Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment (Explain) _____

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By:

CALIFORNIA FORM **501**
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1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial): Jayna Karpinski-Costa

DAYTIME TELEPHONE NUMBER: (916) 5993647

FAX NUMBER (optional): ( )

EMAIL (optional): [redacted]

STREET ADDRESS: [redacted]

CITY: Citrus Heights

STATE: CA

ZIP CODE: 95610

OFFICE SOUGHT (POSITION TITLE): City Council

AGENCY NAME: City of Citrus Heights

DISTRICT NUMBER, if applicable: 4

☒ NON-PARTISAN OFFICE

PARTY PREFERENCE:

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☒ City ☐ County ☐ Multi-County: _____ (Name of Multi-County Jurisdiction)

11-3-2026 (Year of Election)

(Check one box, if applicable.)

☐ PRIMARY ☒ GENERAL

☐ SPECIAL / RUNOFF

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

(Check one box)

☐ **I accept** the voluntary expenditure ceiling for the election stated above.

☐ **I do not accept** the voluntary expenditure ceiling for the election stated above.

Amendment:

○ I did not exceed the expenditure ceiling in the primary or special election held on _____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

☐ On _____ I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on August 4, 2026 (month, day, year)

Signature [redacted] (Candidate)