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MAY 10 2024

CALIFORNIA FORM 501

For Official Use Only

CITY OF LOMPOC CITY CLERK'S OFFICE

Candidate Intention Statement

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
BRIDGE, STEPHEN	[REDACTED]	[REDACTED]	[REDACTED]
STREET ADDRESS	CITY	STATE	ZIP CODE
[REDACTED]	LOMPOC	CA	93436
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
COUNCIL PERSON	CITY OF LOMPOC	1	PARTY PREFERENCE:
OFFICE JURISDICTION			(Check one box, if applicable.)
<input type="checkbox"/> State (Complete Part 2.)			<input checked="" type="checkbox"/> PRIMARY / GENERAL
<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____	(Name of Multi-County Jurisdiction)		<input type="checkbox"/> SPECIAL / RUNOFF
		2024	(Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

(Check one box)

I accept the voluntary expenditure ceiling for the election stated above.

I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

I did not exceed the expenditure ceiling in the primary or special election held on ___/___/___ and I accept the voluntary expenditure ceiling for the general or special run-off election.

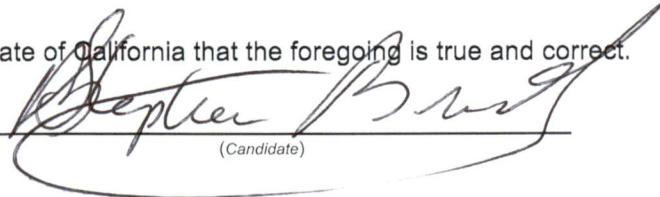
(Mark if applicable)

On, ___/___/___ I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 05 10 2024
(month, day, year)

Signature 
(Candidate)

Who Files:

A candidate for state or local office must file this form for each election, including reelection to the same office. Exception: Candidates for county central committee that do not raise or spend \$2,000 or more in a calendar year are not required to file a Form 501.

When to File:

File the Form 501 before you solicit or receive any contributions or before you make expenditures from personal funds on behalf of your candidacy. This form is considered filed the date it is postmarked or hand delivered. Ensure campaign deadlines are met. Go to www.fppc.ca.gov for most campaign disclosure filing schedules or check with your local filing officer.

Where to File:

State Candidates (including Judges):

Secretary of State
Political Reform Division
1500 11th Street, Room 495
Sacramento, CA 95814
Phone (916) 653-6224
www.sos.ca.gov

Local Candidates:

Generally your county election office or city clerk.
Electronic filing may be required.

Bank Account:

A separate campaign bank account must be established including for campaigns that are self-funded by the candidate. A bank account is not required if a candidate will not receive any contributions or make personal expenditures of less than \$2,000 in a calendar year. The filing and statement of qualification fees are not included in calculating the \$2,000.

How to Complete:

All candidates: Complete Parts 1 and 3.

Candidates for elective state office: Complete Parts 1, 2, and 3.

Exception: Candidates for an election to the California Public Employees' Retirement Board, the State Teachers' Retirement Board, judges, and judicial candidates do not complete Part 2.

Part 1. Candidate Information

- Enter your name and street address.
- Enter the title of the office sought, agency name, and district number if any (e.g., City Council Member, City of Smalltown, Dist. 5).
- Enter your political party preference if seeking a partisan office. For a list of qualified political parties, go to: www.sos.ca.gov/elections/political-parties/qualified-political-parties/.
- Check the appropriate box regarding the office's jurisdiction.

Part 2. Voluntary Expenditure Ceiling

This section applies to certain candidates for elective state office, including State Senate and Assembly and statewide offices.

The voluntary expenditure ceiling applicable to your office is set forth in FPPC Regulation 18545. You must state whether you accept or reject the expenditure ceiling. Candidates who accept the voluntary expenditure limit will be designated in either the state voter information guide (statewide candidates) or the county voter information guide (Senate and Assembly candidates) and may purchase space for a 250-word statement there.

You may amend the Form 501 to change your

acceptance or rejection of the voluntary expenditure ceiling only under the following circumstances:

- Between the date of filing an initial Form 501 for an election and the deadline for filing nomination papers for that election, you may amend your statement of acceptance or rejection of the voluntary expenditure ceiling no more than two times as long as the limit has not been exceeded.
- If you reject the voluntary expenditure ceiling in the primary or special election but do not exceed the ceiling during that election, you may amend the Form 501 to accept the expenditure ceiling for the general or special runoff election and receive all of the benefits accompanying the acceptance of the expenditure ceiling. The amended Form 501 must be filed within 14 days following the primary or special election.

