

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: 13																					
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: 8pt;">MS / MRS / MR</td> <td style="width:35%; text-align: center;">FIRST</td> <td style="width:15%; font-size: 8pt;">MI</td> <td style="width:35%;"></td> </tr> <tr> <td></td> <td style="text-align: center;">Ms. Anne</td> <td></td> <td></td> </tr> <tr> <td style="font-size: 8pt;">NICKNAME</td> <td style="text-align: center;">LAST</td> <td style="font-size: 8pt;">SUFFIX</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">Lorentzen</td> <td></td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI			Ms. Anne			NICKNAME	LAST	SUFFIX			Lorentzen			<p style="text-align: center; font-weight: bold; margin: 0;">OFFICE USE ONLY</p> <p style="font-size: 8pt; margin: 5px 0;">Date Received</p> <p style="text-align: center; margin: 5px 0;">FILED FOR RECORD AT 3:11 PM</p> <p style="text-align: center; margin: 5px 0;">OCT 09 2018</p> <p style="font-size: 8pt; margin: 5px 0;">KARA SANDS CLERK, COUNTY CLERK, NUECES COUNTY, TEXAS BY: <i>[Signature]</i> DEPUTY</p> <p style="font-size: 8pt; margin: 5px 0;">Date Hand-delivered or Date Postmarked</p> <table style="width:100%; border-collapse: collapse; margin: 5px 0;"> <tr> <td style="width:50%; font-size: 8pt;">Receipt #</td> <td style="width:50%; font-size: 8pt;">Amount \$</td> </tr> <tr> <td colspan="2" style="font-size: 8pt;">Date Processed</td> </tr> <tr> <td colspan="2" style="font-size: 8pt;">Date Imaged</td> </tr> </table>	Receipt #	Amount \$	Date Processed		Date Imaged	
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4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: 8pt;">ADDRESS / PO BOX;</td> <td style="width:15%; font-size: 8pt;">APT / SUITE #;</td> <td style="width:20%; font-size: 8pt;">CITY;</td> <td style="width:10%; font-size: 8pt;">STATE;</td> <td style="width:25%; font-size: 8pt;">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																	
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	Rivera																							
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: 8pt;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:15%; font-size: 8pt;">APT / SUITE #;</td> <td style="width:20%; font-size: 8pt;">CITY;</td> <td style="width:10%; font-size: 8pt;">STATE;</td> <td style="width:25%; font-size: 8pt;">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																	
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9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"><input type="checkbox"/> January 15</td> <td style="width:25%;"><input checked="" type="checkbox"/> 30th day before election</td> <td style="width:25%;"><input type="checkbox"/> Runoff</td> <td style="width:25%;"><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 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)													
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: 8pt;">Month</td> <td style="width:15%; font-size: 8pt;">Day</td> <td style="width:15%; font-size: 8pt;">Year</td> <td style="width:10%;"></td> <td style="width:15%; font-size: 8pt;">Month</td> <td style="width:15%; font-size: 8pt;">Day</td> <td style="width:15%; font-size: 8pt;">Year</td> </tr> <tr> <td>07</td> <td>01</td> <td>2018</td> <td style="text-align: center;">THROUGH</td> <td>09</td> <td>27</td> <td>2018</td> </tr> </table>			Month	Day	Year		Month	Day	Year	07	01	2018	THROUGH	09	27	2018							
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11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: 8pt;">ELECTION DATE</td> <td style="width:70%;"></td> </tr> <tr> <td style="font-size: 8pt;">Month Day Year</td> <td></td> </tr> <tr> <td>11 / 06 / 2018</td> <td></td> </tr> </table>	ELECTION DATE		Month Day Year		11 / 06 / 2018		<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="font-size: 8pt;">ELECTION TYPE</td> </tr> <tr> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other Description</td> </tr> <tr> <td><input checked="" type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>		ELECTION TYPE			<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special							
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<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special																							
12 OFFICE	OFFICE HELD (if any) Nueces County District Clerk	13 OFFICE SOUGHT (if known) Nueces County District Clerk																						

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2018-116

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	\$ 11,650.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 7,322.67
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 11,051.53
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 11,200.00

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 9th day of October, 2018, to certify which, witness my hand and seal of office.

