receipts This Page (optional)..... ▶

1766.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 92

☐ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
☐ 12	☒ 13a	☐ 13b	☐ 14	☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

KAREN ORTIZ FOR CONGRESS

Full Name (Last, First, Middle Initial)

ORTIZ, KAREN, , ,

A.

Mailing Address 425 WEST 18TH STREET

15C

City

NEW YORK

State

NY

Zip Code

10011

FEC ID number of contributing
federal political committee.**C** H6NY12297

Name of Employer

US EEOC

Occupation

Administrative Judge

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7435.35

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	2	6

Transaction ID : SA13A.4528

Amount of Each Receipt this Period

1580.00

☐ Memo Item

Petitioning Admin Lynne Speed

B.

Full Name (Last, First, Middle Initial)

ORTIZ, KAREN, , ,

Mailing Address 425 WEST 18TH STREET

15C

City

NEW YORK

State

NY

Zip Code

10011

FEC ID number of contributing
federal political committee.**C** H6NY12297

Name of Employer

US EEOC

Occupation

Administrative Judge

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

31456.38

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	2	6

Transaction ID : SA13A.4490

Amount of Each Receipt this Period

650.00

☐ Memo Item

petitioning Kaspar Tapper

C.

Full Name (Last, First, Middle Initial)

ORTIZ, KAREN, , ,

Mailing Address 425 WEST 18TH STREET

15C

City

NEW YORK

State

NY

Zip Code

10011

FEC ID number of contributing
federal political committee.**C** H6NY12297

Name of Employer

US EEOC

Occupation

Administrative Judge

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7479.90

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	2	6

Transaction ID : SA13A.4525

Amount of Each Receipt this Period

44.55

☐ Memo Item

Petitioning Michael Campbell

SUBTOTAL of Receipts This Page (optional).....▶

2274.55

TOTAL This Period (last page this line number only).....▶

25361.68

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 92

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

KAREN ORTIZ FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Daisychain Inc.

Mailing Address 128 W Pierpont St

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	2	6

City
KingstonState
NYZip Code
12401

FEC Identification Number

C

Purpose of Disbursement
texting platform maintenance fee

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

21.78

Transaction ID : SB17.4459

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. FedEx

Mailing Address 189 8th Ave

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	2	6

City
New YorkState
NYZip Code
10001

FEC Identification Number

C

Purpose of Disbursement
zines/flyers

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

209.04

Transaction ID : SB17.4463

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. FedEx

Mailing Address 189 8th Ave

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	2	6

City
New YorkState
NYZip Code
10001

FEC Identification Number

C

Purpose of Disbursement
overnight demand letter (Bella Matias)

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

47.50

Transaction ID : SB17.4437

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

278.32

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 92

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

KAREN ORTIZ FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. FedEx

Mailing Address 189 8th Ave

City
New YorkState
NYZip Code
10001Purpose of Disbursement
copies of designating petitions

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

33.10

Transaction ID : SB17.4420

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Instacart Inc.Mailing Address 50 Beale St
Suite 600City
San FranciscoCA

State

Zip Code
94105Purpose of Disbursement
petitioning materials

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	6	

FEC Identification Number

C

Amount of Each Disbursement this Period

206.22

Transaction ID : SB17.4449

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. McClymont, Brandon, , ,

Mailing Address

City
BrooklynState
NY

Zip Code

Purpose of Disbursement
petitioning - Cash

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

75.00

Transaction ID : SB17.4466

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

314.32

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 92

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

KAREN ORTIZ FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Radix Printing & Publishing

Mailing Address 522 Bergen Street

City
BrooklynState
NYZip Code
11217Purpose of Disbursement
designating petitions

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

226.46

Transaction ID : SB17.4422

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Radix Printing & Publishing

Mailing Address 522 Bergen Street

City
BrooklynState
NYZip Code
11217Purpose of Disbursement
designating petitions

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

169.84

Transaction ID : SB17.4423

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Staples Inc.Mailing Address 5 Union Square West
Frnt 1City
New YorkState
NYZip Code
10003Purpose of Disbursement
paper rulers

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

41.44

Transaction ID : SB17.4439

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

437.74

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 92

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

KAREN ORTIZ FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Staples Inc.Mailing Address 5 Union Square West
Frnt 1City
New YorkState
NYZip Code
10003Purpose of Disbursement
clipboards pens binder clips

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

88.28

Transaction ID : SB17.4419

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Staples Inc.Mailing Address 5 Union Square West
Frnt 1City
New YorkState
NYZip Code
10003Purpose of Disbursement
paper

