

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: 11
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms NICKNAME	FIRST Anne LAST	MI E. SUFFIX	<div style="border: 1px solid black; padding: 5px;"> <p align="center">OFFICE USE ONLY</p> <p>Date Received FILED FOR RECORD AT 4:45 M</p> <p align="center">OCT 06 2014</p> <p>Date Hand-Overed SWAN T. BARRERA Clerk, County Court, Nueces County, Texas</p> <p>By Deirdre</p> <p>Amount Spamken</p> <p>Date Processed</p> <p>Date Imaged</p> </div>
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3002 Quail Springs, #E5 Corpus Christi, TX 78414			
<input type="checkbox"/> change of address				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (361)	PHONE NUMBER 290-2517	EXTENSION	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms NICKNAME	FIRST Velma LAST	MI A. SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 6806 Sahara Drive Corpus Christi TX 78412			
8 CAMPAIGN TREASURER PHONE	AREA CODE (361)	PHONE NUMBER 533-6093	EXTENSION	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 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 Month Day Year 07 / 01 / 2014 THROUGH 09 / 25 / 2014			
11 ELECTION	ELECTION DATE Month Day Year 11 / 04 / 2014		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) Nueces County District Clerk	

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2014-138

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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	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	\$ 150.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 12920.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 197.76
	4. TOTAL POLITICAL EXPENDITURES	\$ 13770.64
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1219.36
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 10th day of October, 20 14, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Annette L. Mouttet
Printed name of officer administering oath

Notary Public
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: 6	
2 FILER NAME Anne Lorentzen		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/1/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rebekka Harris 6 Contributor address; City; State; Zip Code 2980 Lovers Lane, Ingleside, TX 78362	7 Amount of contribution (\$) 200.00 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Retired Nurse		10 Employer (See Instructions)	
Date 7/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mike Bergsma Contributor address; City; State; Zip Code 4117 Acushnet, Corpus Christi, TX 78413	Amount of contribution (\$) 250.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Geologist		Employer (See Instructions)	
Date 7/2/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mike Pusley Contributor address; City; State; Zip Code 3916 Castle Valley, Corpus Christi, TX 78410	Amount of contribution (\$) 500.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Commissioner, Precinct One		Employer (See Instructions) Nueces County	
Date 7/10/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jerry Kane Contributor address; City; State; Zip Code 101 N. Shoreline Blvd., Ste. 208, Corpus Christi, TX 78401	Amount of contribution (\$) 250.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) President/CEO		Employer (See Instructions) Kane Group LLC	
Date 7/10/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Paul Altheide Contributor address; City; State; Zip Code 202 Del Mar, Corpus Christi, TX 78404	Amount of contribution (\$) 500.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) CPA		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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 6	
2 FILER NAME Anne Lorentzen		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/10/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Betty Black 6 Contributor address; City; State; Zip Code 725 Crown Harbor, Corpus Christi, TX 78402	7 Amount of contribution (\$) 50.00 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Owner		10 Employer (See Instructions) Betty Black Real Estate	
Date 7/10/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Bergsma Contributor address; City; State; Zip Code 4117 Acushnet, Corpus Christi, TX 78413	Amount of contribution (\$) 200.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Geologist		Employer (See Instructions)	
Date 7/10/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cornelius M. Hayes, III Contributor address; City; State; Zip Code 225 Oleander, Corpus Christi, TX 78410	Amount of contribution (\$) 250.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Lawyer/Shareholder		Employer (See Instructions) Porter, Rogers, Dahlman & Gordon	
Date 7/23/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blake Farenthold Contributor address; City; State; Zip Code P.O. Box 3369, Corpus Christi, TX 78463	Amount of contribution (\$) 500.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) U. S. Congressman		Employer (See Instructions) 27th District of Texas	
Date 8/4/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) M. D. Scott Contributor address; City; State; Zip Code 5548 County Rd. 81, Robstown, TX 78380	Amount of contribution (\$) 500.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Business Owner		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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 6	
2 FILER NAME Anne Lorentzen		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/8/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrew Greenwell 6 Contributor address; City; State; Zip Code 800 N. Shoreline Blvd., Ste. 28005, Corpus Christi, TX 78401	7 Amount of contribution (\$) 1000.00 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Lawyer		10 Employer (See Instructions) Self Employed	
Date 8/8/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nueces County Republican Party Contributor address; City; State; Zip Code 4639 Corona, Ste. 5, Corpus Christi, TX 78411	Amount of contribution (\$) 1250.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/20/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lance K. Brunn Contributor address; City; State; Zip Code 711 N. Carancahua, Ste. 1660 Corpus Christi, TX 78401	Amount of contribution (\$) 250.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Self Employed	
Date 8/20/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim Kaelin Contributor address; City; State; Zip Code P. O. Box 2703, Corpus Christi, TX 78403	Amount of contribution (\$) 150.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Sheriff		Employer (See Instructions) Nueces County	
Date 8/20/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Pusley Contributor address; City; State; Zip Code 3916 Castle, Corpus Christi, TX 78410	Amount of contribution (\$) 500.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Commissioner, Precinct One		Employer (See Instructions) Nueces County	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 6	
2 FILER NAME Anne Lorentzen		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/21/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID#: Susan Barclay 6 Contributor address; City; State; Zip Code 921 Ayers St., Corpus Christi, TX 78404	7 Amount of contribution (\$) 250.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Self Employed	
Date 8/22/14	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID#: James E. Thaxton Contributor address; City; State; Zip Code 215 Oleander, Corpus Christi, TX 78404	Amount of contribution (\$) 300.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Southern Resource Company	
Date 8/22/14	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID#: James M. Hendrex Contributor address; City; State; Zip Code 719 S. Shoreline, Ste. 400 Corpus Christi, TX 78401	Amount of contribution (\$) 100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed	
Date 8/28/14	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID#: Ira Z. Miller Contributor address; City; State; Zip Code 545N. Upper Broadway, Ste. 114 Corpus Christi, TX 78401	Amount of contribution (\$) 250.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed	
Date 8/28/14	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID#: Gabi Canales Contributor address; City; State; Zip Code 4701 Ayers, Ste. 105, Corpus Christi, TX 78415	Amount of contribution (\$) 1000.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed	
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: **6**