Lilia Ann Gutierrez

Signature of officer administering oath

Lilia Ann Gutierrez

Printed name of officer administering oath

Chief Deputy

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		\$ 11,650.00
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		\$ 7,322.67
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 50.80
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:
6

2 FILER NAME
Ms. Anne Lorentzen

3 Filer ID (Ethics Commission Filers)

4 Date
07/06/2018

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

Herrman & Herrman, PLLC

6 Contributor address; City; State; Zip Code
1201 Third Street Corpus Christi, TX 78404

7 Amount of contribution (\$)
\$250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
07/12/2018

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

Mike Carrell

Contributor address; City; State; Zip Code
4966 Cherry Hills Dr. Corpus Christi, TX 78413

Amount of contribution (\$)
\$150.00

Principal occupation / Job title (See Instructions)
Bank President

Employer (See Instructions)
Frost Bank

Date
07/23/2018

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

William A. Thau III

Contributor address; City; State; Zip Code
6229 Bourbonais Dr. Corpus Christi, TX 78414

Amount of contribution (\$)
\$50.00

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Self-Employed

Date
08/03/2018

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

Brent Chesney

Contributor address; City; State; Zip Code
5402 Holly Rd. #2202B Corpus Christi, TX 78411

Amount of contribution (\$)
\$250.00

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:
6

2 FILER NAME
Ms. Anne Lorentzen

3 Filer ID (Ethics Commission Filers)

4 Date
08/13/2018

5 Full name of contributor out-of-state PAC (ID#: _____)
Nueces County Republican Women PAC

7 Amount of contribution (\$)
\$1250.00

6 Contributor address; City; State; Zip Code
P. O. Box 60455 Corpus Christi, TX 78466

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
08/15/2018

Full name of contributor out-of-state PAC (ID#: _____)
Mr. Ben B. Wallace

Amount of contribution (\$)
\$500.00

Contributor address; City; State; Zip Code
101 N. Shoreline #600 Corpus Christi, TX 78401

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)

Date
08/10/2018

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

Amount of contribution (\$)
\$250.00

Contributor address; City; State; Zip Code
802 N. Carancahua #2100 Corpus Christi, TX 78401

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
08/16/2018

Full name of contributor out-of-state PAC (ID#: _____)
Dr. Harry L. Overstreet II, DDS

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
5525 S. Staples #A1 Corpus Christi, TX 78411

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
6

2 FILER NAME
Ms. Anne Lorentzen

3 Filer ID (Ethics Commission Filers)

4 Date
08/20/2018

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

Anne Elizabeth Lorentzen

6 Contributor address; City; State; Zip Code

3002 E5 Quail Springs Corpus Christi, TX 78414

7 Amount of contribution (\$)

\$10.00

8 Principal occupation / Job title (See Instructions)
District Clerk

9 Employer (See Instructions)
Nueces County

Date
08/28/2018

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

Ron Barroso, Attorney At Law

5350 S. Staples #401 Corpus Christi, TX 78411

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Self-Employed

Date
09/05/2018

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

Natalie Olsson

Contributor address; City; State; Zip Code

4518 Hogan Corpus Christi, TX 78413

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)

Date
09/05/2018

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

Susie Sullivan

Contributor address; City; State; Zip Code

7434 Lake Superior Drive Corpus Christi, TX 78413

Amount of contribution (\$)

\$40.00

Principal occupation / Job title (See Instructions)
CPA

Employer (See Instructions)
Bay Ltd.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME Ms. Anne Lorentzen		3 Filer ID (Ethics Commission Filers)
4 Date 09/08/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Office of William A. Dudley, P.C. 6 Contributor address; City; State; Zip Code 1126 3rd Street Corpus Christi, TX 78404	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions)
Date 09/17/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Hudgens Contributor address; City; State; Zip Code 5306 Fulwell Dr. Corpus Christi, TX 78413	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Network Admin		Employer (See Instructions) OAG
Date 09/19/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Connie Scott Contributor address; City; State; Zip Code 638 Shoreline Circle Port Aransas, TX 78373	Amount of contribution (\$) \$1000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/19/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nueces County Republican Party Contributor address; City; State; Zip Code 5151 Flynn Pkwy Ste. 103 Corpus Christi, TX 78411	Amount of contribution (\$) \$5000.00
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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
6

