Officeholder and Candidate Campaign Statement – Short Form

Date of election if applicable: (Month, Day, Year)	☑ Amendment (Explain Below)	Date Stamp
11/03/2026	monetary threshhold met	RECEIVED AUG 11 2026

CALIFORNIA FORM 470

For Official Use Only

By: [redacted]

1. Statement Covers Calendar Year 20 26.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Jayna Karpinski-Costa

STREET ADDRESS

[redacted]

CITY | STATE | ZIP CODE

Citrus Heights | CA | 95610

AREA CODE/DAYTIME PHONE NUMBER | OPTIONAL: FAX / E-MAIL ADDRESS

[redacted]

3. Office Sought or Held

OFFICE SOUGHT OR HELD

City council member

JURISDICTION (LOCATION) | DISTRICT NUMBER (IF APPLICABLE)

Citrus Heights | 4

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than $2,000 and that I will spend less than $2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 8/10/2026 (DATE)

By [redacted] (SIGNATURE OF OFFICEHOLDER OR CANDIDATE)

Officeholder and Candidate Campaign Statement Form 470 Supplement

☑ **Amendment** (Explain Below)
monetary threshhold met

Date Stamp

CALIFORNIA FORM **470** SUPPLEMENT

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

This form is written notification that the officeholder/candidate listed below has received contributions totaling $2,000 or more or has made expenditures of $2,000 or more during the calendar year.

1. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
JaynaKarpinski-Costa

STREET ADDRESS
[redacted]

CITY | STATE | ZIP CODE
Citrus Heights | CA | 95610

AREA CODE/DAYTIME PHONE NUMBER
[redacted]

OPTIONAL: FAX / E-MAIL ADDRESS
jkarpinskicosta@citrusheights.net

2. Office Sought

OFFICE SOUGHT
Councilmember, City of Citrus Heightsa

DISTRICT NUMBER (IF APPLICABLE)
4

DATE OF ELECTION (MONTH, DAY, YEAR)
November 3, 2026

3. Date Contributions Totaling $2,000 or More Were Received or Date Expenditures of $2,000 or More Were Made

8/5/2026
(MONTH, DAY, YEAR)