

Recipient Committee Campaign Statement Cover Page

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 CITY OF ANTIOCH
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CALIFORNIA 460 FORM

Page 1 of 14
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 ORIGINAL

SEE INSTRUCTIONS ON REVERSE

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

Statement covers period
 from 9-23-2018
 through 10-20-2018

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

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

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
LORI OGORCHOCK
Antioch City Council 2018
 FPPC ID # 1408237
 5 4038 Boulder Drive
 6 Antioch, CA 94509-6233

I.D. NUMBER 1408237

CODE (925)754-3595 AREA CODE/PHONE

Treasurer(s)
William A. Chapman
 4038 Boulder Drive
 Antioch, CA. 94509-6233

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

MAILING ADDRESS (IF DIFFERENT NO. AND STREET OR P.O. BOX)
 CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

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 10-24-2018 Date
 Executed on 10-24-2018 Date
 Executed on _____ Date
 Executed on _____ Date

By [Signature] Signature of Treasurer or Assistant Treasurer
 By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
 By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent
 By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____ Signature of Treasurer or Assistant Treasurer
 By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
 By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent
 By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE _____

OFFICE SO LORI OGORCHOCK
Antioch City Council 2018
FPPC ID # 1408237

RESIDENTI. 4038 Boulder Drive
Antioch, CA 94509-6233

NUMBER IF APPLICABLE) _____

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? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
CITY	STATE ZIP CODE AREA CODE/PHONE

William A. Chapman
4038 Boulder Drive
Antioch, CA. 94509-6233

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE _____

BALLOT NO. OR LETTER _____ JURISDICTION _____

SUPPORT OPPOSE

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 9-23-2018 through 10-26-2018

CALIFORNIA FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Lori O'Garra-Hock Antioch City Council 2018

I.D. NUMBER 1408237

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	Schedule A, Line 3 <u>19,550</u>	<u>26,993</u>
2. Loans Received.....	Schedule B, Line 3 <u>4,500</u>	<u>4,500</u>
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2 <u>24,050</u>	<u>31,493</u>
4. Nonmonetary Contributions.....	Schedule C, Line 3 <u>4,500</u>	<u>4,500</u>
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4 <u>28,550</u>	<u>35,993</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	\$ <u>31,493</u>	\$ <u>31,493</u>
21. Expenditures Made	\$ <u>4,500</u>	\$ <u>4,500</u>

Expenditures Made

6. Payments Made.....	Schedule E, Line 4 <u>16,408</u>	\$ <u>16,408</u>
7. Loans Made.....	Schedule H, Line 3 <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7 <u>16,408</u>	\$ <u>16,408</u>
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3 <u>4,500</u>	\$ <u>4,500</u>
10. Nonmonetary Adjustment.....	Schedule C, Line 3 <u>20,908</u>	\$ <u>20,908</u>
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10 <u>20,908</u>	\$ <u>20,908</u>

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election: / / Total to Date: / /

\$ \$

Current Cash Statement

12. Beginning Cash Balance.....	Previous Summary Page, Line 16 <u>94</u>	\$ <u>94</u>
13. Cash Receipts.....	Column A, Line 3 above <u>28,550</u>	\$ <u>28,550</u>
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4 <u>28,644</u>	\$ <u>28,644</u>
15. Cash Payments.....	Column A, Line 8 above <u>20,908</u>	\$ <u>20,908</u>
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15 <u>7,736</u>	\$ <u>7,736</u>

If this is a termination statement, Line 16 must be zero.

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).

17. LOAN GUARANTEES RECEIVED

Schedule B, Part 2	\$ <u>4,500</u>
--------------------	-----------------

Cash Equivalents and Outstanding Debts

18. Cash Equivalents.....	See instructions on reverse	\$ <u>4,500</u>
19. Outstanding Debts.....	Add Line 2 + Line 9 in Column B above	\$ <u>4,500</u>

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

CALIFORNIA **460**
FORM

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lori Orchard Nunn City Council 2018

I.D. NUMBER

1408237

Statement covers period
from 9-23-2018
through 10-20-2018

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)
<i>9/25/18</i>	Sprinkler Fitters and Apprentices Local 483 PAC All Purpose Account PAC ID # 1298012 555 Capitol Mall, Suite 400 Sacramento, California 95814-4503	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>PAC 1298012</i>	<i>1,000.</i>	<i>1,000.</i>	
<i>9/25/18</i>	Earl Callison 376 Shire Oaks Court Lafayette, CA 945449-5637	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>RETIRED</i>	<i>250⁰⁰</i>	<i>250.</i>	
<i>9/25/18</i>	Mathew D. Beinke 3820 Blackhawk Rd. Danville, CA 94506-0807	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>RETIRED</i>	<i>250</i>	<i>250</i>	
<i>9/25/18</i>	Stephen Beinke P. O. Box 807 Danville, CA. 94526	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>RETIRED</i>	<i>250</i>	<i>250</i>	
<i>9/25/18</i>	Ron Nunn 741 Sunset Road Brentwood, CA 94513	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>ORCHARDS NUNN NUNNS</i>	<i>250</i>	<i>250</i>	
SUBTOTAL \$				<i>2,000</i>		

Schedule A Summary

- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 19,400
- Amount received this period - unitemized monetary contributions of less than \$100 \$ 150
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 19,550

*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 Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

CALIFORNIA
FORM **460**

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Statement covers period
from 9-23-2018
through 10-20-2018

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lois Gorchock 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)
09/26/18	APOA Political Action Committee PAC ID # 1323423 Post Office Box 39 Antioch, California 94509	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PAC 1323423	2,500	2,500	
9/26/18	I.B.E.W. 302 Community Candidates Small Contributor Committee PAC ID # 1300752 1875 Arnold Drive Martinez, CA 94533	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	IB# 1300752	1,500	1,500	
10/09/18	Stephanie Anello 2277 Star Lilly CT Brentwood, Ca 94513	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retiree	500	500	
10/05/18	Ronald Nunn Farms 741 Sunset Road Brentwood, CA 94513	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Farming	250	250	
SUBTOTAL \$				4,750		

Schedule A Summary

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

*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 Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

CALIFORNIA
FORM **460**

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Statement covers period
from 9-23-2018
through 10-20-2018

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Lori Gorchock 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)
<u>10/9/18</u>	Teamsters Local Union No. 315 PAC No. 861299 P. O. Box 3010 2727 Alhambra Avenue Martinez, CA 94553	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>PAC 861299</u>	<u>500</u>	<u>500</u>	
<u>10/09/18</u>	Republic Services Inc. 18500 N. Allied Way Phoenix, AZ. 85054	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>WASTE MANAGEMENT</u>	<u>999.99</u>	<u>999.99</u>	
<u>10/09/18</u>	Diane Gibson-Gray James Kenneth Gray, Jr. 918 Almond Street Antioch, CA 94509	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>Retired</u>	<u>100</u>	<u>100</u>	
<u>10/10/18</u>	PAT & Nora von Ubin 3170 Westbourne Drive Antioch, CA 94509-5152	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>Retired</u>	<u>100</u>	<u>100</u>	
<u>10/16/18</u>	CAA Contra Costa / Napa Solano California Apartment Association PAC Local Trust Account PAC Id# 745208 980 Ninth Street, Suite 1430 Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>PAC 745208</u>	<u>500</u>	<u>500</u>	
SUBTOTAL \$				<u>2200</u>		

Schedule A Summary

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

*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 Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

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FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lori Ogorchok Antioch City Council 2018

I.D. NUMBER

1408237

Statement covers period

from 9-23-2018

through 10-20-2018

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)
<u>10/16/18</u>	Northern California Carpenters Regional Council Small Contributor Committee SCC ID # 972104 265 Hegenberger Road, Suite 200 Oakland, CA 94621	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	SCC # 972104	1,500	1,500	
<u>10/16/18</u>	Build Jobs PAC ID # 7611002 All Purpose Account 1350 Treat Blvd, Suite 140 Walnut Creek, CA 94597	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PAC 7611002	500	500	
<u>10/20/18</u>	Endicott Communications, Inc. 1015 Tanzania Drive Roseville, CA 95661	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	COMMUNICATIONS	500	500	
<u>10/20/18</u>	Jim Frazier for Assembly 2018 ID # 1392652 2200-B Douglas Blvd, Suite 140 Roseville, CA 95661	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC	POLITICAL #1392652	5,000	5,000	
SUBTOTAL \$				<u>7,500</u>		

Schedule A Summary

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

*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 Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

CALIFORNIA
FORM **460**

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Statement covers period
from 9-23-2018
through 10-20-2018

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lori Ogorchok 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)
<u>10/21/18</u>	Ralph & Laurie Garrow 3344 Fontana Place Antioch, CA 94509	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>REACTOR</u>	<u>250</u>	<u>250</u>	
<u>10/21/18</u>	Louis G. & Mary H. Rocha 3022 Rio Grande Drive Antioch, CA 94509-5406	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>RETIRED</u>	<u>100</u>	<u>100</u>	
<u>10/21/18</u>	DeNova Homes, Inc. 1500 Willow Pass Court Concord, CA 94520	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>DEVELOPER</u>	<u>2500</u>	<u>2500</u>	
<u>10/21/18</u>	William A. & Mary K. Chapman 4038 Boulder Drive Antioch, CA 94509-6233	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>RETIRED</u>	<u>100</u>	<u>100</u>	

SUBTOTAL \$ 2950

Schedule A Summary

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

*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 B - Part 1
Loans Received**

Statement covers period
from 09-23-2018
through 10-20-2018

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FORM**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lori Ogorchock Antioch City Council 2018

I.D. NUMBER

1408237

LORI OGORCHOCK 4512 Beaver Court Antioch, CA 94531	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) <u>REALTOR</u>	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD*	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE	CALENDAR YEAR	
									PER ELECTION**	PER ELECTION**
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ <u>0</u>	\$ <u>4500</u>	<input type="checkbox"/> PAID <u>0</u> <input type="checkbox"/> FORGIVEN <u>0</u>	\$ <u>4500</u> DATE DUE <u>12/31/18</u>	\$ <u>5</u> % RATE <u>0</u>	\$ <u>4500</u> DATE INCURRED <u>10/17/18</u>	\$ <u>4500</u> PER ELECTION**		
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID _____ <input type="checkbox"/> FORGIVEN _____	\$ _____ DATE DUE _____	_____ % RATE _____	\$ _____ DATE INCURRED _____	\$ _____ PER ELECTION**		
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID _____ <input type="checkbox"/> FORGIVEN _____	\$ _____ DATE DUE _____	_____ % RATE _____	\$ _____ DATE INCURRED _____	\$ _____ PER ELECTION**		
SUBTOTALS								\$ <u>4500</u>	\$ <u>0</u>	\$ <u>0</u>

(Enter (e) on Schedule E, Line 3)

Schedule B Summary

- Loans received this period (Total Column (b) plus unitemized loans of less than \$100.) 4500
- Loans paid or forgiven this period (Total Column (c) plus loans under \$100 paid or forgiven.) 0
- Net change this period. (Subtract Line 2 from Line 1.) 4500 NET \$ 4500
(May be a negative number)

†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 forgiven or paid by another party also must be reported on Schedule A.
** If required.

**Schedule B – Part 2
Loan Guarantors**

Amounts may be rounded
to whole dollars.

Statement covers period
from 9-23-2018
through 10-20-2018

**CALIFORNIA 460
FORM**

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Lori Ogorchock Antioch City Council 2018

I.D. NUMBER

1408237

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN LENDER DATE	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
						CALENDAR YEAR
LORI OGORCHOCK 4512 Beaver Court Antioch, CA 94531	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>REALTOR</u>	<u>Lori Ogorchock</u> <u>10-17-2018</u>	<u>4,500</u>	<u>\$ 4,500</u> PER ELECTION (IF REQUIRED)	<u>4,500</u>
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		<u>\$</u> PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		<u>\$</u> PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		<u>\$</u> PER ELECTION (IF REQUIRED)	

Enter on
Summary Page,
Line 17 only.

SUBTOTAL \$ 4,500

**Schedule C
Nonmonetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE C

CALIFORNIA **460**
FORM

Statement covers period from 9-23-2018 through 10-20-2018

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Lori Ogorchook Antioch City Council 2018

I.D. NUMBER

1408737

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
<u>10/5/18</u>	<u>Sean McCauley 420 Beatrice Court Brentwood, Ca 94513</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>AGRICULTURE PRODUCT MCCAULEY OWN</u>	<u>POSTAGE</u>	<u>2,500</u>	<u>2,500</u>	
<u>10/5/18</u>	<u>Mike Barbanica 5087 Lone Tree Way Antioch, CA 94531</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>REALTOR</u>	<u>ELECTRONIC ADVERTISE</u>	<u>2,000</u>	<u>2,000</u>	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 4,500-

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.).....\$ 4,500

2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$ 0

3. Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.).....TOTAL \$ 4,500

*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.

Payments Made

Statement covers period from 9-23-2018 through 10-20-2018

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Lori Ogarechok Antioch City Council 2018

I.D. NUMBER

1408237

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

MBR	member communications	RAD	radio airtime and production costs
MTG	meetings and appearances	RFD	returned contributions
OFC	office expenses	SAL	campaign workers' salaries
PET	petition circulating	TEL	t.v. or cable airtime and production costs
PHO	phone banks	TRC	candidate travel, lodging, and meals
POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
PRO	professional services (legal, accounting)	VOT	voter registration
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
Spotlight Printing 725 Bryant Street San Francisco, California 94107	LIT/		CAMPAIGN LITERATURE	3,784
	POS		AND MAILINGS	
The Antioch Herald 101 H Street, Waldie Plaza, Suite 3 Antioch, CA 94509	PRT		Media Advertisement	671
Rossi Communications 4425 C Treat Blvd., #214 Concord, CA 94521	CNS		CONSULTANT - DESIGN	1,250
SUBTOTAL \$				5,705

* Payments that also be summarized on Schedule D.

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 16,313
- Unitemized payments made this period of under \$100..... \$ 95
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)..... \$ 0
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... **TOTAL \$** 16,408

Statement covers period from 9-23-2018 through 10-20-2018

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I.D. NUMBER 1408237

Amounts may be rounded to whole dollars.

Donation Sheet)
Payments Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lori Ogden Chock 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.
- 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
Jennier Bigler 893 Sawyer Way Brentwood, California 94513	CNS		CONSULTANT	600
FastSigns 1388 Sunset Drive Antioch, CA 94509	PRT		SIGNAGE	952
David E. Fraser, Ed.S., MPA, MBA 676 School Street Pittsburg, CA 94565	LIT		PHOTOGRAPHER	250
Mr. Ben McCurdy 5087 Lone Tree Way Antioch, CA 94531	LIT		DESIGN ELECTRONIC ADVERTISEMENTS	200
Antioch HS Booster Club PTSA & AHS Booster Club 700 West 18th Street Antioch, CA 94509	CVC		BOOSTER CLUB	100

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

SUBTOTAL \$ 2,102

Statement covers period from 9-23-2018 through 10-20-2018

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

LORI GORCHOCK ANIMON CITY CONCIL 2018

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
 - MTC 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)

JB Services

4960 Blum Road
Martinez, CA 94553

Farm it Out! Design, Inc.

550 W Woodstock Street
Crystal Lake, IL 60014

CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>POS</u>		<u>Mail Service</u>	<u>7626</u>
<u>LIT</u>		<u>Mailings Design</u>	<u>880</u>
SUBTOTAL \$			<u>8506</u>

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