

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment
<input type="radio"/> Not yet qualified or	<input checked="" type="checkbox"/> Termination - See Part 5
<input type="radio"/> Date qualification threshold met	Date qualification threshold met
____/____/____	____/____/____

Date of termination
02 / 07 / 2022

Date Stamp
RECEIVED AND FILED
In the office of the Secretary of State
of the State of California
FEB 24 2022
Hand Delivered, Sacramento

CALIFORNIA FORM 410
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2022 MAR 14 PM 4:29
CAMPAIGN FINANCE

1. Committee Information				2. Treasurer and Other Principal Officers			
I.D. Number 139082 <small>(if applicable)</small>				NAME OF TREASURER Michele Jenkins			
NAME OF COMMITTEE Committee to Re-Elect Michele Jenkins Santa Clarita Community College				STREET ADDRESS (NO P.O. BOX)			
STREET ADDRESS (NO P.O. BOX)				CITY Newhall	STATE CA	ZIP CODE 91321	AREA CODE/PHONE 661-618-6847
CITY Newhall	STATE CA	ZIP CODE 91321	AREA CODE/PHONE 661-618-6847	NAME OF ASSISTANT TREASURER, IF ANY			
FULL MAILING ADDRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX)			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) MicheleJenkins.Calf@gmail.com				CITY	STATE	ZIP CODE	AREA CODE/PHONE
COUNTY OF DOMICILE Los Angeles	JURISDICTION WHERE COMMITTEE IS ACTIVE District Area			NAME OF PRINCIPAL OFFICER(S)			
Attach additional information on appropriately labeled continuation sheets.				STREET ADDRESS (NO P.O. BOX)			
				CITY	STATE	ZIP CODE	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 February 06, 2022 By _____
DATE SIGNER OR ASSISTANT TREASURER

Executed on February 06, 2022 By _____
DATE SIGNER, 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