

**Recipient Committee  
Campaign Statement  
Cover Page**

Date Stamp <b>RECEIVED</b>  SEP 04 2024  CITY OF MARTINEZ CITY CLERK'S OFFICE	CALIFORNIA FORM <b>460</b>
	Page <u>1</u> of <u>6</u>
	For Official Use Only

Statement covers period from <u>January 1, 2024</u>  through <u>September 4, 2024</u>	Date of election if applicable: (Month, Day, Year)  <u>11/5/2024</u>
--	---

SEE INSTRUCTIONS ON REVERSE

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

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><small>(Also Complete Part 5)</small><br><br><input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><small>(Also Complete Part 6)</small><br><br><input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><small>(Also Complete Part 7)</small> |
|---|---|

**2. Type of Statement:**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Preelection Statement<br><input type="checkbox"/> Semi-annual Statement<br><input type="checkbox"/> Termination Statement<br><small>(Also file a Form 410 Termination)</small><br><input type="checkbox"/> Amendment (Explain below) | <input type="checkbox"/> Quarterly Statement<br><input type="checkbox"/> Special Odd-Year Report |
|--|--|

**Committee Information**

I.D. NUMBER  
1473825

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Dylan Radke for City Council 2024

STREET ADDRESS (NO P.O. BOX)

**Treasurer(s)**

NAME OF TREASURER

Deidre Siguenza

MAILING ADDRESS

**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 9/3/2024 \_\_\_\_\_  
Date

Executed on 9/3/2024 \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By Deidre Siguenza \_\_\_\_\_  
Signature of Treasurer or Assistant Treasurer

By Dylan Radke \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

**Officerholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Dylan Radke  
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
Martinez City Council, District 2  
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 officerholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOONENT \_\_\_\_\_  
OFFICE SOUGHT OR HELD \_\_\_\_\_ DISTRICT NO. IF ANY \_\_\_\_\_

**7. Primarily Formed Candidate/Officerholder Committee** *List names of officerholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

*Attach continuation sheets if necessary*

**Campaign Disclosure Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

CALIFORNIA  
FORM **460**

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Iyan Radke for City Council 2024

Statement covers period  
from January 1, 2024  
through September 4, 2024

Page 3 of 6

I.D. NUMBER  
1473825

**Contributions Received**

**Column A**  
TOTAL THIS PERIOD  
(FROM ATTACHED SCHEDULES)

**Column B**  
CALENDAR YEAR  
TOTAL TO DATE

Monetary Contributions.....	Schedule A, Line 3	\$ 5,250	\$ 5,250
Loans Received.....	Schedule B, Line 3	1,925	1,925
<b>SUBTOTAL CASH CONTRIBUTIONS</b> .....	<b>Add Lines 1 + 2</b>	<b>7,175</b>	<b>7,175</b>
Nonmonetary Contributions.....	Schedule C, Line 3	0	0
<b>TOTAL CONTRIBUTIONS RECEIVED</b> .....	<b>Add Lines 3 + 4</b>	<b>7,175</b>	<b>7,175</b>

1/1 through 6/30 7/1 to Date

20. Contributions Received \$ \_\_\_\_\_  
21. Expenditures Made \$ \_\_\_\_\_

**Expenditures Made**

Payments Made.....	Schedule E, Line 4	\$ 1,925	\$ 1,925
Loans Made.....	Schedule H, Line 3	0	0
<b>SUBTOTAL CASH PAYMENTS</b> .....	<b>Add Lines 6 + 7</b>	<b>1,925</b>	<b>1,925</b>
Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3	0	0
Nonmonetary Adjustment.....	Schedule G, Line 3	0	0
<b>1. TOTAL EXPENDITURES MADE</b> .....	<b>Add Lines 8 + 9 + 10</b>	<b>1,925</b>	<b>1,925</b>

**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 \$ \_\_\_\_\_  
 \_\_\_\_\_ Total to Date \$ \_\_\_\_\_

**Current Cash Statement**

2. Beginning Cash Balance .....	Previous Summary Page, Line 16	\$ 0
3. Cash Receipts .....	Column A, Line 3 above	7,175
4. Miscellaneous Increases to Cash .....	Schedule I, Line 4	0
5. Cash Payments .....	Column A, Line 8 above	1,925
<b>3. ENDING CASH BALANCE</b> .....	<b>Add Lines 12 + 13 + 14, then subtract Line 15</b>	<b>5,250</b>

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

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).

**7. LOAN GUARANTEES RECEIVED**

Schedule B, Part 2 \$ 0

**Cash Equivalents and Outstanding Debts**

3. Cash Equivalents.....	See instructions on reverse	\$ 0
3. Outstanding Debts.....	Add Line 2 + Line 9 in Column B above	\$ 1,925

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

Amounts may be rounded to whole dollars.

**Schedule A  
Monetary Contributions Received**

Statement covers period from January 1, 2024 through September 4, 2024

Page 4 of 6  
I.D. NUMBER  
1473825

E INSTRUCTIONS ON REVERSE  
NAME OF FILER  
Dylan Radke for City Council 2024

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)
8/18/2024	Robert Doyle, ;	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200	200	
8/23/2024	Timothy Farley	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor, Dudum Real Estate	100	100	
9/2/2024	Thousand Friends of Martinez	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		4,900	4,900	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>				<b>5,200</b>		

**Schedule A Summary**

Amount received this period - itemized monetary contributions. (Include all Schedule A subtotals.) ..... \$ 5,200

Amount received this period - unitemized monetary contributions of less than \$100 ..... \$ 50

Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 5,250

\*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 B - Part 1  
Loans Received**

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER \_\_\_\_\_

Statement covers period from \_\_\_\_\_ through \_\_\_\_\_  
Page 5 of 6

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD*		OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
				PAID	FORGIVEN				
Dylan Radke, Martinez CA 94553 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney, Contra Costa County	0	271	<input checked="" type="checkbox"/> PAID 0	<input type="checkbox"/> FORGIVEN 0	271	0	271	0
Dylan Radke, Martinez CA 94553 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney, Contra Costa County	0	1,604	<input checked="" type="checkbox"/> PAID 0	<input type="checkbox"/> FORGIVEN 0	1,604	0	1,604	0
Dylan Radke, Martinez CA 94553 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney, Contra Costa County	0	50	<input checked="" type="checkbox"/> PAID 0	<input type="checkbox"/> FORGIVEN 0	50	0	50	0
<b>SUBTOTALS</b>			<b>\$ 1,925</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 1,925</b>	<b>\$ 0</b>	<b>\$ 1,925</b>	<b>\$ 0</b>

**Schedule B Summary**

Loans received this period.....\$ 1,925  
 (Total Column (b) plus unitemized loans of less than \$100.)  
 Loans paid or forgiven this period.....\$ 0  
 (Total Column (c) plus loans under \$100 paid or forgiven.)  
 (Include loans paid by a third party that are also itemized on Schedule A.)  
 Net change this period. (Subtract Line 2 from Line 1.).....NET \$ 1,925  
 Enter the net here and on the Summary Page, Column A, Line 2.

†Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

\*Amounts forgiven or paid by another party also must be reported on Schedule A.  
 \*\* If required.

(May be a negative number)

(Enter (e) on Schedule E, Line 3)

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Dylan Radke for City Council 2024

Statement covers period  
from January 1, 2024  
through September 4, 2024

Page 6 of 6  
I.D. NUMBER  
1473825

**MP** campaign paraphernalia/misc.  
**NS** campaign consultants  
**TB** contribution (explain nonmonetary)\*  
**VC** civic donations  
**L** candidate filing/ballot fees  
**ND** fundraising events  
**ID** independent expenditure supporting/opposing others (explain)\*  
**IG** legal defense  
**T** campaign literature and mailings

**MBR** member communications  
**MTG** meetings and appearances  
**OFC** office expenses  
**PET** petition circulating  
**PHO** phone banks  
**POL** polling and survey research  
**POS** postage, delivery and messenger services  
**PRO** professional services (legal, accounting)  
**PRT** print ads

**ODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

**RAD** radio airtime and production costs  
**RFD** returned contributions  
**SAL** campaign workers' salaries  
**TEL** t.v. or cable airtime and production costs  
**TRC** candidate travel, lodging, and meals  
**TRS** staff/spouse travel, lodging, and meals  
**TSF** transfer between committees of the same candidate/sponsor  
**VOT** voter registration  
**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
City of Martinez, 525 Henrietta Street, Martinez, CA 94553	FIL		271
Ignrocket, 340 Broadway Avenue, St. Paul Park, MN 55071	CMP		1,604
Secretary of State, 1500 11th Street, RM 498, Sacramento, CA 95814	FIL		50

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

**SUBTOTAL \$ 1,925**

**Schedule E Summary**

Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 1,925  
 Unitemized payments made this period of under \$100 ..... \$ 0  
 Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ 0  
 Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$ 1,925**