2 FILER NAME
Anne Lorentzen

3 ACCOUNT # (Ethics Commission Filers)

4 Date
8/28/14

5 Full name of contributor out-of-state PAC (ID#: _____)

Dr. Rita Hernandez

6 Contributor address; City; State; Zip Code

2609 Grand Isle Circle, Corpus Christi, TX 78414

7 Amount of contribution (\$)
120.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
Professor

10 Employer (See Instructions)

Date
8/28/14

Full name of contributor out-of-state PAC (ID#: _____)

Sandra Eastwood

Contributor address; City; State; Zip Code

3559 Lawnview, Corpus Christi, TX 78411

Amount of contribution (\$)
50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Lawyer

Employer (See Instructions)

Date
8/28/14

Full name of contributor out-of-state PAC (ID#: _____)

Rebecca Bradford

Contributor address; City; State; Zip Code

5701 Oso Parkway, Corpus Christi, TX 78414

Amount of contribution (\$)
500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Self-Employed Business Owner

Employer (See Instructions)
Unique Human Resources

Date
9/1/14

Full name of contributor out-of-state PAC (ID#: _____)

Lindsay M. Browne

Contributor address; City; State; Zip Code

802 N. Carancahua, Ste. 2100, Corpus Christi, TX 78401

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Lawyer

Employer (See Instructions)
Self Employed

Date
9/5/14

Full name of contributor out-of-state PAC (ID#: _____)

Edward J. Lorentzen

Contributor address; City; State; Zip Code

1504 Rimstone Dr., Cedar Park, TX 78613

Amount of contribution (\$)
500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **6**

2 FILER NAME

Anne Lorentzen

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/5/14

5 Full name of contributor out-of-state PAC (ID#: _____)

Nueces County Republican Women PAC

6 Contributor address; City; State; Zip Code

P. O. Box 270054, Corpus Christi, TX 78427

7 Amount of contribution (\$)

1000.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9/9/14

Full name of contributor out-of-state PAC (ID#: _____)

Laura J. Fansler

Contributor address; City; State; Zip Code

P. O. Box 4427, Corpus Christi, TX 78469

Amount of contribution (\$)

