

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

| | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|--|---|---------------------------------|--|----------------------------------|--|---|--|----------------------------------|-------------|---|-----------|-----------|-------------|----------------|--|-------------|--|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: <p style="text-align:center; font-size: 24px;">6</p> | | | | | | | | | | | | | | | | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">MS / MRS / MR</td> <td style="width:45%;">FIRST</td> <td style="width:30%;">MI</td> </tr> <tr> <td>Ms.</td> <td>Anne</td> <td></td> </tr> <tr> <td>NICKNAME</td> <td>LAST</td> <td>SUFFIX</td> </tr> <tr> <td colspan="3" style="text-align:center;">Lorentzen</td> </tr> </table> | MS / MRS / MR | FIRST | MI | Ms. | Anne | | NICKNAME | LAST | SUFFIX | Lorentzen | | | <p style="text-align:center; font-weight: bold;">OFFICE USE ONLY</p> <p>Date Received</p> <p style="text-align:center;">FILED FOR RECORD AT M</p> <p style="text-align:center; font-size: 24px;">JAN 17 2018</p> <p style="text-align:center;">KARA SANDS CLERK COUNTY CO. CLERK NUECES COUNTY TEXAS</p> <p style="text-align:center;">BY <i>[Signature]</i> DEPUTY</p> <p style="text-align:right; font-size: 24px;">3:07 PM</p> <p>Date Hand-delivered or Date Postmarked</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table> | | Receipt # | Amount \$ | Date Processed | | Date Imaged | |
| MS / MRS / MR | FIRST | MI | | | | | | | | | | | | | | | | | | | |
| Ms. | Anne | | | | | | | | | | | | | | | | | | | | |
| NICKNAME | LAST | SUFFIX | | | | | | | | | | | | | | | | | | | |
| Lorentzen | | | | | | | | | | | | | | | | | | | | | |
| Receipt # | Amount \$ | | | | | | | | | | | | | | | | | | | | |
| Date Processed | | | | | | | | | | | | | | | | | | | | | |
| Date Imaged | | | | | | | | | | | | | | | | | | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">ADDRESS / PO BOX;</td> <td style="width:25%;">APT / SUITE #;</td> <td style="width:25%;">CITY;</td> <td style="width:10%;">STATE;</td> <td style="width:15%;">ZIP CODE</td> </tr> <tr> <td colspan="5">3002 E5 Quail Springs Corpus Christi, TX 78414</td> </tr> </table> | ADDRESS / PO BOX; | APT / SUITE #; | CITY; | STATE; | ZIP CODE | 3002 E5 Quail Springs Corpus Christi, TX 78414 | | | | | | | | | | | | | | |
| ADDRESS / PO BOX; | APT / SUITE #; | CITY; | STATE; | ZIP CODE | | | | | | | | | | | | | | | | | |
| 3002 E5 Quail Springs Corpus Christi, TX 78414 | | | | | | | | | | | | | | | | | | | | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">AREA CODE</td> <td style="width:45%;">PHONE NUMBER</td> <td style="width:30%;">EXTENSION</td> </tr> <tr> <td>(361)</td> <td>290-2517</td> <td></td> </tr> </table> | AREA CODE | PHONE NUMBER | EXTENSION | (361) | 290-2517 | | | | | | | | | | | | | | | |
| AREA CODE | PHONE NUMBER | EXTENSION | | | | | | | | | | | | | | | | | | | |
| (361) | 290-2517 | | | | | | | | | | | | | | | | | | | | |
| 6 CAMPAIGN TREASURER NAME | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">MS / MRS / MR</td> <td style="width:45%;">FIRST</td> <td style="width:30%;">MI</td> </tr> <tr> <td>Mr.</td> <td>Albert</td> <td></td> </tr> <tr> <td>NICKNAME</td> <td>LAST</td> <td>SUFFIX</td> </tr> <tr> <td colspan="3" style="text-align:center;">Rivera</td> </tr> </table> | MS / MRS / MR | FIRST | MI | Mr. | Albert | | NICKNAME | LAST | SUFFIX | Rivera | | | | | | | | | | |
| MS / MRS / MR | FIRST | MI | | | | | | | | | | | | | | | | | | | |
| Mr. | Albert | | | | | | | | | | | | | | | | | | | | |
| NICKNAME | LAST | SUFFIX | | | | | | | | | | | | | | | | | | | |
| Rivera | | | | | | | | | | | | | | | | | | | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:15%;">APT / SUITE #;</td> <td style="width:15%;">CITY;</td> <td style="width:10%;">STATE;</td> <td style="width:15%;">ZIP CODE</td> </tr> <tr> <td colspan="5">7426 S. Staples, Suite 105 Corpus Christi, TX 78413</td> </tr> </table> | STREET ADDRESS (NO PO BOX PLEASE); | APT / SUITE #; | CITY; | STATE; | ZIP CODE | 7426 S. Staples, Suite 105 Corpus Christi, TX 78413 | | | | | | | | | | | | | | |
| STREET ADDRESS (NO PO BOX PLEASE); | APT / SUITE #; | CITY; | STATE; | ZIP CODE | | | | | | | | | | | | | | | | | |
| 7426 S. Staples, Suite 105 Corpus Christi, TX 78413 | | | | | | | | | | | | | | | | | | | | | |
| 8 CAMPAIGN TREASURER PHONE | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">AREA CODE</td> <td style="width:45%;">PHONE NUMBER</td> <td style="width:30%;">EXTENSION</td> </tr> <tr> <td>(361)</td> <td>814-3687</td> <td></td> </tr> </table> | AREA CODE | PHONE NUMBER | EXTENSION | (361) | 814-3687 | | | | | | | | | | | | | | | |
| AREA CODE | PHONE NUMBER | EXTENSION | | | | | | | | | | | | | | | | | | | |
| (361) | 814-3687 | | | | | | | | | | | | | | | | | | | | |
| 9 REPORT TYPE | <table style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" 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 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 checked="" 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 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) | | | | | | | | | | |
| <input checked="" 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 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 | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Month</td> <td style="width:10%;">Day</td> <td style="width:15%;">Year</td> <td style="width:20%;"></td> <td style="width:20%;">Month</td> <td style="width:10%;">Day</td> <td style="width:10%;">Year</td> </tr> <tr> <td>07</td> <td>01</td> <td>2017</td> <td style="text-align:center;">THROUGH</td> <td>12</td> <td>31</td> <td>2017</td> </tr> </table> | | | Month | Day | Year | | Month | Day | Year | 07 | 01 | 2017 | THROUGH | 12 | 31 | 2017 | | | | |
| Month | Day | Year | | Month | Day | Year | | | | | | | | | | | | | | | |
| 07 | 01 | 2017 | THROUGH | 12 | 31 | 2017 | | | | | | | | | | | | | | | |
| 11 ELECTION | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">ELECTION DATE</td> <td colspan="2">ELECTION TYPE</td> </tr> <tr> <td>Month Day Year</td> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> </tr> <tr> <td>11 / 6 / 18</td> <td><input checked="" type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> </tr> <tr> <td></td> <td colspan="2"><input type="checkbox"/> Other Description</td> </tr> </table> | | | ELECTION DATE | ELECTION TYPE | | Month Day Year | <input type="checkbox"/> Primary | <input type="checkbox"/> Runoff | 11 / 6 / 18 | <input checked="" type="checkbox"/> General | <input type="checkbox"/> Special | | <input type="checkbox"/> Other Description | | | | | | | |
| ELECTION DATE | ELECTION TYPE | | | | | | | | | | | | | | | | | | | | |
| Month Day Year | <input type="checkbox"/> Primary | <input type="checkbox"/> Runoff | | | | | | | | | | | | | | | | | | | |
| 11 / 6 / 18 | <input checked="" type="checkbox"/> General | <input type="checkbox"/> Special | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Other Description | | | | | | | | | | | | | | | | | | | | |
| 12 OFFICE | OFFICE HELD (if any) Nueces County District Clerk | 13 OFFICE SOUGHT (if known) | | | | | | | | | | | | | | | | | | | |