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

9.79

Transaction ID : SB17.4438

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Staples Inc.Mailing Address 5 Union Square West
Frnt 1City
New YorkState
NYZip Code
10003Purpose of Disbursement
pens for petitioning; printer paper

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

32.09

Transaction ID : SB17.4440

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

130.16

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 92

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

KAREN ORTIZ FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. The Container Store

Mailing Address 629 Sixth Avenue

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	2	6

City
New YorkState
NYZip Code
10011

FEC Identification Number

C

Purpose of Disbursement
Hulken bag for transporting supplies

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

107.79

Transaction ID : SB17.4427

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Thomas, Imani, , ,Mailing Address 1010 Pacific St
Apt 404

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	2	6

City
BrooklynState
NYZip Code
11238

FEC Identification Number

C

Purpose of Disbursement
reimburse for Radix tax

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

48.46

Transaction ID : SB17.4458

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Thomas, Imani, , ,Mailing Address 1010 Pacific St
Apt 404

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	2	6

City
BrooklynState
NYZip Code
11238

FEC Identification Number

C

Purpose of Disbursement
petitioning reimbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

50.00

Transaction ID : SB17.4450

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

206.25

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 33 OF 92

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

KAREN ORTIZ FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Thomas, Imani, , ,Mailing Address 1010 Pacific St
Apt 404City
BrooklynState
NYZip Code
11238Purpose of Disbursement
Invoice 16

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	5		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

225.00

Transaction ID : SB17.4430

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. V26 CapitalMailing Address 3064 Wake Forest RD
1134City
RaleighState
NCZip Code
27609Purpose of Disbursement
Compliance Consultant

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	5		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

450.00

Transaction ID : SB17.4483

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. V26 CapitalMailing Address 3064 Wake Forest RD
1134City
RaleighState
NCZip Code
27609Purpose of Disbursement
Compliance Consultant

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

450.00

Transaction ID : SB17.4485

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1125.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 34 OF 92

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

KAREN ORTIZ FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. VistaPrint

Mailing Address 275 Wyman St

City
WalthamState
MAZip Code
02451Purpose of Disbursement
Campaign Decals

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

169.02

Transaction ID : SB17.4486

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. VistaPrint

Mailing Address 275 Wyman St

City
WalthamState
MAZip Code
02451Purpose of Disbursement
bookmarks

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

99.05

Transaction ID : SB17.4415

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. VistaPrint

Mailing Address 275 Wyman St

City
WalthamState
MAZip Code
02451Purpose of Disbursement
business cards

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

99.03

Transaction ID : SB17.4416

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

367.10

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 35 OF 92

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

KAREN ORTIZ FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. VistaPrint

Mailing Address 275 Wyman St

City
WalthamState
MAZip Code
02451Purpose of Disbursement
promotional materials t shirts hats yard signs

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		29		2026

FEC Identification Number

C

Amount of Each Disbursement this Period

124.09

Transaction ID : SB17.4487

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

124.09

TOTAL This Period (last page this line number only).....▶

2982.98

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 36 OF 92

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4475

KAREN ORTIZ FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

ORTIZ, KAREN, , ,

Mailing Address

425 WEST 18TH STREET
15C

City

NEW YORK

State

NY

ZIP Code

10011

☐ Personal Funds of the Candidate

Original Amount of Loan

520.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

520.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
04 06 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

520.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 37 OF 92

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4472

KAREN ORTIZ FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

ORTIZ, KAREN, , ,

Mailing Address

425 WEST 18TH STREET
15C

City

NEW YORK

State

NY

ZIP Code

10011

☐ Personal Funds of the Candidate

Original Amount of Loan

300.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

300.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
04 13 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

300.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 38 OF 92

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4473

KAREN ORTIZ FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

ORTIZ, KAREN, , ,

Mailing Address

425 WEST 18TH STREET
15C

City

NEW YORK

State

NY

ZIP Code

10011

☐ Personal Funds of the Candidate

Original Amount of Loan

362.50

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

362.50

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
04 / 28 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

362.50

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 39 OF 92

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4534

KAREN ORTIZ FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

ORTIZ, KAREN, , ,

Mailing Address

425 WEST 18TH STREET
15C

City

NEW YORK

State

NY

ZIP Code

10011

☐ Personal Funds of the Candidate

Original Amount of Loan

70.95

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

70.95

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
04 29 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

