

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) 00000003	2 PAGE # 1 of 5								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Ms. Anne	<div style="text-align: center; border: 1px solid black; padding: 5px;"> OFFICE USE ONLY Date Received FILED FOR RECORD AT 3:00 PM JUL 15 2015 KARA SANDS CLERK, COUNTY COURT, NUECES COUNTY, TEXAS BY Kathelle Fisher DEPUTY Date Hand-delivered or Date Postmarked <table style="width:100%; border: none;"> <tr> <td style="border: none; width: 50%;">Receipt #</td> <td style="border: none; width: 50%;">Amount</td> </tr> <tr> <td style="border: none;"> </td> <td style="border: none;"> </td> </tr> </table> </div>		Receipt #	Amount						
Receipt #	Amount										
NICKNAME LAST SUFFIX Lorentzen											
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3002 E5 Quail Springs Corpus Christi, TX 78414										
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. Velma	Date Processed Date Imaged									
NICKNAME LAST SUFFIX Arellano											
6 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										
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 533-6093										
8 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final report (Attach C/OH - FR)</td> </tr> </table>			<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)
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9 PERIOD COVERED	Month Day Year Month Day Year 01/01/2015 THROUGH 06/30/2015										
10 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special									
11 OFFICE	OFFICE HELD (if any) Nueces County District Clerk	12 OFFICE SOUGHT (if known)									

GO TO PAGE 2

2015-065

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

13 C/OH NAME Lorentzen, Anne (Ms.)

14 ACCOUNT # (Ethics Commission filers)
00000003

15 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures 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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 5,000.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$ 3,336.65

CONTRIBUTION BALANCE

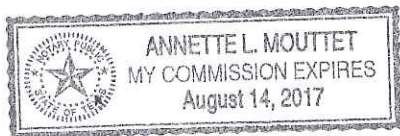
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 1,853.56

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 12,000.00

17 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 15th day of July, 2015, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering oath

Annette L. Mouttet

Print 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 PAGE # Schedule: 1/1 Report: 3/5	
2 FILER NAME Lorentzen, Anne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000003	
4 Date 02/02/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Henry, Thomas J. 6 Contributor address; City; State; Zip Code 521 Starr Street Corpus Christi, TX 78401	7 Amount of contribution (\$) \$5,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions)	

(If travel outside of Texas, complete Schedule T)

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial 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 PAGE # Schedule: 1/2 Report: 4/5	2 FILER NAME Lorentzen, Anne (Ms.)	3 ACCOUNT # (TEC filers) 00000003
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4 Date 02/25/2015	5 Payee name Bergsma, Michael
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6 Amount (\$) \$3,000.00	7 Payee address City; State; Zip Code 4117 Acushnet Dr. Corpus Christi, TX 78413
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Repayment of loan.
	<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:
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Date 01/02/2015	Payee name Elizondo, Bert
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Amount (\$) \$202.99	Payee address City; State; Zip Code 7733 Elk Drive Corpus Christi, TX 78414
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8 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) <input type="checkbox"/> Food and beverages for swearing in ceremony.
	<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:
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Date 03/31/2015	Payee name Office Depot
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Amount (\$) \$28.66	Payee address City; State; Zip Code 5425 S. Padre Island Dr. Corpus Christi, TX 78411
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8 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) <input type="checkbox"/> Purchased ink cartridges for printer.
	<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:
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Date 05/26/2015	Payee name Special Olympics Texas
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Amount (\$) \$100.00	Payee address City; State; Zip Code 4639 Corona Dr., #70 Corpus Christi, TX 78411
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation made for Police Chief Floyd Simpson Memorial.
	<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:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial 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 PAGE # Schedule: 2/2 Report: 5/5		2 FILER NAME Lorentzen, Anne (Ms.)		3 ACCOUNT # (TEC filers) 00000003	
4 Date 01/07/2015		5 Payee name Wells Fargo Bank			
6 Amount (\$) \$5.00		7 Payee address City; State; Zip Code 4938 S. Staples St. Corpus Christi, TX 78411			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Monthly service fee charge.	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	