GO TO PAGE 2

2018-024

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME
Ms. Anne Lorentzen

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

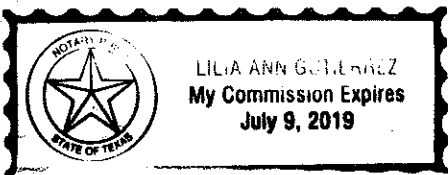
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO 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 | \$ |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 1,500.00 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 1,398.62 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 234.94 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 10,800.00 |

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 17th day of January, 20 18, to certify which, witness my hand and seal of office.

Lilia Ann Gutierrez Lilia Ann Gutierrez Chief Deputy
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 FILER NAME Ms. Anne Lorentzen | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 1,500.00 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 1,398.62 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2

2 FILER NAME

Ms. Anne Lorentzen

3 Filer ID (Ethics Commission Filers)

4 Date

07/13/2017

5 Full name of contributor

out-of-state PAC (ID#: _____)

Bernard & Margie Navjar

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

10606 Atlanta Street Corpus Christi, TX 78410

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

07/13/2017

Full name of contributor

out-of-state PAC (ID#: _____)

Samuel C. Dalton

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

8002 Villefranche Corpus Christi, TX 78414

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

07/13/2017

Full name of contributor

out-of-state PAC (ID#: _____)

Rebecca Bradford

Amount of contribution (\$)

\$300.00

Contributor address;

City; State; Zip Code

5701 Oso Parkway Corpus Christi, TX 78414

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

Date

08/17/2017

Full name of contributor

out-of-state PAC (ID#: _____)

Brent Chesney Campaign Account

Amount of contribution (\$)

\$250.00

Contributor address;

City; State; Zip Code

5402 Holly Rd., Ste. 2202 Corpus Christi, TX 78411

Principal occupation / Job title (See Instructions)

County Commissioner

Employer (See Instructions)

Nueces County

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2

2 FILER NAME

Ms. Anne Lorentzen

3 Filer ID (Ethics Commission Filers)

4 Date

09/05/2017

5 Full name of contributor

Edward J. Lorentzen

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$750.00

6 Contributor address;

City; State; Zip Code

1504 Rimstone Dr.

Cedar Park, TX 78613

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: 1 | 2 FILER NAME Ms. Anne Lorentzen | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 07/10/2017 | 5 Payee name Gulf Coast Mailing Services | |
| 6 Amount (\$) \$138.62 | 7 Payee address; City; State; Zip Code P. O. Box 9312 Corpus Christi, TX 78469 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Invitations, re-election announcement |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ | |
| Date 08/04/2017 | Payee name Wells Fargo Bank | |
| Amount (\$) \$10.00 | 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Fee |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ | |
| Date 11/15/2017 | Payee name Nueces County Republican Party | |
| Amount (\$) \$1,250.00 | Payee address; City; State; Zip Code 5151 Flynn Parkway, Suite 103 Corpus Christi, TX 78411 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Fees | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing Fee |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: Anne Lorentzen Office sought: _____ Office held: Nueces Co. District Clerk | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED