

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed: <b>12</b>
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR      FIRST      MI <b>Ms.</b> <b>Anne</b>	<b>OFFICE USE ONLY</b>  Date Received  <b>FILED FOR RECORD AT 2:18 PM OCT 29 2018</b>  KARA SANDS CLERK, COUNTY COURT, NUECES COUNTY, TEXAS BY: <i>[Signature]</i> DEPUTY	
	NICKNAME      LAST      SUFFIX <b>Lorentzen</b>		
ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE <b>3002 E5 Quail Springs Corpus Christi, TX      78414</b>			
<input type="checkbox"/> Change of Address			
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS	AREA CODE      PHONE NUMBER      EXTENSION <b>( 361 )      290-2517</b>	Date Hand-delivered or Date Postmarked	
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR      FIRST      MI <b>Mr.</b> <b>Albert</b>	Receipt #	Amount \$
<b>6</b> CAMPAIGN TREASURER NAME	NICKNAME      LAST      SUFFIX <b>Rivera</b>	Date Processed	
	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE <b>7426 S. Staples, Suite 105      Corpus Christi, TX      78413</b>	Date Imaged	
<b>7</b> CAMPAIGN TREASURER ADDRESS (Residence or Business)	AREA CODE      PHONE NUMBER      EXTENSION <b>(361 )      814-3687</b>		
<b>8</b> CAMPAIGN TREASURER PHONE	<b>9</b> REPORT TYPE		
<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10</b> PERIOD COVERED	<b>11</b> ELECTION		
Month      Day      Year <b>09 / 28 / 2018</b>	ELECTION DATE      COUNTY, TEXAS      ELECTION TYPE Month      Day      Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <b>11 / 06 / 2018</b> <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
THROUGH      Month      Day      Year <b>10 / 27 / 2018</b>	<b>12</b> OFFICE		
	OFFICE HELD (if any) <b>Nueces County District Clerk</b>	<b>13</b> OFFICE SOUGHT (if known) <b>Nueces County District Clerk</b>	

**GO TO PAGE 2**

**2018-128**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 2**

**14 C/OH NAME**  
Ms. Anne Lorentzen

**15 Filer ID (Ethics Commission Filers)**

**16 NOTICE FROM POLITICAL COMMITTEE(S)**

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE  COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS
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Additional Pages

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	125.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	4,125.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	
	4. TOTAL POLITICAL EXPENDITURES	\$	9,115.97
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	6,060.56
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	11,200.00

**18 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Anne Lorentzen*  
\_\_\_\_\_  
Signature of Candidate or Officeholder

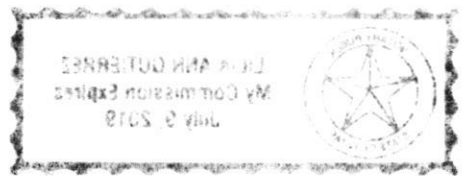
AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Anne Lorentzen, this the 29<sup>th</sup> day of October, 2018, to certify which, witness my hand and seal of office.

*Lilia Ann Gutierrez*  
Signature of officer administering oath

Lilia Ann Gutierrez  
Printed name of officer administering oath

Chief Deputy  
Title of officer administering oath



# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**

<b>19</b> FILER NAME <b>Ms. Anne Lorentzen</b>		<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 4,125.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input type="checkbox"/> SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 9,115.97
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 350.00

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
5

**2** FILER NAME

Ms. Anne Lorentzen

**3** Filer ID (Ethics Commission Filers)

**4** Date

10/4/2018

**5** Full name of contributor

Brent Chesney

out-of-state PAC (ID#: \_\_\_\_\_)

**7** Amount of contribution (\$)

\$250.00

**6** Contributor address;

5402 Holly Rd. #2202 B

City; State; Zip Code

Corpus Christi, TX 78411

**8** Principal occupation / Job title (See Instructions)

County Commissioner

**9** Employer (See Instructions)

Nueces County

Date

10/4/2018

Full name of contributor

Lee R. Jordan

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$200.00

Contributor address;

