Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 07/01/2014 through 9/30/2014

Date of election if applicable: (Month, Day, Year) 11/04/2014

Date Stamp: RECEIVED OCT 06 2014 CITY OF ANTIOCH CITY CLERK

CALIFORNIA FORM 460

For Official Use Only: 1367296

ORIGINAL

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

- [x] 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)*

2. Type of Statement:

- [ ] Preelection Statement
- [ ] Semi-annual Statement
- [ ] Termination Statement (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)
- [x] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER: 1367296

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Lori Ogorchock for City Council-2014

STREET ADDRESS (NO P.O. BOX): 4512 Beaver Court

CITY: Antioch STATE: CA ZIP CODE: 94531 AREA CODE/PHONE: (925) 628-7764

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX:

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER: William A. Chapman

MAILING ADDRESS: 4038 Boulder Drive

CITY: Antioch STATE: CA ZIP CODE: 94509 AREA CODE/PHONE: (925) 754-3595

NAME OF ASSISTANT TREASURER, IF ANY: — N/A —

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 Oct 6, 2014 (Date) By [signature] (Signature of Treasurer or Assistant Treasurer)

Executed on 10/6/2014 (Date) By [signature] (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on (Date) By (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on (Date) By (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Recipient Committee Campaign Statement Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM 460

5. Officeholder or Candidate Controlled Committee 1367296

NAME OF OFFICEHOLDER OR CANDIDATE

LORI OGORCHOCK

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

ANTIOCH City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

4512 BEAVER Ct. - ANTIOCH CA 94531

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 OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO

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

CITY STATE ZIP CODE AREA CODE/PHONE

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	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement
Summary Page

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

SUMMARY PAGE

Statement covers period
from 07-01-2014
through 09-30-2014

CALIFORNIA FORM **460**

Page 3 of 13

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
LORI OGOROCHOCK - ANTIOCH CITY COUNCIL - 2014

I.D. NUMBER
1367296

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	$ 5300	$ 6320
2. Loans Received	Schedule B, Line 3	—	—
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 5300	$ 6320
4. Nonmonetary Contributions	Schedule C, Line 3	221	221
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 5521	$ 6541

Expenditures Made

6. Payments Made	Schedule E, Line 4	$ 6258	$ 6258
7. Loans Made	Schedule H, Line 3	—	—
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 6258	$ 6258
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	598	598
10. Nonmonetary Adjustment	Schedule C, Line 3	221	221
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 7077	$ 7077

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 1020
13. Cash Receipts	Column A, Line 3 above	5521
14. Miscellaneous Increases to Cash	Schedule I, Line 4	—
15. Cash Payments	Column A, Line 8 above	6258
16. **ENDING CASH BALANCE**	Add Lines 12 + 13 + 14, then subtract Line 15	$ 283

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

17. LOAN GUARANTEES RECEIVED ..... *Schedule B, Part 2* $ 0

Cash Equivalents and Outstanding Debts

18. Cash Equivalents ..... *See instructions on reverse* $ _____

19. Outstanding Debts ..... *Add Line 2 + Line 9 in Column B above* $ _____

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).

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	$ _____	$ _____

Expenditure Limit Summary for State Candidates

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

Date of Election (mm/dd/yy)	Total to Date
___/___/___	$ _____
___/___/___	$ _____

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

Schedule A
Monetary Contributions Received

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

SCHEDULE A
CALIFORNIA FORM 460

Statement covers period
from 07-01-2014
through 09-30-2014

Page 7 of 13

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
LORI OGOROCHOCK - ANTIOCH CITY COUNCIL - 2014

I.D. NUMBER
1367296

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)
8/11/14	James George 2237 Ventnor Lane Oakley, CA 94561	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED MEDICAL	685.00	1,685.00	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
			SUBTOTAL $	685-		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 4,410.-
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 890-
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 5,300-

*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

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

SCHEDULE A (CONT.)

