

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) \$ 1,500.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 91.50

4. TOTAL POLITICAL EXPENDITURES \$ 19,677.92

CONTRIBUTION BALANCE

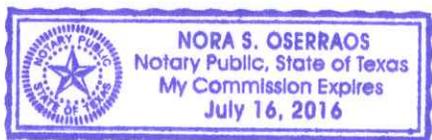
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 2,590.21

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 15,000.00

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 January, 2015, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Nora Oserraos
Print name of officer administering oath

Sr. Actg. Asst.
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: 1/2 Report: 3/8	
2 FILER NAME Lorentzen, Anne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000003	
4 Date 10/26/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Akpunku, Kelechi K. (Dr.) 6 Contributor address; City; State; Zip Code 2001 Tara Street Corpus Christi, TX 78412	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Pharmacist		10 Employer (See Instructions)	
Date 12/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bowers, Richard L. Contributor address; City; State; Zip Code P. O. Box 673 Corpus Christi, TX 78403	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Tor Minerals International	
Date 12/04/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carrell, Mike Contributor address; City; State; Zip Code 802 N. Carancahua Corpus Christi, TX 78401	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Regional President		Employer (See Instructions) Frost Bank	
Date 11/04/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chepey, Annette Contributor address; City; State; Zip Code P. O. Box 270115 Corpus Christi, TX 78427	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)	
Date 10/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Coover, Ann E. Contributor address; City; State; Zip Code 921 N. Chaparral Corpus Christi, TX 78401	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/2 Report: 4/8	
2 FILER NAME Lorentzen, Anne (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000003	
4 Date 10/31/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Daggett, Carla 6 Contributor address; City; State; Zip Code 605 Monette Corpus Christi, TX 78412	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Legal Secretary		10 Employer (See Instructions)	
Date 10/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Loftin, Jennifer K. Contributor address; City; State; Zip Code P. O. Box 2602 Corpus Christi, TX 78403	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)	
Date 10/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Miller, Mallory L. Contributor address; City; State; Zip Code 4617 117th St. Lubbock, TX 79424	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)	
Date 10/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Whited, Cheryl A. Contributor address; City; State; Zip Code P. O. Box 1080 Cortaro, AZ 85652	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)	

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/2 Report: 7/8		2 FILER NAME Lorentzen, Anne (Ms.)		3 ACCOUNT # (TEC filers) 00000003	
4 Date 10/27/2014	5 Payee name A3H Consulting, LLC				
6 Amount (\$) \$3,000.00	7 Payee address City; State; Zip Code 800 N. Shoreline Blvd. Corpus Christi, TX 78401				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing and postage for targeted mailouts		
			<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:
Date 10/30/2014	Payee name A3H Consulting, LLC				
Amount (\$) \$8,000.00	Payee address City; State; Zip Code 800 N. Shoreline Blvd. Corpus Christi, TX 78401				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Production of TV ad and purchasing TV spots.		
			<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:
Date 11/03/2014	Payee name A3H Consulting, LLC				
Amount (\$) \$4,500.00	Payee address City; State; Zip Code 800 N. Shoreline Blvd. Corpus Christi, TX 78401				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> TV spots purchased.		
			<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:
Date 11/07/2014	Payee name A3H Consulting, LLC				
Amount (\$) \$4,000.00	Payee address City; State; Zip Code 800 N. Shoreline Blvd. Corpus Christi, TX 78401				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Radio Ads - Final payment		
			<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:

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/2 Report: 8/8	2 FILER NAME Lorentzen, Anne (Ms.)	3 ACCOUNT # (TEC filers) 00000003
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4 Date 11/24/2014	5 Payee name AT&T Services
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6 Amount (\$) \$63.41	7 Payee address City; State; Zip Code P. O. Box 537104 Atlanta, GA 30353
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Phone <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 10/31/2014	Payee name Wells Fargo Bank
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Amount (\$) \$23.01	Payee address City; State; Zip Code 4938 S. Staples St. Corpus Christi, TX 78411
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Ach Bank Fee for electronic deposit. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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