2401 Flour Bluff Dr.

City; State; Zip Code

Corpus Christi, TX 78418

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

Date

10/5/2018

Full name of contributor

Shawn O'Connor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$100.00

Contributor address;

315 Catalina Place

City; State; Zip Code

Corpus Christi, TX 78411

Principal occupation / Job title (See Instructions)

Technology Solutions Provider

Employer (See Instructions)

Self-Employed

Date

10/5/2018

Full name of contributor

Josephine Herro

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$50.00

Contributor address;

P. O. Box 3874

City; State; Zip Code

Corpus Christi, TX 78463

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
5

2 FILER NAME  
Ms. Anne Lorentzen

3 Filer ID (Ethics Commission Filers)

4 Date  
10/10/2018

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Susan Polk Clark  
6 Contributor address; City; State; Zip Code  
133 Seaview Lane Corpus Christi, TX 78411

7 Amount of contribution (\$)  
\$50.00

8 Principal occupation / Job title (See Instructions)  
Marketing

9 Employer (See Instructions)  
Unique HR

Date  
10/10/2018

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Aidee P. Gonzalez  
Contributor address; City; State; Zip Code  
7441 Long S. Dr. Corpus Christi, TX 78414

Amount of contribution (\$)  
\$100.00

Principal occupation / Job title (See Instructions)  
Personal Trainer

Employer (See Instructions)  
Self-Employed

Date  
10/10/2018

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Waller Law Office  
Contributor address; City; State; Zip Code  
100 Mann St. #700 Corpus Christi, TX 78401

Amount of contribution (\$)  
\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
10/9/2018

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Kathleen Baker  
Contributor address; City; State; Zip Code  
12741 Leopard St. Corpus Christi, TX 78410

Amount of contribution (\$)  
\$250.00

Principal occupation / Job title (See Instructions)  
Retired

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
5

2 FILER NAME

Ms. Anne Lorentzen

3 Filer ID (Ethics Commission Filers)

4 Date

10/10/2018

5 Full name of contributor

Deborah Hovda

out-of-state PAC (ID#: \_\_\_\_\_)

6 Contributor address;

8106 Douglas Drive

City; State; Zip Code

Corpus Christi, TX 78409

7 Amount of contribution (\$)

\$500.00

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

10/10/2018

Full name of contributor

Samuel L. Neal, Jr.

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

5202 St. Andrews

City; State; Zip Code

Corpus Christi, TX 78413

Amount of contribution (\$)

\$1000.00

Principal occupation / Job title (See Instructions)

County Judge

Employer (See Instructions)

Nueces County

Date

10/17/2018

Full name of contributor

Edward J. Lorentzen

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

1604 Rimstone Dr.

City; State; Zip Code

Cedar Park, TX 78613

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

10/12/2018

Full name of contributor

Tom C. Wheat

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

101 N. Shoreline #201

City; State; Zip Code

Corpus Christi, TX 78401

Amount of contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
5

2 FILER NAME

Ms. Anne Lorentzen

3 Filer ID (Ethics Commission Filers)

4 Date

10/15/2018

5 Full name of contributor

Scott Ellison

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

410 People St.

City; State; Zip Code

Corpus Christi, TX 78401

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Date

10/19/2018

Full name of contributor

Jerry Kane

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$100.00

Contributor address;

101 N. Shoreline #208

City; State; Zip Code

Corpus Christi, TX 78401

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

Date

10/20/2018

Full name of contributor

Carla Daggett

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$50.00

Contributor address;

605 Monette Dr.

City; State; Zip Code

Corpus Christi, TX 78412

Principal occupation / Job title (See Instructions)

Paralegal

Employer (See Instructions)

Date

10/24/2018

Full name of contributor

June A. Gildersleeve

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$50.00

Contributor address;