CALIFORNIA FORM 460

Statement covers period
from 07-01-2014
through 09-30-2014

NAME OF FILER: LORI OGORCHOCK - ANTIOCH CITY COUNCIL - 2014

I.D. NUMBER: 1367296

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)
7/17/14	Herminio & Rosa Rios 3010 Carey Street Antioch, CA 94509	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	100.00	100.00	
7/17/14	William & Mary Chapman 4038 Boulder Drive Antioch, CA 94509	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	175.00	195	
7/26/14	Leo Fontana 3340 Fontana Place Antioch, CA 94509	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	100.00	100	
7/26/14	Patrick & Nora Von Ubin 3170 Westbourne Drive Antioch, CA 94509	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	100.00	100.00	
7/26/14	Rosalie & Tom Anderson 206 Peyton Place Antioch, CA 94509	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	SALES	100.00	100	
			SUBTOTAL $	575		

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07-01-2014
through 09-30-2014

CALIFORNIA FORM 460

NAME OF FILER: LORI OGORCHOCK - ANTIOCH CITY COUNCIL - 2014

I.D. NUMBER: 1367296

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)
7/26/14	Louise Agnew 3137 View Drive Antioch, CA 94509	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	100-	100-	
7/26/14	Deacon Charles Silvernale 3174 Westbourne Drive Antioch, CA 94509	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CLERK	100-	100-	
8/12/14	Sammie Garcia-Johns 920 Clay Street Antioch, CA 94509	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	ADMINISTRATOR	100-	100-	
8/12/14	Gary & Brenda Gorball 4006 Cinnabar Street Antioch, CA 94509	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	200.00	200-	
8/12/14	Tom & Sandy Hartrick 4453 Rock Island Drive Antioch, CA 94509-7780	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	PAINTING CONTRACTOR	100-	100-	
			SUBTOTAL $	600-		

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07-01-2014
through 09-30-2014

CALIFORNIA FORM 460

NAME OF FILER: Lori Ogorchock - Antioch City Council - 2014

I.D. NUMBER: 1367296

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)
8/12/14	Jayme & Mike Morelli 2828 Lucena Way Antioch, CA 94509	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Contractor	100-	100-	
8/12/14	Scott & Barbara MacIntyre 224 Marble Drive Antioch. CA 94509	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Realty	100-	100-	
8/12/14	Sloan McDonald, DDS 5201 Deer Valley Road Suite 2B Antioch, CA 94531	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Dentist	100-	100-	
8/12/14	Jerry & Shelia Jeffry 2891 Stirrup Drive Oakley, CA 94561	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Dentist	250-	~~200~~-	
8/25/14	Dave & Kathleen Larsen 1860 Kern Mountain Way Antioch, CA 94531	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Lawyer	100-	100-	
			SUBTOTAL $	650-		

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07-01-2014
through 09-30-2014

CALIFORNIA FORM 460

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NAME OF FILER: Lori Ogorchock - Antioch City Council - 2014

I.D. NUMBER: 1367296

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)
8/25/14	Angelo & Sharon Pappas 2813 Remington Way Tracy, CA 95837	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	300-	300-	
9/4/14	Len & Mary Scott 4424 Belvedre Antioch, CA 94509	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100-	100-	
9/8/14	Aaron Meadows 3373 Main Street Oakley, CA 94561	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC	Management	200-	200-	
9/11/14	Dan & Kathy Burk 3936 Cinnabar Street Antioch, CA 94509	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Dentist	100-	100-	
9/12/14	Teresa Anello - Beswick Insur 23 West 7th Street Antioch, CA 94509	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC	Insurance	250-	250	
			TOTAL $	950-		

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07-01-2014
through 09-30-2014

CALIFORNIA FORM 460

NAME OF FILER: Lori Ogorchock - Antioch City Council - 2014

I.D. NUMBER: 1367296

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)
9/12/14	Stella Gutierrez 2718 Larkspur Antioch, CA 94509	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100-	100-	
9/17/14	Joe & Martha Goralka 223 West 4th Street Antioch, CA 94509	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Accountants	250-	250-	
9/18/14	Thomas J. Nokes 1817 Auto Center Drive Antioch. CA 94509	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC	Auto Sales	250-	250-	
9/26	Robert & Teresa Grosserode 5044 Witherow Way Antioch, CA 94531	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Optometrist	100-	100-	
9/26	Jerry & Sheila Jeffry 2891 Stirrup Dr Oakley CA 94561	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Dentist	250-	500-	
			SUBTOTAL $	950-		

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule C
Nonmonetary Contributions Received

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

SCHEDULE C
CALIFORNIA FORM 460

Statement covers period
from 07-01-2014
through 09-30-2014

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: LORI OGOROCHOCK - ANTIOCH CITY COUNCIL - 2014

I.D. NUMBER: 1367296

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)
8/3/2014	RIVERTOWN IMPRESSIONS SCREEN PRINTING 2912 EL PASO WAY ANTIOCH, CA 94509	☐IND ☐COM ☒OTH ☐PTY ☐SCC		SHIRTS	220.88	220-	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $ 221-

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) ..... $ 221-
2. Amount received this period – unitemized nonmonetary contributions of less than $100 ..... $ _____
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 $ 221-

*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 E
Payments Made

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

Statement covers period
from 07-01-2014
through 09-30-2014

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Lori Ogorochock - Antioch City Council - 2014

I.D. NUMBER
1367296

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	MTG	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
Print Club - 1913 Verne & Roberts Cir. Antioch CA 94509	CMP LIT	Printed Campaign Materials	2,156.00
Fast Signs - 5035 Lone Tree Way #B Antioch CA 94531	CMP	Signage	763.00
Antioch Herald - P.O. Box 4672 Antioch CA 94531	LIT	Publication - Local	2084

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

SUBTOTAL $ 5,003 -

Schedule E Summary

1. Payments made this period of $100 or more. (Include all Schedule E subtotals.) ..... $ 5,983 -
2. Unitemized payments made this period of under $100 ..... $ 275 -
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $ -0-
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... TOTAL $ 6,258 -

Schedule E
Payments Made

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

Statement covers period
from 07-01-2014
through 09-30-2014

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: LORI OGOROCHOCK – ANTIOCH CITY COUNCIL – 2014

I.D. NUMBER: 1367296

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	MTG	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
BERNARDI WEB DESIGN – 3577 LOVEBIRD WAY ANTIOCH CA 94509	WEB	WEB DESIGN	300–
CONTRA COSTA – CITY OF ANTIOCH CITY HALL, ANTIOCH CA	FIL	CANDIDATE STATEMENT	685–

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

SUBTOTAL $ 985–

Schedule E Summary

1. Payments made this period of $100 or more. (Include all Schedule E subtotals.) ..... $ _____
2. Unitemized payments made this period of under $100 ..... $ _____
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $ _____
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... TOTAL $ _____

Schedule F
Accrued Expenses (Unpaid Bills)

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

Statement covers period
from 07-01-2014
through 09-30-2014

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: LORI OGOROCHOCK - ANTIOCH CITY COUNCIL - 2014

I.D. NUMBER: 1367286

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	MTG	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 CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
DELTA ASSOCIATION OF REALTORS 3424 HILLCREST AVE #200 ANTIOCH, CA 94531	FND	0	125.00	-0-	125-
SUBTOTALS $		0	$ 125	$ 0	$ 125

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

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of $100 or more, plus total unitemized accrued expenses under $100.) ..... **INCURRED TOTALS $** 473-
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of $100 or more, plus total unitemized payments on accrued expenses under $100.) ..... **PAID TOTALS $** -0-
3. Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET $** 598
   May be a negative number