2 FILER NAME
Ms. Anne Lorentzen

3 Filer ID (Ethics Commission Filers)

4 Date
09/17/2018

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

7 Amount of contribution (\$)

\$250.00

6 Contributor address; City; State; Zip Code
106 Rainbow Lane Corpus Christi, TX 78411

8 Principal occupation / Job title (See Instructions)
Retired

9 Employer (See Instructions)

Date
09/19/2018

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

Amount of contribution (\$)

\$300.00

Contributor address; City; State; Zip Code
801 Elm St. Graham, TX 76450

Principal occupation / Job title (See Instructions)
Agent/Office & Marketing Manager

Employer (See Instructions)
Campbell Farm & Ranch

Date
09/12/2018

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

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code
6646 S. Staples #114 Corpus Christi, TX 78413

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
09/12/2018

Full name of contributor out-of-state PAC (ID#: _____)
Clark C. Flato

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code
P. O. Box 1999 Corpus Christi, TX 78403

Principal occupation / Job title (See Instructions)
Business Owner

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
6

2 FILER NAME
Ms. Anne Lorentzen

3 Filer ID (Ethics Commission Filers)

4 Date
09/21/2018

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

Zenaida Sanchez

7 Amount of contribution (\$)

\$150.00

6 Contributor address; City; State; Zip Code

120 Cole St. Corpus Christi, TX 78404

8 Principal occupation / Job title (See Instructions)
Attorney

9 Employer (See Instructions)

Date
09/21/2018

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

Robert E. Parker

Amount of contribution (\$)

\$1000.00

Contributor address; City; State; Zip Code

P. O. Box 9606 Corpus Christi, TX 78469

Principal occupation / Job title (See Instructions)
CEO

Employer (See Instructions)
Repcon Inc.

Date
09/26/2018

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

Rebecca Bradford

Amount of contribution (\$)

\$500.00

Contributor address; City; State; Zip Code

5701 Oso Parkway Corpus Christi, TX 78414

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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: 3	2 FILER NAME Ms. Anne Lorentzen	3 Filer ID (Ethics Commission Filers)
4 Date 07/31/2018	5 Payee name El Tejano Hispanic Community Monthly Magazine	
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 2505 Sarita St. Corpus Christi, TX 78405	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Placed political ad in magazine
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 08/07/2018	Payee name Corpus Christi ALP Special Meeting Account	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 615 N. Upper Broadway, Suite 1605 Corpus Christi, TX 78401	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other - Sponsorship	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 2018 ALP Fall Conference Sponsor
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 08/16/2018	Payee name El Tejano Hispanic Community Monthly Magazine	
Amount (\$) \$750.00	Payee address; City; State; Zip Code 2505 Sarita St. Corpus Christi, TX 78405	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Placed 3 political ads in magazine
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 3	2 FILER NAME Ms. Anne Lorentzen	3 Filer ID (Ethics Commission Filers)
4 Date 08/19/2018	5 Payee name Arrow Signs	
6 Amount (\$) \$1622.67	7 Payee address; City; State; Zip Code 1343 S. Staples St. Corpus Christi, TX 78404	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Campaign Signs Order
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 08/27/2018	Payee name Sergio Montemayor	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 1701 Ennis Joslin Corpus Christi, TX 78412	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/09/2018	Payee name Steve Ray Associates	
Amount (\$) \$3500.00	Payee address; City; State; Zip Code P. O. Box 742 Corpus Christi, TX 78401	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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: 3	2 FILER NAME Ms. Anne Lorentzen	3 Filer ID (Ethics Commission Filers)
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4 Date 09/24/2018	5 Payee name Cotton Community Partnership
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6 Amount (\$) \$600.00	7 Payee address; City; State; Zip Code 101 E. Main Robstown, TX 78380
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Entry fee for Annual Cottonfest Parade
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9 Complete <u>ONLY</u> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> 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	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 G: 1	2 FILER NAME Ms. Anne Lorentzen	3 Filer ID (Ethics Commission Filers)
4 Date 09/05/2018	5 Payee name Wells Fargo Bank	
6 Amount (\$) \$6.20 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 4938 S. Staples Corpus Christi, TX 78411	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee for credit card transactions for contributions received
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 09/17/2018	Payee name Wells Fargo Bank	
Amount (\$) \$4.30 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	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	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee for credit card transactions for contributions received
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 9/19/2018	Payee name Wells Fargo Bank	
Amount (\$) \$40.30 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	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	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee for credit card transactions for contributions received
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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