CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 5
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR FIRST Ms. Anne NICKNAME LAST Lorentzen	MI 	OFFICE USE ONLY Date Received FILED FOR RECORD AT 3: 44 M
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE	ADDRESS / PO BOX; APT / SUITE #; 3002 E5 Quail Springs Corpus Christi, TX 78414 AREA CODE PHONE NUMBER (361) 290-2517	CITY; STATE; ZIP CODE EXTENSION	JAN 1 5 2016 KARA SANDS CLERK, COUNTY COURT, NUECES COUNTY, TEXAS BY PURCOL AND DEPUTY Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST WS. Velma NICKNAME LAST Arellano	MI SUFFIX	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	street address (NO PO BOX PLEASE); APT / S 6806 Sahara Dr. Corpus Christi, TX 78412	UITE #; CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (361) 533-6093	EXTENSION	
9 REPORT TYPE	X January 15 30th day before e		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 07 / 01 / 2015	THROUGH Month	Day Year / 31 / 2015
11 ELECTION	Month Day Year Primary General	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any) Nueces County District Clerk	13 OFFICE SOUGHT (if known	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	15 Filer ID (Ethics Commission Filers)			
Ms. Anne Lorentzen				
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 OF 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		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
	4			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
	(control line) control line (c	POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES \$		\$	1,660.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 193.56		193.56	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$	10,800.00
My Co	ANN GUTIERREZ Immission Expires July 9, 2019	I swear, or affirm, under penalty of perjury true and correct and includes all informati under Title 15, Election Code. Signature of Candidate	on required to	be reported by me
AFFIX NOTARY STAN		by the said Anne Lorentzen	, this the	15th
Sworn to and subscribed before me, by the said HMR LOVERTZEN, this the day of flux and, 20_14, to certify which, witness my hand and seal of office.				
Liles lun	Qute	enez Lilia Ann Gutierrez	Chi	el Denut
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Con		mmission Filers)
	Ms. Anne Lorentzen		
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		
1.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS		
4.	4. SCHEDULE E: LOANS		\$
5.	5. X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 1,660.00
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$
			The property of the same

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

	2 FILED NAME	3 Filer ID (Ethics Commission Filers)	
Total pages Schedule F1:	Ms. Anne Lorentzen	3 Filer ID (Etnics Commission Filers)	
Date 07/20/2015	5 Payee name El Tejano		
Amount (\$)	7 Payee address; City; State; Zip Code		
\$300.00	2505 Sarita St.		
ψ300.00	Corpus Christi, TX 78405		
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense	
LAPENDITORE		Magazine ad space purchased.	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
07/21/2015	Bank of America		
Amount (\$)	Payee address; City; State; Zip Code		
£4.000.00	P. O. Box 851001		
\$1,000.00	Dallas, TX 75285		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel outside of Texas. Complete Schedule T.	
OF		Check if Austin, TX, officeholder living expense	
EXPENDITURE	Loan Repayment/Reimbursement	Payment on loan.	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
08/28/2015	Bank of America		
Amount (\$)	Payee address; City; State; Zip Code		
\$200.00	P. O. Box 851001		
	Dallas, TX 75285		
į.	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Loan Repayment/Reimbursement	Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Loan Repayment/Reimbursement	Check if Austin, TX, officeholder living expense	
		Payment on Ioan.	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (or the personned listed shows)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/ The Instruction Guide explains how to	Wages/Contract Labor Other (enter a category not listed above) complete this form.
1 Total pages Schedule F1	2 FILER NAME Ms. Anne Lorentzen	3 Filer ID (Ethics Commission Filers)
4 Date 10/05/2015	5 Payee name El Tejano	
6 Amount (\$) \$150.00	7 Payee address; City; State; Zip Code 2505 Sarita St. Corpus Christi, TX 78405	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Magazine ad space purchased.
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date 11/05/2015	Payee name Wells Fargo Bank	
Amount (\$) \$5.00	Payee address; City; State; Zip Code 4938 S. Staples St. Corpus Christi, TX 78411	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly service fee charge.
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date 12/04/2015	Payee name Wells Fargo Bank	
Amount (\$) \$5.00	Payee address; City; State; Zip Code 4938 S. Staples Corpus Christi, TX 78411	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly service fee charge.
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED