

Recipient Committee
Campaign Statement
Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE

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CITY OF LOS ANGELES

CALIFORNIA
FORM
460

Page 1 of 5
For Official Use Only

Statement covers period
from 01/01/2024
through 12/31/2024

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

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)

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
☐ Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1474860

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Committee to Revitalize Los Banos: Lambert for Council

Treasurer(s)

NAME OF TREASURER
Jordan Eldridge

MAILING ADDRESS
333 W San Carlos Street, Suite 600

STREET ADDRESS (NO P.O. BOX)
333 W San Carlos Street, Suite 600

CITY STATE ZIP CODE AREA CODE/PHONE
San Jose CA 95110 (408) 766-3761

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
P.O. Box 348

CITY STATE ZIP CODE AREA CODE/PHONE
San Jose CA 95103

OPTIONAL: FAX / E-MAIL ADDRESS
jordan@eldridgepolitical.com

CITY STATE ZIP CODE AREA CODE/PHONE
San Jose CA 95110 (408) 766-3761

NAME OF ASSISTANT TREASURER, IF ANY
Vincent Hernandez

MAILING ADDRESS
333 W San Carlos Street, Suite 600

CITY STATE ZIP CODE AREA CODE/PHONE
San Jose CA 95110 (408) 766-3761

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 01/29/2025 Date
Executed on 01/29/2025 Date
Executed on _____ Date
Executed on _____ Date

By _____ 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

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866)275-3772)

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Recipient Committee Campaign Statement Cover Page — Part 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	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 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 Kenneth Lambert	OFFICE SOUGHT OR HELD City Council Member City of Los Banos	☒ 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

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE	Statement covers period from 01/01/2024 through 12/31/2024	CALIFORNIA FORM 460	Page 3 of 5
NAME OF FILER Committee to Revitalize Los Banos: Lambert for Council	I.D. NUMBER 1474860		

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 10,000.00	\$ 10,000.00
2. Loans Received Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 10,000.00	\$ 10,000.00
4. Nonmonetary Contributions Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 10,000.00	\$ 10,000.00

Expenditures Made

6. Payments Made Schedule E, Line 4	\$ 5,500.00	\$ 5,500.00
7. Loans Made Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 5,500.00	\$ 5,500.00
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 5,500.00	\$ 5,500.00

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 0.00
13. Cash Receipts Column A, Line 3 above	10,000.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00
15. Cash Payments Column A, Line 8 above	5,500.00
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 4,500.00
If this is a termination statement, Line 16 must be zero.	

LOAN GUARANTEES RECEIVED

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.00
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ 0.00
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 0.00

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

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

Schedule A
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from 01/01/2024
through 12/31/2024

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

Committee to Revitalize Los Banos: Lambert for Council

1474860

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)
10/30/2024	Benchmark Engineering, Inc. 4265 Spyres Way, Suite A Modesto, CA 95356	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		10,000.00	10,000.00	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				

SUBTOTAL \$ 10,000.00

Schedule A Summary

1. Amount received this period – itemized monetary contributions.

(Include all Schedule A subtotals.) \$ 10,000.00

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

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 10,000.00

*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

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Schedule E
Payments Made

Amounts may be rounded
to whole dollars.

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Revitalize Los Banos: Lambert for Council

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
Eldridge Political Partners LLC 333 W San Carlos Street, Suite 600 San Jose, CA 95110	PRO			5,500.00

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

SUBTOTAL \$ 5,500.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 5,500.00
2. Unitemized payments made this period of under \$100	\$ 0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 5,500.00

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The document has been completed.