Personal Funds Notification:

You must disclose, if applicable, the date you contribute personal funds to your own campaign that exceed the expenditure ceiling. File an amended Form 501 within 24 hours by guaranteed overnight delivery, personal delivery, or, if applicable, by electronic means.

Part 3. Verification

The verification is signed under penalty of perjury. This form was prepared by the Fair Political Practices Commission (FPPC). For detailed information on campaign reporting requirements and the Information Practices Act of 1977, see the FPPC Campaign Disclosure Manual for your type of committee.

Statement of Organization
Recipient Committee

#1468059

MAR 21 2024

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MAY 10 2024

CITY OF LOMPOC
CITY CLERK'S OFFICE

CALIFORNIA
FORM 410

For Official Use Only

Statement Type

<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 1
<input checked="" type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination
____/____/____	____/____/____	____/____/____

1. Committee Information				I.D. Number <small>(if applicable)</small>				2. Treasurer and Other Principal Officers															
NAME OF COMMITTEE				NAME OF TREASURER				NAME OF TREASURER															
Bridge for Council 2024				John Rodenhi				John Rodenhi															
STREET ADDRESS (NO P.O. BOX)				CITY				STATE				ZIP CODE											
1013 Gardenia St				Lompoc				CA				93436											
STREET ADDRESS (NO P.O. BOX)				CITY				STATE				ZIP CODE											
1013 Gardenia St				Lompoc				CA				93436											
CITY				STATE				ZIP CODE				AREA CODE/PHONE											
Lompoc				CA				93436				8055882809											
FULL MAILING ADDRESS (IF DIFFERENT)				EMAIL ADDRESS OF TREASURER (REQUIRED)				AREA CODE/PHONE				AREA CODE/PHONE											
				jack@rodenhi.com								805-735-4170											
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)				NAME OF ASSISTANT TREASURER, IF ANY				STREET ADDRESS (NO P.O. BOX)				CITY				STATE				ZIP CODE			
info@bridge4council.com																							
COUNTY OF DOMICILE				JURISDICTION WHERE COMMITTEE IS ACTIVE				EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)				AREA CODE/PHONE				NAME OF PRINCIPAL OFFICER(S)							
Santa Barbara				Lompoc																			
Attach additional information on appropriately labeled continuation sheets.				STREET ADDRESS (NO P.O. BOX)				CITY				STATE				ZIP CODE							
				EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)				AREA CODE/PHONE															

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 02/26/2024 By John A. Rodenhi
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 02/26/2024 By [Signature]
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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME Bridge for Council 2024	I.D. NUMBER
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- 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	AREA CODE/PHONE	BANK ACCOUNT NUMBER
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ADDRESS OF FINANCIAL INSTITUTION	CITY	STATE	ZIP CODE
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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		
Stephen Bridge	City Council	2024	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(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	
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

Page 3

I.D. NUMBER

COMMITTEE NAME

Bridge for Council 2024

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

City Council Candidate Political Support

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.

- Advanced Search
- Cal-Access Home
- Campaign Finance
 - Candidates & Elected Officials
 - Propositions & Ballot Measures
 - Committees, Parties, Major Donors & Slate Mailers
 - Daily/Late/Special Filings
- Lobbying Activity
- Resources
- For Filers Only
- Political Reform
- User's Manual

Campaign Finance: **BRIDGE FOR COUNCIL 2024**

- Election Cycle:**
- 2023 through 2024
 - Historical

- View Information:**
(Due to the amount of data, these pages may take some time to load.)
- General Information
 - Contributions Received
 - Contributions Made
 - Expenditures Made
 - Late and \$5000+ Contributions Received
 - Late Contributions Made
 - Late Independent Expenditures
 - Electronic Filings

This is the official name of the committee, political party, or major donor as registered with the Secretary of State.

FILER ID:
1468059

FILER PHONE:
(805) 588-2809

SUMMARY INFORMATION - BRIDGE FOR COUNCIL 2024 (ID# 1468059)	
CURRENT STATUS	ACTIVE

This committee has not electronically filed a Form 460/461/450 for this election cycle. For further information, click on prior sessions to see if historical filings are available. Also check for late contribution filings if a major filing deadline has not yet occurred for this election cycle.