70.95

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 40 OF 92

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4474

KAREN ORTIZ FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

ORTIZ, KAREN, , ,

Mailing Address

425 WEST 18TH STREET
15C

City

NEW YORK

State

NY

ZIP Code

10011

☐ Personal Funds of the Candidate

Original Amount of Loan

675.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

675.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 / 04 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

675.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 41 OF 92

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4478

KAREN ORTIZ FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

ORTIZ, KAREN, , ,

Mailing Address

425 WEST 18TH STREET
15C

City

NEW YORK

State

NY

ZIP Code

10011

☐ Personal Funds of the Candidate

Original Amount of Loan

546.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

546.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 / 04 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

546.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 42 OF 92

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4530

KAREN ORTIZ FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

ORTIZ, KAREN, , ,

Mailing Address

425 WEST 18TH STREET
15C

City

NEW YORK

State

NY

ZIP Code

10011

☐ Personal Funds of the Candidate

Original Amount of Loan

14.38

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

14.38

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 14 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

14.38

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 43 OF 92

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4491

KAREN ORTIZ FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

ORTIZ, KAREN, , ,

Mailing Address

425 WEST 18TH STREET
15C

City

NEW YORK

State

NY

ZIP Code

10011

☐ Personal Funds of the Candidate

Original Amount of Loan

619.29

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

619.29

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 15 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

619.29

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 44 OF 92

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4492

KAREN ORTIZ FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

ORTIZ, KAREN, , ,

Mailing Address

425 WEST 18TH STREET
15C

City

NEW YORK

State

NY

ZIP Code

10011

☐ Personal Funds of the Candidate

Original Amount of Loan

628.29

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

628.29

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 15 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

628.29

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 45 OF 92

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4529

KAREN ORTIZ FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

ORTIZ, KAREN, , ,

Mailing Address

425 WEST 18TH STREET
15C

City

NEW YORK

State

NY

ZIP Code

10011

☐ Personal Funds of the Candidate

Original Amount of Loan

20.32

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20.32

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 15 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

20.32

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 46 OF 92

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4471

KAREN ORTIZ FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

ORTIZ, KAREN, , ,

Mailing Address

425 WEST 18TH STREET
15C

City

NEW YORK

State

NY

ZIP Code

10011

☐ Personal Funds of the Candidate

Original Amount of Loan

190.43

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

190.43

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 16 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

190.43

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 47 OF 92

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4493

KAREN ORTIZ FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

ORTIZ, KAREN, , ,

Mailing Address

425 WEST 18TH STREET
15C

City

NEW YORK

State

NY

ZIP Code

10011

☐ Personal Funds of the Candidate

Original Amount of Loan

310.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

310.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 18 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

310.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 48 OF 92

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4494

KAREN ORTIZ FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

ORTIZ, KAREN, , ,

Mailing Address

425 WEST 18TH STREET
15C

City

NEW YORK

State

NY

ZIP Code

10011

☐ Personal Funds of the Candidate

Original Amount of Loan

310.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

310.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 18 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

310.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 49 OF 92

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4495

KAREN ORTIZ FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

ORTIZ, KAREN, , ,

Mailing Address

425 WEST 18TH STREET
15C

City

NEW YORK

State

NY

ZIP Code

10011

☐ Personal Funds of the Candidate

Original Amount of Loan

219.29

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

219.29

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 18 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

219.29

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 50 OF 92

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4496

KAREN ORTIZ FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

ORTIZ, KAREN, , ,

Mailing Address

425 WEST 18TH STREET
15C

City

NEW YORK

State

NY

ZIP Code

10011

☐ Personal Funds of the Candidate

Original Amount of Loan

346.79

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

346.79

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 18 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

346.79

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 51 OF 92

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4497

KAREN ORTIZ FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

ORTIZ, KAREN, , ,

Mailing Address

425 WEST 18TH STREET
15C

City

NEW YORK

State

NY

ZIP Code

10011

☐ Personal Funds of the Candidate

Original Amount of Loan

120.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

120.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 18 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

120.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 52 OF 92

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4515

KAREN ORTIZ FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

ORTIZ, KAREN, , ,

Mailing Address

425 WEST 18TH STREET
15C

City

NEW YORK

State

NY

ZIP Code

10011

☐ Personal Funds of the Candidate

Original Amount of Loan

150.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

150.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 18 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