2000.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Bookkeeper

Employer (See Instructions)

Date

9/9/14

Full name of contributor out-of-state PAC (ID#: _____)

Rick Gomez

Contributor address; City; State; Zip Code

5022 Bonner, Corpus Christi, TX 78411

Amount of contribution (\$)

100.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Real Estate Broker

Employer (See Instructions)

Date

9/20/14

Full name of contributor out-of-state PAC (ID#: _____)

Lisa Landwehr

Contributor address; City; State; Zip Code

4301 Ridge View Dr., Corpus Christi, TX 78413

Amount of contribution (\$)

50.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Supervisor- Transportation

Employer (See Instructions)

United States Postal Service

Date

9/10/14

Full name of contributor out-of-state PAC (ID#: _____)

Lanette Joubert

Contributor address; City; State; Zip Code

P. O. Box 23, Corpus Christi, TX 78403

Amount of contribution (\$)

100.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Lawyer

Employer (See Instructions)

Self Employed

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**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: 3		2 FILER NAME Anne Lorentzen		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/3/14		5 Payee name Office Depot			
6 Amount (\$) 40.78		7 Payee address; City; State; Zip Code 5425 S. Padre Island Dr., Corpus Christi, TX 78411			
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) Walk list copies made for Block Walkers	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/7/14		Payee name Whataburger			
Amount (\$) 26.64		Payee address; City; State; Zip Code 6241 Saratoga, Corpus Christi, TX 78414			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) Food purchased for Block Walkers	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/22/14		Payee name Office Depot			
Amount (\$) 73.56		Payee address; City; State; Zip Code 5425 S. Padre Island Dr., Corpus Christi, TX 78411			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Other - Office Expense		Description (If travel outside of Texas, complete Schedule T) Supplies Purchased for Block Walkers	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7-23-14		Payee name Office Depot			
Amount (\$) 57.44		Payee address; City; State; Zip Code 5425 S. Padre Island Dr., Corpus Christi, TX 78411			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Other - Office Expense		Description (If travel outside of Texas, complete Schedule T) Supplies purchased for Block Walkers	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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: 3		2 FILER NAME Anne Lorentzen		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/4/14		5 Payee name A3H Consulting, LLC			
6 Amount (\$) 2000.00		7 Payee address; City; State; Zip Code 800 N. Shoreline Blvd., Corpus Christi, TX 78401			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) Deposit on campaign signs ordered	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/7/14		Payee name A3H Consulting, LLC			
Amount (\$) 1500.00		Payee address; City; State; Zip Code 800 N. Shoreline Blvd., Corpus Christi, TX 78401			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Deposit on campaign signs ordered	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/14/14		Payee name A3H Consulting, LLC			
Amount (\$) 2000.00		Payee address; City; State; Zip Code 800 N. Shoreling Blvd., Corpus Christi, TX 78401			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Deposit on campaign signs ordered	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8-22-14		Payee name A3H Consulting, LLC			
Amount (\$) 1000.00		Payee address; City; State; Zip Code 800 N. Shoreline Blvd., Corpus Christi, TX 78401			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Deposit on campaign signs ordered	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 3		2 FILER NAME Anne Lorentzen		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/28/14		5 Payee name Whataburger			
6 Amount (\$) 14.96		7 Payee address; City; State; Zip Code 121 N. Shoreline Blvd., Corpus Christi, TX 78401			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense		(b) Description (If travel outside of Texas, complete Schedule T) Lunch with campaign consultant	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/3/14		Payee name A3H Consulting, LLC			
Amount (\$) 1810.50		Payee address; City; State; Zip Code 800 N. Shoreline Blvd., Corpus Christi, TX 78401			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Final payment on campaign signs	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/15/14		Payee name Postmaster - Gulfway Post Office			
Amount (\$) 49.00		Payee address; City; State; Zip Code 1345 Crescent, Corpus Christi, TX 78412			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Other - Office Expense		Description (If travel outside of Texas, complete Schedule T) Purchased stamps for thank you cards	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8-22-14		Payee name A3H Consulting, LLC			
Amount (\$) 5000.00		Payee address; City; State; Zip Code 800 N. Shoreline Blvd., Corpus Christi, TX 78401			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Postage for campaign mailers	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED