

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 3/ / 11 / 2022	<input type="checkbox"/> Termination – See Part 5 Date of termination ____/____/____
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RECEIVED AND FILE  
in the office of the Secretary of State  
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Date Stamp  
MAR 21 2022

CALIFORNIA FORM 410  
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REGISTRAR OF VOTERS  
MAR 25 2022  
DONNA M. JOHNSTON  
BY WJ  
DEPUTY CLERK

1. Committee Information				I.D. Number 1445704 <small>(if applicable)</small>				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Jennifer Dupre for District Attorney 2022				NAME OF TREASURER Marie Teria				STREET ADDRESS (NO P.O. BOX)			
STREET ADDRESS (NO P.O. BOX)				CITY Live Oak		STATE CA		ZIP CODE 95953		AREA CODE/PHONE 530-635-2294	
CITY Yuba City		STATE CA		ZIP CODE 95991		AREA CODE/PHONE 650-224-1966		NAME OF ASSISTANT TREASURER, IF ANY			
FULL MAILING ADDRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX)				CITY			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) DupreforDA2022@gmail.com				STATE				ZIP CODE		AREA CODE/PHONE	
COUNTY OF DOMICILE Sutter		JURISDICTION WHERE COMMITTEE IS ACTIVE Sutter County		NAME OF PRINCIPAL OFFICER(S) Jennifer R. Dupre-Tokos				STREET ADDRESS (NO P.O. BOX)			
Attach additional information on appropriately labeled continuation sheets.				CITY Yuba City		STATE CA		ZIP CODE 95991		AREA CODE/PHONE 650-224-1966	

**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 03/14/2022 By \_\_\_\_\_  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 3/14/22 By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, 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