

Recipient Committee  
Campaign Statement  
Cover Page

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall (Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored (Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

Statement covers period  
from July 1, 2018  
through Sept 22, 2018

Date of election if applicable:  
(Month, Day, Year)  
Nov. 6, 2018

CITY OF ANTIOCH  
CITY CLERK

Date Stamp  
**RECEIVED**  
SEP 28 2018

CALIFORNIA 460  
FORM

Page 1 of 8

For Official Use Only

**ORIGINAL**

2. Type of Statement:

- Preelection Statement
- Quarterly Statement
- Semi-annual Statement
- Special Odd-Year Report
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

**LORI OGORCHOCK**  
Antioch City Council 2018  
FPPC ID # 1408237  
4038 Boulder Drive  
Antioch, CA 94509-6233

I.D. NUMBER 1408237

STREET CITY MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
(925) 754-3595  
E AREA CODE/PHONE

Treasurer(s)  
**William A. Chapman, x.h.z.**

4038 Boulder Drive  
Antioch, California 94509 - 6233

(925) 754-3595  
P CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 9-27-2018 Date  
Executed on 9-27-2018 Date  
Executed on \_\_\_\_\_ Date  
Executed on \_\_\_\_\_ Date

By [Signature] Signature of Treasurer or Assistant Treasurer  
By \_\_\_\_\_ Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor  
By \_\_\_\_\_ Signature of Controlling Officerholder, Candidate, State Measure Proponent  
By \_\_\_\_\_ Signature of Controlling Officerholder, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
**OFFI LORI OGORCHOCK**  
Antioch City Council 2018  
FPPC ID # 1408237  
**RESII 4038 Boulder Drive**  
Antioch, CA 94509-6233

ST NUMBER IF APPLICABLE \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME \_\_\_\_\_ I.D. NUMBER \_\_\_\_\_

NAME OF TREASURER \_\_\_\_\_ CONTROLLED COMMITTEE?  YES  NO

COMMITTEE ADDRESS \_\_\_\_\_ STREET ADDRESS (NO P.O. BOX) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_

COMMITTEE NAME \_\_\_\_\_ I.D. NUMBER \_\_\_\_\_

NAME **William A. Chapman, x.h.z.** CONTROLLED COMMITTEE?  YES  NO  
COMI 4038 Boulder Drive  
Antioch, California 94509 – 6233

CITY \_\_\_\_\_ CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE \_\_\_\_\_

BALLOT NO. OR LETTER _____	JURISDICTION _____	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.  
NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent \_\_\_\_\_

OFFICE SOUGHT OR HELD \_\_\_\_\_ DISTRICT NO. IF ANY \_\_\_\_\_

**7. Primarily Formed Candidate/Officeholder Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE _____	OFFICE SOUGHT OR HELD _____	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE _____	OFFICE SOUGHT OR HELD _____	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE _____	OFFICE SOUGHT OR HELD _____	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE _____	OFFICE SOUGHT OR HELD _____	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

*Attach continuation sheets if necessary*

# Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from July 1, 2018 through SEP 22, 2018

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CALIFORNIA **460** FORM

I.D. NUMBER 1408237

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Lori Ogorchock Antioch City Council 2018

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	<u>7,443.</u>	<u>7,443-</u>
2. Loans Received.....		
3. SUBTOTAL CASH CONTRIBUTIONS.....	<u>7,443.</u>	<u>7,443-</u>
4. Nonmonetary Contributions.....		
5. TOTAL CONTRIBUTIONS RECEIVED.....	<u>7,443.-</u>	<u>7,443-</u>

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made.....	<u>7,349.-</u>	<u>7,349-</u>
7. Loans Made.....		
8. SUBTOTAL CASH PAYMENTS.....	<u>7,349.-</u>	<u>7,349-</u>
9. Accrued Expenses (Unpaid Bills).....		
10. Nonmonetary Adjustment.....		
11. TOTAL EXPENDITURES MADE.....	<u>7,349.-</u>	<u>7,349-</u>

## Expenditure Limit Summary for State Candidates

	Date of Election (mm/dd/yy)	Total to Date
22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	____/____/____	\$ _____
	____/____/____	\$ _____

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
12. Beginning Cash Balance.....	<u>0</u>	
13. Cash Receipts.....	<u>7,443-</u>	
14. Miscellaneous Increases to Cash.....	<u>0</u>	
15. Cash Payments.....	<u>7,349-</u>	
16. ENDING CASH BALANCE.....	<u>94-</u>	

## Current Cash Statement

12. Beginning Cash Balance.....	Previous Summary Page, Line 16	\$ _____
13. Cash Receipts.....	Column A, Line 3 above	\$ _____
14. Miscellaneous Increases to Cash.....	Schedule J, Line 4	\$ _____
15. Cash Payments.....	Column A, Line 8 above	\$ _____
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ _____

## LOAN GUARANTEES RECEIVED

17. LOAN GUARANTEES RECEIVED.....	Schedule B, Part 2	\$ _____
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## Cash Equivalents and Outstanding Debts

18. Cash Equivalents.....	See instructions on reverse	\$ _____
19. Outstanding Debts.....	Add Line 2 + Line 9 in Column B above	\$ _____

\*Amounts in this section may be different from amounts reported in Column B.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

Amounts may be rounded to whole dollars.

SCHEDULE A

Monetary Contributions Received

Statement covers period from 5-4-17, 2018 through SEPT 22, 2018

CALIFORNIA FORM 460 Page 4 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Kori Ogorchock Antioch City Council 2018 I.D. NUMBER 1408237

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/18	Leonard & Barbara Herendeen 3211 Pierce Court Antioch, California 94509-5448	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100-	100-	
8/9/18	Plumbing Industry Consumer Protection Fund United Association Local No 159 138 Roman Way Martinez, California 94553	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000-	1,000-	
8/11/18	Monte D. & Lucia B. Albers Post Office Box 458 Brentwood, California 94513	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	500-	500-	
9/11/18	East LME Group LLC Post Office Box 458 Brentwood, California 94513	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500-	500-	
9/11/18	The Boccio Family Trust James G and Phyllis I. Boccio 812 E 18th Street Antioch, California 94509-2834	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100-	100-	

SUBTOTAL \$ 2200 -

Schedule A Summary

- Amount received this period - itemized monetary contributions. (Include all Schedule A subtotals.) ..... \$ 7,293 -
- Amount received this period - unitemized monetary contributions of less than \$100 ..... \$ 50 -
- Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL \$ 7,443 -

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

Statement covers period  
from Jan 1, 2018  
through SEP 23, 2018

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I.D. NUMBER  
1408237

CALIFORNIA **460**  
FORM

NAME OF FILER	DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
<b>Lori Ogorchock Antioch City Council 2018</b>							
	9/13/18	International Assoc. of Heat & Frost Insulators and Allied Workers Local 16, AFL-CIO 3801 Park Road Benicia, CA 94510	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		400-	400-	
	9/13/18	Beverly D. Knight 2607 Desrys Blvd, Antioch, CA 94509-4358	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	KNIGHT PHOTOGRAPHY	100-	100-	
	9/16/18	LORI OGORCHOCK For MAYOR - 2016 FPPC ID # 1383910 4038 Boulder Drive Antioch, CA 94509-6233	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		4,693 <sup>88</sup>	4,693 <sup>88</sup>	
<b>SUBTOTAL \$</b>					<b>5,193-</b>	<b>5,193-</b>	

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee (other than PTY or SCC)  
OTH - Other (e.g., business entity)  
PTY - Political Party  
SCC - Small Contributor Committee

Amounts may be rounded to whole dollars.

**Schedule E  
Payments Made**

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

*Loei Ogbrenock Antioch City Council 2018*

Statement covers period  
from *May 1, 2018*  
through *Sept 22, 2018*

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I.D. NUMBER

*1408237*

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)\*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)\*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<b>An Elderly Wish Foundation</b> Post Office Box 4365 Antioch, CA 94531	MTG		<i>Fund - A-Wish</i>	<i>100-</i>
<b>CITY OF ANTIOCH</b> Post Office Box 5007 Antioch, CA 94531 - 5007	FIL		<i>Filing fee</i>	<i>857-</i>
<b>Jennier Bigler</b> 893 Sawyer Way Brentwood, California 94513	CNS		<i>Consulting</i>	<i>600-</i>

\* Payments that:  
be summarized on Schedule D.

SUBTOTAL \$ *1,557-*

**Schedule E Summary**

- Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ *7,114-*
- Unitemized payments made this period of under \$100 ..... \$ *235-*
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... TOTAL \$ *7,349-*

**Schedule E  
(Continuation Sheet)  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

CALIFORNIA **460**  
FORM

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

*Lori Gorchock Antioch City Council 2018*

Statement covers period

from *July 1, 2018*

through *Sep 22, 2018*

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I.D. NUMBER

*1408237*

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)\*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)\*
- LEG legal defense
- LIT campaign literature and mailings

- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads

- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<b>EastCounty Today</b> Attn: Mr. Mike Burkholder 5036 Montevino Way Oakley, CA 94561	PRT		ADVERTISEMENTS	600-
<b>Most Holy Rosary</b> 1313 A Street Antioch, CA. 94509	FND		Event - Community	200-
Rotary Club of the Delta Rotary International Club Post Office Box 3593 Antioch, CA. 94531-3593	CVC		Civic Donations	110-
H & S Signs Attn: John Shaw 418 Neal Street Grass Valley, CA 95945	PRT		Signage	2,995-
<b>COPS Voter Guide</b> 705-2 Bidwell St. #370 Folsom, CA 95630	PRT		ADVERTISEMENTS	1,302-
SUBTOTAL \$				5,207-

\* Payments that

be summarized on Schedule D.

**Schedule E  
(Continuation Sheet)  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

CALIFORNIA **460**  
FORM

Statement covers period  
from Jul 1, 2018  
through Sept 22, 2018

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I.D. NUMBER  
1408237

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

*Lori GORCUCIS Antioch City Council 2018*

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |     |   |      |   |     |   |
|-----|---|------|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR  | member communications                     | RAD | radio airtime and production costs                        |
| CNS | campaign consultants  | MITG | meetings and appearances                  | RFD | returned contributions                                    |
| CTB | contribution (explain nonmonetary)*                           | OFC  | office expenses                           | SAL | campaign workers' salaries                                |
| CVC | civic donations   | PET  | petition circulating                      | TEL | t.v. or cable airtime and production costs                |
| FIL | candidate filing/ballot fees                                  | PHO  | phone banks                               | TRC | candidate travel, lodging, and meals                      |
| FND | fundraising events  | POL  | polling and survey research               | TRS | staff/spouse travel, lodging, and meals                   |
| IND | independent expenditure supporting/opposing others (explain)* | POS  | postage, delivery and messenger services  | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense   | PRO  | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT  | print ads                                 | WEB | information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Antioch Historical Society 2nd Street Antioch, CA 94509	CVC		CIVIC DONATION	150-
Beverly D. Knight 2607 Desrlys Blvd, Antioch, CA 94509-4358	LIT		PHOTOGRAPHY	200-
SUBTOTAL \$				350-

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.