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43 CITY OF LOS BANOS

Statement of Organization
Recipient Committee

Statement Type

☐ Initial

☐ Not yet qualified
or

☐ Date qualification threshold met

☐ Amendment

Date qualification threshold met

☒ Termination - See Part 5

Date of termination

07 / 30 / 2025

Registrar of Voters
County of Santa Clara

**DIGITALLY
RECEIVED AND FILED**
In the office of the California
Secretary of State
AUG 08 2025

**CALIFORNIA
FORM 410**

For Official Use Only

1. Committee Information		I.D. Number (if applicable)	
NAME OF COMMITTEE			
Committee to Revitalize Los Banos: Lambert for Council			
STREET ADDRESS (NO P.O. BOX)			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Jose	CA	95110	
FULL MAILING ADDRESS (IF DIFFERENT)			
San Jose, CA 95103			
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)			
:			
COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE		
Santa Clara	City of Los Banos		
Attach additional information on appropriately labeled continuation sheets.			

2. Treasurer and Other Principal Officers			
NAME OF TREASURER			
Jordan Eldridge			
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CODE
		San Jose	CA 95110
EMAIL ADDRESS OF TREASURER (REQUIRED)		AREA CODE/PHONE	
NAME OF ASSISTANT TREASURER, IF ANY			
Vincent Hernandez			
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CODE
		San Jose	CA 95110
EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)		AREA CODE/PHONE	
NAME OF PRINCIPAL OFFICER(S)			
Michael W Braa Sr.			
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CODE
		Fresno	CA 93704
EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)		AREA CODE/PHONE	
n			

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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	Jul 31 2025	By	
	DATE		SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	Aug 08 2025	By	
	DATE		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on		By	
	DATE		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on		By	
	DATE		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (October/2023)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

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FORM 410**

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COMMITTEE NAME
Committee to Revitalize Los Banos: Lambert for Council

I.D. NUMBER
1474860

- All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS

Bank of San Francisco

AREA CODE/PHONE

BANK ACCOUNT NUMBER

ADDRESS OF FINANCIAL INSTITUTION

CITY

STATE

ZIP CODE

San Francisco

CA

94104

4. Type of Committee *Complete the applicable sections.*

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
			Nonpartisan	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
Kenneth Lambert	City Council Member City of Los Banos District 1	SUPPORT X	OPPOSE
		SUPPORT	OPPOSE

**Statement of Organization
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COMMITTEE NAME
Committee to Revitalize Los Banos: Lambert for Council

I.D. NUMBER
1474860

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☒ CITY Committee

☐ COUNTY Committee

☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

☐ ____/____/____

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.