

Recipient Committee Campaign Statement
Cover Page

COVER PAGE

Date Stamp RECEIVED SEP 24 2024 CITY OF MARTINEZ CITY CLERK'S OFFICE		CALIFORNIA FORM 460
Statement covers period from <u>September 5, 2024</u> through <u>September 21, 2024</u>		Page <u>1</u> of <u>7</u> For Official Use Only
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.

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall (Also Complete Part 9)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Primarily Formed Candidate/Officeholder Committee (Also Complete Part 6)

2. Type of Statement:

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Dylan Radke for City Council 2024

I.D. NUMBER
1473825

Treasurer(s)

NAME OF TREASURER
Deidre Siguenza

STREET ADDRESS (NO P.O. BOX)
 [REDACTED]

MAILING ADDRESS
 [REDACTED]

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____
 OPTIONAL: FAX / E-MAIL ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____
 OPTIONAL: FAX / E-MAIL 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 9/23/2024

Executed on 9/23/2024

Executed on _____

Executed on _____

By [Signature]
 Signature of Treasurer or Assistant Treasurer

By [Signature]
 Signature of Controlling Officer/Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
 Signature of Controlling Officer/Candidate, State Measure Proponent

By _____
 Signature of Controlling Officer/Candidate, State Measure Proponent

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

Officeholder 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
[REDACTED]

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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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 OPOSE

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

Attach continuation sheets if necessary

Campaign Disclosure Statement
Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Nylan Radke for City Council 2024

Statement covers period
from September 5, 2024
through September 21, 2024

CALIFORNIA
FORM
460

ID NUMBER
1473825

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Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Monetary Contributions.....	Schedule A, Line 3 \$ 3,449	\$ 8,699
Loans Received.....	Schedule B, Line 3 0	1,925
SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 3,449	\$ 10,624
Nonmonetary Contributions.....	Schedule C, Line 3 0	0
TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 3,449	\$ 10,624

**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	\$ _____	\$ _____

Expenditures Made

Payments Made.....	Schedule E, Line 4 \$ 409.42	\$ 2,334.42
Loans Made.....	Schedule H, Line 3 0	0
SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 409.42	\$ 2,334.42
Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3 0	0
Nonmonetary Adjustment.....	Schedule G, Line 3 0	0
TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 409.42	\$ 2,334.42

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*	Total to Date
(If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	\$ _____
_____	\$ _____
_____	\$ _____

Current Cash Statement

2. Beginning Cash Balance.....	Previous Summary Page, Line 16 \$ 5,250
3. Cash Receipts.....	Column A, Line 3 above 3,449
4. Miscellaneous Increases to Cash.....	Schedule I, Line 4 0
5. Cash Payments.....	Column A, Line 8 above 409.42
ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 8,289.58

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

LOAN GUARANTEES RECEIVED

7. LOAN GUARANTEES RECEIVED.....	Schedule B, Part 2 \$ 0
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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

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).

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

**chedule A
onetary Contributions Received**

Amounts may be rounded
to whole dollars.

Statement covers period
from September 5, 2024
through September 21, 2024

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I.D. NUMBER
1473825

ME OF FILER
Nylan Radke for City Council 2024

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
/14/2024	Marta Van Loan	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100		
/18/2024	Joanne Duntvan	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Proprty Owner	500		
/19/2024	Earl and Wendy Duntvan	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Property Owners	300		
/19/2024	Timothy Platt	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	999		
/20/2024	The Turnbaugh Group LLC	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500		
SUBTOTAL \$						

chedule A Summary

Amount received this period – itemized monetary contributions,
(Include all Schedule A subtotals.) \$ 2,899

Amount received this period – unitemized monetary contributions of less than \$100 \$ 550

Total monetary contributions received this period,
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 3,449

*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 A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

Statement covers period
from September 5, 2024
through September 21, 2024

NAME OF FILER
Dylan Radke for City Council 2024

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
9/21/2024	Evonne Siguenza [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	500		
		<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				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$						

*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.

INSTRUCTIONS ON REVERSE
NAME OF FILER

Ylan Radke for City Council 2024

Statement covers period
from September 5, 2024
through September 21, 2024

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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)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Dylan Radke [REDACTED]	Attorney, Contra Costa County	\$ 1,925	\$ 0	<input checked="" type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN \$ 0	1/1/2025 DATE DUE	0 % RATE	8/5-9/3 DATE INCURRED	CALENDAR YEAR PER ELECTION**
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN \$	DATE DUE	% RATE	DATE INCURRED	CALENDAR YEAR PER ELECTION**
SUBTOTALS		\$ 0	\$ 0	\$ 0	\$ 1,925	\$ 0		

Schedule B Summary

Loans received this period \$ 0
 (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 \$ 0
 Enter the net here and on the Summary Page, Column A, Line 2.

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

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

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period
from September 5, 2024
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Dylan Radke for City Council 2024

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

MP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
NS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
TB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
VC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
L	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
ND	fundraising events	POL	polling and survey research	TRS	candidate travel, lodging, and meals
ID	independent expenditure supporting/opposing others (explain)*	POS	posting, delivery and messenger services	TSF	staff/spouse travel, lodging, and meals
IG	legal defense	PRO	professional services (legal, accounting)	VOT	transfer between committees of the same candidate/sponsor
T	campaign literature and mailings	PRT	print ads	WEB	voter registration 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
Caples, 2120 Contra Costa Blvd., Pleasant Hill, CA 94523	OFC		172.55
CA Super Print, 635 Main Street, Martinez, CA 94553	LIT		111.95
Home Depot, 1037 Arnold Drive, Martinez, CA 94553	CMP		124.92
SUBTOTAL \$ 409.42			

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

Schedule E Summary

Itemized payments made this period. (Include all Schedule E subtotals.) \$ **409.42**

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 \$ 409.42**