

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR      FIRST      MI MS      ANNE      E. <small>NICKNAME      LAST      SUFFIX</small> LORENTZEN	<b>OFFICE USE ONLY</b> Date Received FILED FOR RECORD AT 4:00 P M FEB 24 2014 Date Hand-delivered or Postmarked DIANA T. BARRERA <small>Clerk, County Court, Nueces County, Texas</small> Received by: <u>Derrin</u> Deputy	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX:      APT / SUITE #      CITY      STATE      ZIP CODE 3002 E5           CORPUS      TX      78414 QUAIL      CHRISTI SPRINGS	Date Processed: <u>Swamken</u>	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION (361)      290-2517	Date Imaged	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR      FIRST      MI MS      VELMA <small>NICKNAME      LAST      SUFFIX</small> ARRELLANO		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE):      APT / SUITE #      CITY      STATE      ZIP CODE 6806 SAHARA           CORPUS      TX      78412 DRIVE      CHRISTI		
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION (361)      533-6093		
9 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)		
10 PERIOD COVERED	Month      Day      Year      THROUGH      Month      Day      Year 1 / 24 / 14                               2 / 22 / 14		
11 ELECTION	ELECTION DATE Month      Day      Year 3 / 4 / 14	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) NUECES COUNTY DISTRICT CLERK	

GOTO PAGE 2

# 2014-079

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME **ANNE LORENTZEN**

15 ACCOUNT # (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.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

### 17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 55.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1105.00

### EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 272.11

### CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 2,037.62

### OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

### 18 AFFIDAVIT

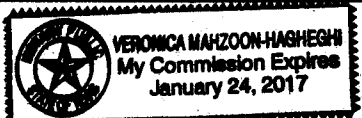
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*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 24 day of February 2014, to certify which, witness my hand and seal of office.

*Veronica Mahzoon-Haghegi* Veronica Mahzoon-Haghegi Notary Public  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath



**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <b>ANNE LORENTZEN</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>1-15-14</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>DAMELIA S. MEYER</b>	7 Amount of contribution (\$) <b>\$200.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>261 CAPECOD CORPUS TX 78412 CHRISTI</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>PROFESSOR</b>		10 Employer (See Instructions) <b>CORPUS TEXAS A&amp;M UNIVERSITY AT CHRISTI</b>	
Date <b>1-29-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>SYLVIA R. CANTU</b>	Amount of contribution (\$) <b>\$300.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>6521 BIRMINGHAM CORPUS CHRISTI TX 78414</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>BUSINESS OWNER</b>		Employer (See Instructions) <b>TEXAS STYLE &amp; TREASURES, TEXAS SNO PRO</b>	
Date <b>1-29-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>MARTHA HOMINICK</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2742 WIND ROCK DR. CORPUS CHRISTI TX 78410</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>RECEPTIONIST</b>		Employer (See Instructions) <b>WYMER PHYSICAL THERAPY</b>	
Date <b>1-29-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>LISA L. LANDWEHR</b>	Amount of contribution (\$) <b>\$50.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4301 RIDGE VIEW DR. CORPUS CHRISTI TX 78413</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>SUPERVISOR TRANSPORTATION</b>		Employer (See Instructions) <b>UNITED STATES POSTAL SERVICE</b>	
Date <b>1-29-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>SHERYL MANN</b>	Amount of contribution (\$) <b>\$500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4817 WOOLDRIDGE RD. CORPUS CHRISTI TX 78413</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>PARALEGAL</b>		Employer (See Instructions) <b>BRANSCOMB P.C.</b>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

ANNE LORENTZEN

3 ACCOUNT # (Ethics Commission Filers)

4 Date

1-29-14

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
JUDY McCALL

6 Contributor address; City; State; Zip Code  
4513 CORPUS  
O'CASEY CHRISTI TX 78413

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

RETIRED

10 Employer (See Instructions)

NONE

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1	2 FILER NAME ANNE LORENTZEN	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 2-13-14	5 Payee name JACOB GRIM
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6 Amount (\$) \$35.00	7 Payee address; City; State; Zip Code 3624 COX CORPUS CHRISTI, TX 78410 CIRCLE
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) <del>PRINTING</del> GRAPHIC DESIGN-SIGNS
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name ANNE LORENTZEN	Office sought NUECES COUNTY DISTRICT CLERK	Office held
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Date 2-13-14	Payee name I BELIEVE IN ME FOUNDATION (ABEL ALONZO)
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Amount (\$) \$100.00	Payee address; City; State; Zip Code 1701 THAMES CORPUS CHRISTI, TX 78412 APT. 133
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) LISTED AS A DONOR
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name ANNE LORENTZEN	Office sought NUECES COUNTY DISTRICT CLERK	Office held
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Date 2-11-14	Payee name HARLAND CLARKE
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Amount (\$) \$89.11	Payee address; City; State; Zip Code C/O WELLS FARGO CORPUS CHRISTI, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ACCOUNTING/BANKING	Description (If travel outside of Texas, complete Schedule T) CHECKS/DEPOSIT SLIPS
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name ANNE LORENTZEN	Office sought NUECES COUNTY DISTRICT CLERK	Office held
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Date 12-24-13	Payee name DAVID KELLY
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Amount (\$) \$48.00	Payee address; City; State; Zip Code 6321 KRISTIN DR CORPUS CHRISTI, TX 78414
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T) PIZZA
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name ANNE LORENTZEN	Office sought NUECES COUNTY DISTRICT CLERK	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED