

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: 6
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms NICKNAME	FIRST ANNE LAST	MI E. SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: 3002 E5 QUAIL SPRINGS	APT / SUITE #: CORPUS CHRISTI	CITY, STATE, ZIP CODE: TX 78414
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (361)	PHONE NUMBER 290-2517	EXTENSION
6 CAMPAIGN TREASURER NAME	MRS / MR MS	FIRST VELMA LAST	MI ARELLANO SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): 6806 SAHARA DRIVE	APT / SUITE #: CORPUS CHRISTI	CITY, STATE, ZIP CODE: TX 78412
8 CAMPAIGN TREASURER PHONE	AREA CODE (361)	PHONE NUMBER 533-6093	EXTENSION
9 REPORT TYPE	<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	Month Day Year 9 / 20 / 13	THROUGH	Month Day Year 12 / 31 / 13
11 ELECTION	ELECTION DATE Month Day Year 11 / 4 / 14	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) NONE	13 OFFICE SOUGHT (if known) NUECES COUNTY DISTRICT CLERK	

FILED FOR RECORD

Date Received: **M**

JAN 15 2014 12:01 PM

DIANA T. BARRERA
Clerk County Court, Bexar County, Texas
By: **[Signature]** Deputy
Date Hand-delivered or Postmarked

Receipt #	Amount

Date Processed

Date Imaged

GO TO PAGE 2

2014-023

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME ANNE LORENTZEN **15 ACCOUNT #** (Ethics Commission Filers)

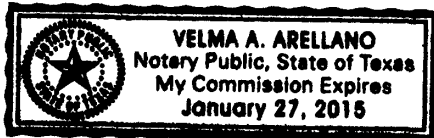
16 NOTICE FROM POLITICAL COMMITTEE(S)

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	\$ 85.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2760.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 94.27
	4. TOTAL POLITICAL EXPENDITURES	\$ 1849.54
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 910.54
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 15th day of January, 2014, to certify which, witness my hand and seal of office.

Velma A. Arellano Velma A. Arellano 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:

2 FILER NAME

ANNE LORENTZEN

3 ACCOUNT # (Ethics Commission Filers)

4 Date

11/2/13

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

BECKY HARRIS

7 Amount of contribution (\$)

\$200.00

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code
2980 LOVERS INGLESIDE TX
LANE 78362

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

RETIRED RN

10 Employer (See Instructions)

NA

Date

11/6/13

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

T. HARDIE BOWMAN

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code
1801 S. ALAMEDA CORPUS CHRISTI,
STE. 200 TX 78404

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

CERTIFIED PUBLIC ACCOUNTANT

Employer (See Instructions)

SELF-EMPLOYED (BOWMAN, REAGAN, CPA, INC)

Date

11/7/13

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

DANNY TOWER

Amount of contribution (\$)

\$150.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code
453 CORPUS
BERMUDA CHRISTI TX 78411

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

LAWYER

Employer (See Instructions)

SELF-EMPLOYED

Date

11/19/13

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

DR. DIANE IVY

Amount of contribution (\$)

\$1000.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code
7434 LAKE CORPUS TX 78413
MAGGORIE CHRISTI

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

COLLEGE PROFESSOR

Employer (See Instructions)

TEXAS A&M UNIVERSITY AT CORPUS CHRISTI

Date

11/27/13

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

EMILY C. LORENTZEN

Amount of contribution (\$)

\$ 75.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code
2111 OLD
HOLZWARTH SPRING TX 77388
RD#910

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

DEMAND PLANNER

Employer (See Instructions)

BAKER HUGHES

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:	
2 FILER NAME ANNE LORENTZEN		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/27/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EDWARD J. LORENTZEN	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1504 CEDAR RIMSTONE PARK TX 78613 DRIVE		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) RETIRED U.S. ARMY COLONEL		10 Employer (See Instructions) NA	
Date 12/6/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAM C. DALTON	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8002 CORPUS VILLEFRANCHE CHRISTI TX 78414 DR.		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) NA	
Date 12/7/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BETTY W. FRANTUM	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7309 SUN VALLEY DR. CORPUS CHRISTI TX 78413		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) NA	
Date 12/7/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARILYN SPENCER	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1001 WEBER PKWY CORPUS CHRISTI TX 78411		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) COLLEGE PROFESSOR		Employer (See Instructions) CORPUS TEXAS A&M UNIVERSITY AT CHRISTI	
Date 12/7/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DONELDA D. SLUYTER	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9741 WILKINS DR. CORPUS CHRISTI TX 78410		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) CERTIFIED PUBLIC ACCOUNTANT		Employer (See Instructions) SELF-EMPLOYED	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME ANNE LORENTZEN		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/7/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) M.S. DEWITT	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2210 RICHLAND CORPUS DRIVE CHRISTI TX 78418		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) BUSINESS OWNER		10 Employer (See Instructions) PROTEC AIR SYSTEMS	
Date 12/10/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MRS. EDUARDO HINOJOSA	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5826 CORPUS TX 78414 BEAUVAIS DR CHRISTI		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) SUPERVISOR / RECORDS IMAGING		Employer (See Instructions) NUECES COUNTY	
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)	
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)	
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: 1	2 FILER NAME ANNE LORENTZEN	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 12-5-13	5 Payee name NUECES COUNTY REPUBLICAN PARTY
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6 Amount (\$) \$1,250.00	7 Payee address; City; State; Zip Code 4639 CORONA DR CORPUS CHRISTI, TX 78411
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FEES	(b) Description (If travel outside of Texas, complete Schedule T) FILING FEE FOR OFFICE
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name ANNE LORENTZEN	Office sought DISTRICT CLERK	Office held NA
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Date 12-6-13	Payee name QUALITY PRINTING
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Amount (\$) \$105.27	Payee address; City; State; Zip Code 4060 S. PORT AVE. CORPUS CHRISTI, TX 78415
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) SIGNS - POLITICAL
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name ANNE LORENTZEN	Office sought DISTRICT CLERK	Office held NA
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Date 12-27-13	Payee name MAGIC 104.9 FM
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Amount (\$) \$400.00	Payee address; City; State; Zip Code P.O. BOX 270547 CORPUS CHRISTI, TX 78427
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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 ADVERTISING
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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)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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