150.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 53 OF 92

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4532

KAREN ORTIZ FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

ORTIZ, KAREN, , ,

Mailing Address

425 WEST 18TH STREET
15C

City

NEW YORK

State

NY

ZIP Code

10011

☐ Personal Funds of the Candidate

Original Amount of Loan

57.64

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

57.64

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 18 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

57.64

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 54 OF 92

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4506

KAREN ORTIZ FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

ORTIZ, KAREN, , ,

Mailing Address

425 WEST 18TH STREET
15C

City

NEW YORK

State

NY

ZIP Code

10011

☐ Personal Funds of the Candidate

Original Amount of Loan

150.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

150.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 19 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

150.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 55 OF 92

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4531

KAREN ORTIZ FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

ORTIZ, KAREN, , ,

Mailing Address

425 WEST 18TH STREET
15C

City

NEW YORK

State

NY

ZIP Code

10011

☐ Personal Funds of the Candidate

Original Amount of Loan

21.26

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

21.26

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 19 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

21.26

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 56 OF 92

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4477

KAREN ORTIZ FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

ORTIZ, KAREN, , ,

Mailing Address

425 WEST 18TH STREET
15C

City

NEW YORK

State

NY

ZIP Code

10011

☐ Personal Funds of the Candidate

Original Amount of Loan

1388.16

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1388.16

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 20 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

1388.16

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 57 OF 92

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4498

KAREN ORTIZ FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

ORTIZ, KAREN, , ,

Mailing Address

425 WEST 18TH STREET
15C

City

NEW YORK

State

NY

ZIP Code

10011

☐ Personal Funds of the Candidate

Original Amount of Loan

272.50

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

272.50

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 / 20 / 2026

M M / D D / Y Y Y Y

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

272.50

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 58 OF 92

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4499

KAREN ORTIZ FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

ORTIZ, KAREN, , ,

Mailing Address

425 WEST 18TH STREET
15C

City

NEW YORK

State

NY

ZIP Code

10011

☐ Personal Funds of the Candidate

Original Amount of Loan

309.27

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

309.27

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 20 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

309.27

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 59 OF 92

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4536

KAREN ORTIZ FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

ORTIZ, KAREN, , ,

Mailing Address

425 WEST 18TH STREET
15C

City

NEW YORK

State

NY

ZIP Code

10011

☐ Personal Funds of the Candidate

Original Amount of Loan

205.46

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

205.46

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 20 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

205.46

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 60 OF 92

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4476

KAREN ORTIZ FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

ORTIZ, KAREN, , ,

Mailing Address

425 WEST 18TH STREET
15C

City

NEW YORK

State

NY

ZIP Code

10011

☐ Personal Funds of the Candidate

Original Amount of Loan

478.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

478.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 / 21 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

478.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 61 OF 92

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4479

KAREN ORTIZ FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

ORTIZ, KAREN, , ,

Mailing Address

425 WEST 18TH STREET
15C

City

NEW YORK

State

NY

ZIP Code

10011

☐ Personal Funds of the Candidate

Original Amount of Loan

375.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

375.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 / 21 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

375.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 62 OF 92

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4480

KAREN ORTIZ FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

ORTIZ, KAREN, , ,

Mailing Address

425 WEST 18TH STREET
15C

City

NEW YORK

State

NY

ZIP Code

10011

☐ Personal Funds of the Candidate

Original Amount of Loan

1275.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1275.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 / 21 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

1275.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 63 OF 92

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4526

KAREN ORTIZ FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

ORTIZ, KAREN, , ,

Mailing Address

425 WEST 18TH STREET
15C

City

NEW YORK

State

NY

ZIP Code

10011

☐ Personal Funds of the Candidate

Original Amount of Loan

1335.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1335.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 / 21 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

1335.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 64 OF 92

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4527

KAREN ORTIZ FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

ORTIZ, KAREN, , ,

Mailing Address

425 WEST 18TH STREET
15C

City

NEW YORK

State

NY

ZIP Code

10011

☐ Personal Funds of the Candidate

Original Amount of Loan

250.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

250.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 / 21 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

250.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 65 OF 92

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4500

KAREN ORTIZ FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

ORTIZ, KAREN, , ,

Mailing Address

425 WEST 18TH STREET
15C

City

NEW YORK

State

NY

ZIP Code

10011

☐ Personal Funds of the Candidate

Original Amount of Loan

326.79

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

326.79

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 / 22 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

326.79

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 66 OF 92

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4502

KAREN ORTIZ FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

ORTIZ, KAREN, , ,

Mailing Address

425 WEST 18TH STREET
15C

City

NEW YORK

State

NY

ZIP Code

10011

☐ Personal Funds of the Candidate

Original Amount of Loan

300.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

300.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 / 22 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

