

# 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: <b>5</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Ms</b> NICKNAME	FIRST <b>ANNE</b> LAST	MI <b>E</b> SUFFIX
	LORENTZEN		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; <b>3002</b>	APT / SUITE #; <b>E5</b>	CITY; <b>CORPUS CHRISTI</b>
	STATE; <b>TX</b>	ZIP CODE <b>78414</b>	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>(361)</b>	PHONE NUMBER <b>290-2517</b>	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Ms</b> NICKNAME	FIRST <b>VELMA</b> LAST	MI <b>A.</b> SUFFIX
	ARELLANO		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); <b>6806 SAHARA</b>	APT / SUITE #;	CITY; <b>CORPUS CHRISTI</b>
	<b>DRNE</b>		STATE; <b>TX</b>
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(361)</b>	PHONE NUMBER <b>533-6093</b>	EXTENSION
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 checked="" type="checkbox"/> July 15 <input 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 <b>2</b>	Day <b>23</b>	Year <b>14</b>
	THROUGH		Month <b>6</b>
			Day <b>30</b>
			Year <b>14</b>
11 ELECTION	ELECTION DATE Month <b>11</b>	Day <b>4</b>	Year <b>14</b>
	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <b>NUECES COUNTY DISTRICT CLERK</b>	

## OFFICE USE ONLY

Date Received  
**FILED FOR RECORD  
AT 10:32 AM****JUL 15 2014**Date Hand-delivered or Registered  
**DRANA BARRERA**  
Clerk, County Court, Nueces County, Texas  
by **Deirdre** Deputy  
Receipt # **Syalmken**

Date Processed

Date Imaged

GO TO PAGE 2

**2014-106**

# 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  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 70.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1750.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 208.77
	4. TOTAL POLITICAL EXPENDITURES	\$ 19,279.08
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,070.00
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 15 day of July, 20 14, to certify which, witness my hand and seal of office.

Veronica Mahzoon-Hagheghi VERONICA Mahzoon-Hagheghi, Notary  
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 ANNE LORENTZEN			3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/26/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REBEKKA HARRIS	7 Amount of contribution (\$) 200.00	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code 2980 LOVERS LANE INGLESIDE TX 78362		(If travel outside of Texas, complete Schedule T)		
9 Principal occupation / Job title (See Instructions) RETIRED NURSE			10 Employer (See Instructions) NONE	
Date 3/22/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHAEL BERGSMAN	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 4117 ACUSHNET CORPUS CHRISTI TX 78414		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) GEOLOGIST / PRESIDENT			Employer (See Instructions) BERGSMAN CONSULTING	
Date 4/20/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAMUEL C. DALTON	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 8002 VILLEFRANCHE CORPUS CHRISTI TX 78414		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) SCD RETIRED			Employer (See Instructions) NONE	
Date 5/8/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EUGENE J. SEAMAN	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 55 LAKE SHORE DRIVE CORPUS CHRISTI TX 78413		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) INSURANCE / OWNER			Employer (See Instructions) SEAMAN COMPANIES	
Date 6/25/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) B.B. NAJVAR	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 10606 ATLANTA ST. CORPUS CHRISTI TX 78410		(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

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

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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.

<b>1</b> Total pages Schedule G: <p style="text-align:center;">2</p>	<b>2</b> FILER NAME <p style="text-align:center;">ANNE LORENTZEN</p>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <p style="text-align:center;">2-27-14</p>	<b>5</b> Payee name <p style="text-align:center;">A<sub>3</sub>H CONSULTING, LLC</p>	
<b>6</b> Amount (\$) <p style="text-align:center;">12,500.00</p> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <p style="text-align:center;">800 N. SHORELINE STE. 340 CORPUS CHRISTI, TX 78401</p>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <p style="text-align:center;">CONSULTING EXPENSE</p>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <p style="text-align:center;">INITIAL 1/2 FEE TO CONSULTANT</p>
Date <p style="text-align:center;">4-10-14</p>	Payee name <p style="text-align:center;">RESULTS PERSONAL TRAINING</p>	
Amount (\$) <p style="text-align:center;">324.75</p> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <p style="text-align:center;">6646 S. STAPLES CORPUS CHRISTI, TX 78413</p>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <p style="text-align:center;">FEES</p>	Description (If travel outside of Texas, complete Schedule T) <p style="text-align:center;">IMAGE</p>
Date <p style="text-align:center;">5-5-14</p>	Payee name <p style="text-align:center;">A<sub>3</sub>H CONSULTING LLC</p>	
Amount (\$) <p style="text-align:center;">1739.44</p> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <p style="text-align:center;">800 N. SHORELINE STE. 340 CORPUS CHRISTI, TX 78401</p>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <p style="text-align:center;">ADVERTISING EXPENSE</p>	Description (If travel outside of Texas, complete Schedule T) <p style="text-align:center;">WEB DESIGN / BUSINESS CARDS</p>
Date <p style="text-align:center;">5-12-14</p>	Payee name <p style="text-align:center;">A T &amp; T SERVICES</p>	
Amount (\$) <p style="text-align:center;">317.46</p> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <p style="text-align:center;">P.O. BOX 537104 ATLANTA, GA 30353-7104</p>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <p style="text-align:center;">OTHER</p>	Description (If travel outside of Texas, complete Schedule T) <p style="text-align:center;">CAMPAIGN PHONE</p>

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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 G: <b>2</b>	2 FILER NAME <b>ANNE LORENTZEN</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>6-11-14</b>	5 Payee name <b>A3H CONSULTING LLC</b>
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6 Amount (\$) <b>3800.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>800 N. CORPUS SHORELINE CHRISTI, TX STE. 340 78401</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>CREATE/DESIGN/PRINT BROCHURES</b>
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Date <b>6-16-14</b>	Payee name <b>A3H CONSULTING LLC</b>
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Amount (\$) <b>597.43</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>800 N. CORPUS SHORELINE CHRISTI, TX STE. 340 78401</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>OTHER</b>	Description (If travel outside of Texas, complete Schedule T) <b>PHOTO SHOOT</b>
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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