

Statement of Organization Recipient Committee

7

Statement Type

Initial
 Not yet qualified
 Date qualification threshold met or

Amendment
 Date qualification threshold met 8 / 30 / 2024

Termination - See Part 5
 Date of termination

Date Stamp

DIGITALLY RECEIVED AND FILED
 in the office of the California Secretary of State
 SEP 03 2024

CALIFORNIA FORM 410
RECEIVED
 SEP 24 2024
 CITY OF MARTINEZ

1. Committee Information

I.D. Number 1473825
(if applicable)

NAME OF COMMITTEE
Dylan Radke for City Council 2024

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Deidre Siguenza

STREET ADDRESS (NO P.O. BOX) _____ **CITY** _____ **STATE** _____ **ZIP CODE** _____

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX) _____ **CITY** _____ **STATE** _____ **ZIP CODE** _____

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) _____ **AREA CODE/PHONE** _____

NAME OF PRINCIPAL OFFICER(S) _____

STREET ADDRESS (NO P.O. BOX) _____ **CITY** _____ **STATE** _____ **ZIP CODE** _____

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) _____ **AREA CODE/PHONE** _____

COUNTY OF DOMICILE Contra Costa

JURISDICTION WHERE COMMITTEE IS ACTIVE City of Martinez

Attach additional information on appropriately labeled continuation sheets.

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 OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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COMMITTEE NAME
Dylan Radke 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	AREA CODE/PHONE	BANK ACCOUNT NUMBER
Fremont Bank	925 953-1921	[REDACTED]
ADDRESS OF FINANCIAL INSTITUTION	CITY	STATE
1735 N. Broadway	Walnut Creek	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	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE	(list political party below)
Dylan Radke	Martinez City Council, District 2	2024	<input checked="" type="checkbox"/> Nonpartisan <input type="checkbox"/> Partisan	(list political party below)
			<input type="checkbox"/> Nonpartisan <input type="checkbox"/> 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
		SUPPORT
		OPPOSE

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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

Data qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officer/holder, orponent 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.