

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:

8

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
Ms. Anne
NICKNAME LAST SUFFIX
Lorentzen

OFFICE USE ONLY

Date Received

FILED FOR RECORD
AT 4:40P M

OCT 27 2014

Date Hand-delivered or Postmarked

DIANA T. BARRERA

Clerk, County Court, Nueces County, Texas

Receipt # Amount Deput

Deirdre

Date Processed

Syamken

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
3002 E5 QUAIL SPRINGS
CORPUS CHRISTI, TX 78414

change of address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(361) 290-2517

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Ms. Velma
NICKNAME LAST SUFFIX
Arellano

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
6806 SAHARA DR.
CORPUS CHRISTI, TX 78412

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(361) 533-6093

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year
09/26/2014 THROUGH 10/25/2014

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
11/04/2014

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Nueces County District Clerk

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2014-154

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.

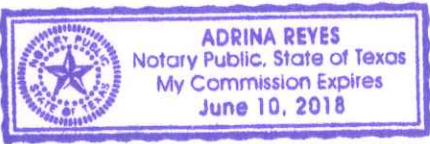
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 165.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,565.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,796.89
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,888.11
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 27th day of October, 20 14, to certify which, witness my hand and seal of office.

Adrina Reyes Adrina Reyes 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: 3	
2 FILER NAME Anne Lorentzen		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/8/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom Knight	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1202 Southbay Corpus Christi, TX 78412		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Business Owner		10 Employer (See Instructions)	
Date 9/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert E. Parker	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 9609 Corpus Christi, TX 78469		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions)	
Date 9/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carla Daggett	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 605 Monette Corpus Christi, TX		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) LEGAL SECRETARY		Employer (See Instructions)	
Date 9/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NESTOR PRADERIO	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 817 AYERS CORPUS CHRISTI, TX 78404		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) PSYCHIATRIST /M.D.		Employer (See Instructions)	
Date 9/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALICIA CUELLAR	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. BOX 7608 CORPUS CHRISTI, TX 78467		(If travel outside of Texas, complete Schedule T)	
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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 3	
2 FILER NAME ANNE LORENTZEN		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/9/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROSEMARY GRULKE	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 5642 LIPES BLVD. CORPUS CHRISTI, TX 78414	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) RETIRED		10 Employer (See Instructions)	
Date 10/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOSIE HERKO	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code P.O. BOX 3874 CORPUS CHRISTI, TX 78463	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) BUSINESS OWNER		Employer (See Instructions)	
Date 10/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAMUEL C. DALTON	Amount of contribution (\$) 100.00	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)		Employer (See Instructions)	
Date 10/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID E. KELLY	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 6321 KRISTIN DR CORPUS CHRISTI, TX 78414	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) PASTOR		Employer (See Instructions)	
Date 10/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOE McCOMB	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code P.O. BOX 1689 CORPUS CHRISTI, TX 78403	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) COUNTY COMMISSIONER		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>3</u>	
2 FILER NAME <u>ANNE LORENTZEN</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>10/21/2014</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>ANNA WALLER</u>	7 Amount of contribution (\$) <u>150.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>400 MANN ST, STE. 700 CORPUS CHRISTI, TX 78401</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <u>SECRETARY</u>		10 Employer (See Instructions)	
Date <u>10/21/2014</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>RUDY GARZA</u>	Amount of contribution (\$) <u>200.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>6221 MICHAUX CORPUS CHRISTI, TX 78414</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>CITY COUNCILMAN</u>		Employer (See Instructions)	
Date <u>10/21/2014</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>STEPHEN P. CARRIGAN</u>	Amount of contribution (\$) <u>2500.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>719 S. SHORELINE, STE. 200 CORPUS CHRISTI, TX 78401</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>ATTORNEY</u>		Employer (See Instructions)	
Date <u>10/21/2014</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>DELIA QUISENBERRY</u>	Amount of contribution (\$) <u>250.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>5245 OCEAN DRIVE CORPUS CHRISTI, TX 78412</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>M.D.</u>		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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: 2		2 FILER NAME Anne LORENTZEN		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 09/27/14		5 Payee name HOME DEPOT			
6 Amount (\$) 22.62		7 Payee address; City; State; Zip Code 4038 S. PORT AVENUE CORPUS CHRISTI, TX 78415			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising		(b) Description (If travel outside of Texas, complete Schedule T) T-Posts for signs <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/14/14		Payee name A3H Consulting			
Amount (\$) 2,000.00		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) Radio Ad Spots purchased <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/30/14		Payee name AT+T Services			
Amount (\$) 63.38		Payee address; City; State; Zip Code P.O. Box 537104 Atlanta GA 30353			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Office Overhead/ Rental Expense		Description (If travel outside of Texas, complete Schedule T) Campaign Phone <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/7/14		Payee name CiCi's Pizza			
Amount (\$) 25.94		Payee address; City; State; Zip Code 1502 Airline Rd Corpus Christi 78412			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food and Beverage Expense		Description (If travel outside of Texas, complete Schedule T) Food purchased for phone bank event <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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: 2	2 FILER NAME ANNE LORENTZEN	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/11/14	5 Payee name Postmaster - Gulfway Post Office
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6 Amount (\$) 49.00	7 Payee address; City; State; Zip Code 1345 Crescent Corpus Christi, TX 78412
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead	(b) Description (If travel outside of Texas, complete Schedule T) Stamps purchased <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/28/14	Payee name U-Haul Moving + Storage
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Amount (\$) 87.85	Payee address; City; State; Zip Code 4344 S.P.I.P. Corpus Christi, TX 78411
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Track rental for 4x8 signs <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/3/14	Payee name Wells Fargo Bank
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Amount (\$) 1.44	Payee address; City; State; Zip Code 4938 S. Steeles St. Corpus Christi, TX 78411
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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) ACH Bank fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 1	2 FILER NAME Anne Lorentzen	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/21/14	5 Payee name Dos Comales
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6 Amount (\$) 546.66 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 227 N. Water St. Corpus Christi, TX 78401
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T) Room Rental and Food Purchased for Event <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED