

# 497 Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER <i>Lori Ogorchock</i> AREA CODE/PHONE NUMBER 1408237	I.D. NUMBER (if applicable) 1408237 STATE _____ ZIP CODE _____	Date of This Filing 10-31-18 Report No. 2018-10 <input type="checkbox"/> Amendment to Report No. (explain below) No. of Pages 1 of 1	Date Stamp <b>RECEIVED</b> OCT 31 2018 CITY OF ANTIOCH CITY CLERK	CALIFORNIA FORM 497 For Official Use Only 
---	--	--	---	--

## 1. Contribution(s) Received

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
<i>10/31/2018</i>	Sheet Metal Workers International Association Local 104 2610 Crow Canyon Road, Suite 300 San Ramon, California 94583-1547  <i>PAC 850381</i>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>PAC</i>	1500- <input type="checkbox"/> Check if Loan _____ % Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____ % Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____ % Provide interest rate

Reason for Amendment: \_\_\_\_\_

\*\*\*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