

**Statement of Organization  
Recipient Committee**  
Statement Type

<input type="checkbox"/> Initial <input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met ____/____/____	<input checked="" type="checkbox"/> Amendment Date qualification threshold met 8 / 30 / 2024	<input type="checkbox"/> Termination – See Part 5 Date of termination ____/____/____
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Date Stamp  
**RECEIVED**  
SEP 04 2024  
CITY OF MARTINEZ  
CITY CLERK'S OFFICE

**CALIFORNIA FORM 410**  
For Official Use Only

<b>1. Committee Information</b>		<b>2. Treasurer and Other Principal Officers</b>	
I.D. Number (if applicable) 1473825		NAME OF TREASURER Deidre Siguenza	
NAME OF COMMITTEE Dylan Radke for City Council 2024		STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE	
STREET ADDRESS (NO P.O. BOX)		NAME OF ASSISTANT TREASURER, IF ANY	
STREET ADDRESS (NO P.O. BOX)		STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE	
COUNTY OF DOMICILE Contra Costa		EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) AREA CODE/PHONE	
JURISDICTION WHERE COMMITTEE IS ACTIVE City of Martinez		NAME OF PRINCIPAL OFFICER(S)	
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 9/3/2024 By Deidre Siguenza (Signature of Treasurer or Assistant Treasurer)

Executed on 9/3/2024 By Dylan Radke (Signature of Controlling Officeholder, Candidate, or State Measure Proponent)

Executed on \_\_\_\_\_ By \_\_\_\_\_ (Signature of Controlling Officeholder, Candidate, or State Measure Proponent)

Executed on \_\_\_\_\_ By \_\_\_\_\_ (Signature of Controlling Officeholder, Candidate, or State Measure Proponent)

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INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME

Dylan Radtke for City Council 2024

I.D. NUMBER

1473825

- 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

Fremont Bank

AREA CODE/PHONE

925 953-1921

BANK ACCOUNT NUMBER

ADDRESS OF FINANCIAL INSTITUTION

1735 N. Broadway

CITY

Walnut Creek

STATE

CA

ZIP CODE

94596

**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

Dylan Radtke

ELECTIVE OFFICE SOUGHT OR HELD  
(INCLUDE DISTRICT NUMBER IF APPLICABLE)

Martinez City Council, District 2

YEAR OF ELECTION

2024

PARTY CHECK ONE

Nonpartisan

✓

Partisan

(list political party below)

(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

OPPOSE

SUPPORT

OPPOSE