300.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 67 OF 92

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4516

KAREN ORTIZ FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

ORTIZ, KAREN, , ,

Mailing Address

425 WEST 18TH STREET
15C

City

NEW YORK

State

NY

ZIP Code

10011

☐ Personal Funds of the Candidate

Original Amount of Loan

230.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

230.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 / 22 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

230.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 68 OF 92

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4517

KAREN ORTIZ FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

ORTIZ, KAREN, , ,

Mailing Address

425 WEST 18TH STREET
15C

City

NEW YORK

State

NY

ZIP Code

10011

☐ Personal Funds of the Candidate

Original Amount of Loan

743.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

743.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 22 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

743.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 69 OF 92

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4533

KAREN ORTIZ FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

ORTIZ, KAREN, , ,

Mailing Address

425 WEST 18TH STREET
15C

City

NEW YORK

State

NY

ZIP Code

10011

☐ Personal Funds of the Candidate

Original Amount of Loan

116.23

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

116.23

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 / 22 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

116.23

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 70 OF 92

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4481

KAREN ORTIZ FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

ORTIZ, KAREN, , ,

Mailing Address

425 WEST 18TH STREET
15C

City

NEW YORK

State

NY

ZIP Code

10011

☐ Personal Funds of the Candidate

Original Amount of Loan

1275.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1275.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 / 26 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

1275.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 71 OF 92

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4503

KAREN ORTIZ FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

ORTIZ, KAREN, , ,

Mailing Address

425 WEST 18TH STREET
15C

City

NEW YORK

State

NY

ZIP Code

10011

☐ Personal Funds of the Candidate

Original Amount of Loan

366.79

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

366.79

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 / 26 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

366.79

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 72 OF 92

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4504

KAREN ORTIZ FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

ORTIZ, KAREN, , ,

Mailing Address

425 WEST 18TH STREET
15C

City

NEW YORK

State

NY

ZIP Code

10011

☐ Personal Funds of the Candidate

Original Amount of Loan

87.50

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

87.50

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 / 26 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

87.50

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 73 OF 92

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4505

KAREN ORTIZ FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

ORTIZ, KAREN, , ,

Mailing Address

425 WEST 18TH STREET
15C

City

NEW YORK

State

NY

ZIP Code

10011

☐ Personal Funds of the Candidate

Original Amount of Loan

317.29

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

317.29

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 / 26 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

317.29

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 74 OF 92

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4507

KAREN ORTIZ FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

ORTIZ, KAREN, , ,

Mailing Address

425 WEST 18TH STREET
15C

City

NEW YORK

State

NY

ZIP Code

10011

☐ Personal Funds of the Candidate

Original Amount of Loan

300.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

300.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 / 26 / 2026

M M / D D / Y Y Y Y

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

300.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 75 OF 92

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4508

KAREN ORTIZ FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

ORTIZ, KAREN, , ,

Mailing Address

425 WEST 18TH STREET
15C

City

NEW YORK

State

NY

ZIP Code

10011

☐ Personal Funds of the Candidate

Original Amount of Loan

150.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

150.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 / 26 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

150.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 76 OF 92

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4510

KAREN ORTIZ FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

ORTIZ, KAREN, , ,

Mailing Address

425 WEST 18TH STREET
15C

City

NEW YORK

State

NY

ZIP Code

10011

☐ Personal Funds of the Candidate

Original Amount of Loan

100.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 / 26 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

100.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 77 OF 92

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4511

KAREN ORTIZ FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

ORTIZ, KAREN, , ,

Mailing Address

425 WEST 18TH STREET
15C

City

NEW YORK

State

NY

ZIP Code

10011

☐ Personal Funds of the Candidate

Original Amount of Loan

500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

500.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 / 26 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

500.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 78 OF 92

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4513

KAREN ORTIZ FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

ORTIZ, KAREN, , ,

Mailing Address

425 WEST 18TH STREET
15C

City

NEW YORK

State

NY

ZIP Code

10011

☐ Personal Funds of the Candidate

Original Amount of Loan

575.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

575.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 / 26 / 2026

M M / D D / Y Y Y Y

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

575.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 79 OF 92

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4514

KAREN ORTIZ FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

ORTIZ, KAREN, , ,

Mailing Address

425 WEST 18TH STREET
15C

City

NEW YORK

State

NY

ZIP Code

10011

☐ Personal Funds of the Candidate

Original Amount of Loan

175.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

175.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 / 26 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