6234 Sweeney Dr.

City; State; Zip Code

Corpus Christi, TX 78413

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>5</b>
2 FILER NAME <b>Ms. Anne Lorentzen</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/16/2018</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>A-1 Bonding</b> 6 Contributor address; City; State; Zip Code <b>423 Waco St. Corpus Christi, TX 78401</b>	7 Amount of contribution (\$)  <b>\$200.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>3</b>	<b>2</b> FILER NAME <b>Ms. Anne Lorentzen</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <b>9/30/2018</b>	<b>5</b> Payee name <b>Walmart</b>
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<b>6</b> Amount (\$) <b>\$98.30</b>	<b>7</b> Payee address; City; State; Zip Code <b>6101 Saratoga Corpus Christi, TX 78414</b>
----------------------------------------	------------------------------------------------------------------------------------------------

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  <b>Advertising Expense</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  <b>Candy for Cottonfest Parade</b>
-------------------------------------------	-----------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>9/30/2018</b>	Payee name <b>Steve Ray Associates</b>
--------------------------	-------------------------------------------

Amount (\$) <b>\$6661.00</b>	Payee address; City; State; Zip Code <b>P. O. Box 742 Corpus Christi, TX 78401</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>Advertising Expense</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  <b>Radio Ads</b>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
------------------------------------------------------------	-------------------------------	---------------	-------------

Date <b>9/30/2018</b>	Payee name <b>Sergio Montemayor</b>
--------------------------	----------------------------------------

Amount (\$) <b>\$850.00</b>	Payee address; City; State; Zip Code <b>1701 Ennis Joslin Corpus Christi, TX 78412</b>
--------------------------------	-------------------------------------------------------------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>Consulting Expense</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  <b>Consulting</b>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
------------------------------------------------------------	-------------------------------	---------------	-------------

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>3</b>	<b>2</b> FILER NAME <b>Ms. Anne Lorentzen</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>10/5/2018</b>	<b>5</b> Payee name <b>Corpus Christi Crime Stoppers</b>	
<b>6</b> Amount (\$) <b>\$400.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>321 John Sartain St. Corpus Christi, TX 78401</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  <b>Contribution</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  <b>Table Sponsor</b>
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date <b>10/17/2018</b>	Payee name <b>Arrow Signs</b>	
Amount (\$) <b>\$756.67</b>	Payee address; City; State; Zip Code <b>1343 S. Staples Corpus Christi, TX 78404</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>Advertising Expense</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  <b>Campaign Signs</b>
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date <b>10/17/2018</b>	Payee name <b>United Chamber of Commerce</b>	
Amount (\$) <b>\$50.00</b>	Payee address; City; State; Zip Code <b>602 N. Staples St. #150 Corpus Christi, TX 78401</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>Contribution</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  <b>Mi Casa Fundraiser</b>
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>3</b>	<b>2</b> FILER NAME <b>Ms. Anne Lorentzen</b>	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date <b>10/24/2018</b>	<b>5</b> Payee name <b>HELP</b>				
<b>6</b> Amount (\$) <b>\$300.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>4833 Saratoga #447 Corpus Christi, TX 78413</b>				
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  <b>Contribution</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  <b>Table Sponsor</b>			
	<table border="0" style="width:100%;"> <tr> <td style="width:20%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:20%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:20%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

## SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: <b>1</b>
2 FILER NAME <b>Ms. Anne Lorentzen</b>		3 Filer ID (Ethics Commission Filers)
4 Date  10/8/2018	5 Name of person from whom amount is received <b>Cotton Community Partnership</b>	8 Amount (\$)  \$350.00
	6 Address of person from whom amount is received; City; State; Zip Code <b>101 E. Main Ave. Robstown, TX 78380</b>	
7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer <b>Refund for part of fee charged for Cottonfest Parade</b>		
Date	Name of person from whom amount is received  ..... Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		
Date	Name of person from whom amount is received  ..... Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		
Date	Name of person from whom amount is received  ..... Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

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