175.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 80 OF 92

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4518

KAREN ORTIZ FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

ORTIZ, KAREN, , ,

Mailing Address

425 WEST 18TH STREET
15C

City

NEW YORK

State

NY

ZIP Code

10011

☐ Personal Funds of the Candidate

Original Amount of Loan

1000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 26 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

1000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 81 OF 92

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4519

KAREN ORTIZ FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

ORTIZ, KAREN, , ,

Mailing Address

425 WEST 18TH STREET
15C

City

NEW YORK

State

NY

ZIP Code

10011

☐ Personal Funds of the Candidate

Original Amount of Loan

300.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

300.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 / 26 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

300.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 82 OF 92

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4535

KAREN ORTIZ FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

ORTIZ, KAREN, , ,

Mailing Address

425 WEST 18TH STREET
15C

City

NEW YORK

State

NY

ZIP Code

10011

☐ Personal Funds of the Candidate

Original Amount of Loan

106.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

106.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 / 26 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

106.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 83 OF 92

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4509

KAREN ORTIZ FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

ORTIZ, KAREN, , ,

Mailing Address

425 WEST 18TH STREET
15C

City

NEW YORK

State

NY

ZIP Code

10011

☐ Personal Funds of the Candidate

Original Amount of Loan

175.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

175.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 / 27 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

175.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 84 OF 92

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4512

KAREN ORTIZ FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

ORTIZ, KAREN, , ,

Mailing Address

425 WEST 18TH STREET
15C

City

NEW YORK

State

NY

ZIP Code

10011

☐ Personal Funds of the Candidate

Original Amount of Loan

738.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

738.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 / 27 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

738.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 85 OF 92

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4520

KAREN ORTIZ FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

ORTIZ, KAREN, , ,

Mailing Address

425 WEST 18TH STREET
15C

City

NEW YORK

State

NY

ZIP Code

10011

☐ Personal Funds of the Candidate

Original Amount of Loan

1178.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1178.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 / 27 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

1178.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 86 OF 92

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4521

KAREN ORTIZ FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

425 WEST 18TH STREET
15C

City

NEW YORK

State

NY

ZIP Code

10011

☐ Personal Funds of the Candidate

Original Amount of Loan

741.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

741.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 / 27 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

741.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 87 OF 92

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4522

KAREN ORTIZ FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

ORTIZ, KAREN, , ,

Mailing Address

425 WEST 18TH STREET
15C

City

NEW YORK

State

NY

ZIP Code

10011

☐ Personal Funds of the Candidate

Original Amount of Loan

386.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

386.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 / 27 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

386.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 88 OF 92

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4523

KAREN ORTIZ FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

ORTIZ, KAREN, , ,

Mailing Address

425 WEST 18TH STREET
15C

City

NEW YORK

State

NY

ZIP Code

10011

☐ Personal Funds of the Candidate

Original Amount of Loan

1105.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1105.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 / 28 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

1105.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 89 OF 92

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4524

KAREN ORTIZ FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

ORTIZ, KAREN, , ,

Mailing Address

425 WEST 18TH STREET
15C

City

NEW YORK

State

NY

ZIP Code

10011

☐ Personal Funds of the Candidate

Original Amount of Loan

275.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

275.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 / 28 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

275.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 90 OF 92

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4528

KAREN ORTIZ FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

ORTIZ, KAREN, , ,

Mailing Address

425 WEST 18TH STREET
15C

City

NEW YORK

State

NY

ZIP Code

10011

☐ Personal Funds of the Candidate

Original Amount of Loan

1580.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1580.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 / 28 / 2026

M M / D D / Y Y Y Y

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

1580.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 91 OF 92

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4490

KAREN ORTIZ FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

ORTIZ, KAREN, , ,

Mailing Address

425 WEST 18TH STREET
15C

City

NEW YORK

State

NY

ZIP Code

10011

☐ Personal Funds of the Candidate

Original Amount of Loan

650.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

650.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
06 02 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

650.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 92 OF 92

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4525

KAREN ORTIZ FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

ORTIZ, KAREN, , ,

Mailing Address

425 WEST 18TH STREET
15C

City

NEW YORK

State

NY

ZIP Code

10011

☐ Personal Funds of the Candidate

Original Amount of Loan

44.55

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

44.55

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
06 02 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

44.55

TOTALS This Period (last page in this line only).....▶

25361.68

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.