Recipient Committee Campaign Statement Cover Page

COVER PAGE

CALIFORNIA FORM **460**

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Statement covers period
from 07/01/2026
through 09/19/2026

Date of election if applicable: (Month, Day, Year)
11/03/2026

By:

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- ☐ Officeholder, Candidate Controlled Committee
  - ☐ State Candidate Election Committee
  - ☐ Recall
  - *(Also Complete Part 5)*
- ☐ General Purpose Committee
  - ☐ Sponsored
  - ☐ Small Contributor Committee
  - ☐ Political Party/Central Committee
- ☐ Primarily Formed Ballot Measure Committee
  - ☐ Controlled
  - ☐ Sponsored
  - *(Also Complete Part 6)*
- ☑ Primarily Formed Candidate/ Officeholder Committee
  - *(Also Complete Part 7)*

2. Type of Statement:

- ☑ Preelection Statement
- ☐ Semi-annual Statement
- ☐ Termination Statement (Also file a Form 410 Termination)
- ☐ Amendment (Explain below)
- ☐ Quarterly Statement
- ☐ Special Odd-Year Report

3. Committee Information

I.D. NUMBER: 1496165

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Friends of Dr. Jayna Karpinski-Costa for City Council 2026

STREET ADDRESS (NO P.O. BOX)
[redacted]

CITY: Citrus Heights | STATE: CA | ZIP CODE: 95610 | AREA CODE/PHONE: [redacted]

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY | STATE | ZIP CODE | AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
vetlaw@drjayna.com

Treasurer(s)

NAME OF TREASURER
Edward J. Costa

MAILING ADDRESS
[redacted]

CITY: Citrus Heights | STATE: CA | ZIP CODE: 95610 | AREA CODE/PHONE: [redacted]

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY | STATE | ZIP CODE | AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
tedcosta@tedcosta.com

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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.

X Executed on 9-21-2026 (Date)
[redacted]
Signature of Treasurer or Assistant Treasurer

X Executed on 9/21/2026 (Date)
By [redacted]
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ (Date)
By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____ (Date)
By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM **460**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Jayna Karpinski-Costa

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Citrus Heights City Council, District 4

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
[redacted]	Citrus Heigh	CA	95610

Related Committees Not Included in this Statement: ***List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.***

COMMITTEE NAME	I.D. NUMBER

NAME OF TREASURER	CONTROLLED COMMITTEE?
	☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER

NAME OF TREASURER	CONTROLLED COMMITTEE?
	☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	☐ SUPPORT ☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	
Jayna Karpinski-Costa	City Council, D-4	☑ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement
Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 7/1/2026 through 9/19/2026

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

FRIENDS OF DR. JAYNA KARPINSKI Code for City Council 2026

I.D. NUMBER

1496165

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	$ 0	$ 0
2. Loans Received	Schedule B, Line 3	15,000	15,000
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 15,000	$ 15,000
4. Nonmonetary Contributions	Schedule C, Line 3	0	0
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 15,000	$ 15,000

Expenditures Made

6. Payments Made	Schedule E, Line 4	$ 6,030.47	$ 6,030.47
7. Loans Made	Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 6,030.47	$ 6,030.47
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	0	0
10. Nonmonetary Adjustment	Schedule C, Line 3	0	0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 6,030.47	$ 6.030.47

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 0
13. Cash Receipts	Column A, Line 3 above	15,000
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0
15. Cash Payments	Column A, Line 8 above	6,030.47
16. **ENDING CASH BALANCE**	Add Lines 12 + 13 + 14, then subtract Line 15	$ 8,969.53

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2 $ _____

Cash Equivalents and Outstanding Debts

18. Cash Equivalents ..... See instructions on reverse $ _____

19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above $ _____

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	$ _____	$ _____
21. Expenditures Made	$ _____	$ _____

Expenditure Limit Summary for State Candidates

22. **Cumulative Expenditures Made***
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	$ _____
____/____/____	$ _____

*Amounts in this section may be different from amounts reported in Column B.

Schedule B – Part 1
Loans Received

Amounts may be rounded to whole dollars.

SCHEDULE B - PART 1

Statement covers period
from 7/1/2026
through 9/19/2026

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NAME OF FILER

Friends of Dr. Jayna Karpinski-Costa for Citrus Heights City Council 2026

I.D. NUMBER
1496165

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Dr. Jayna Ksrpinski-Costa [redacted] Citrus Heights, CA 95610 †☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Acupuncture +Plus	$ 0	$ 5,000	☐ PAID $ 0 ☐ FORGIVEN $	$ 5,000 12/31/27 DATE DUE	2 % RATE $ 0	$ 5,000 8/5/26 DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $ 5.000
Dr. Jayna Ksrpinski-Costa [redacted] Citrus Heights, CA 95610 †☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Acupuncture +Plus	$ 0	$ 10,000	☐ PAID $ 0 ☐ FORGIVEN $	$ 10,000 12/31/27 DATE DUE	2 % RATE $ 0	$ 10,000 9/2/26 DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $ 10,000
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
	SUBTOTALS	$ 15,000	$	$	$ 15,000	$ 0		

(Enter (e) on Schedule E, Line 3)

Schedule B Summary

1. Loans received this period ..... $ 15,000
   (Total Column (b) plus unitemized loans of less than $100.)
2. Loans paid or forgiven this period ..... $ 0
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (**Subtract** Line 2 from Line 1.) ..... NET $ 15,000
   Enter the net here and on the Summary Page, Column A, Line 2.

(May be a negative number)

†Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 7/1/26
through 9/17/26

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Friends of Dr. Jayna Karpinski-Costa for City Council 2026

I.D. NUMBER
1496165

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
USPS 6330 Fountain Square Drive Citrus Heights, CA 95621	POS	stamps	84.27
COPS Voter Guide 1700 Tribute Road, Suite 201 Sacramento, CA 95815	LIT		450.00
Ca Voter Guide 22410 Hawthorne Blvd. Torrance, CA 90505	LIT		447.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL $ 981.27

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 6,030.47
2. Unitemized payments made this period of under $100 ..... $ 0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL $** 6,030.47

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 7/1/26
through 9/17/26

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Friends of Dr. Jayna Karpinski-Costa for City Clouncil 2026

I.D. NUMBER
1496165

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Budget Watchdogs 22410 Hawthorne Blvd. Torrance, CA 90505	LIT		843.00
Election Digest 22410 Hawthorne Blvd. Torrance, CA 90505	LIT		264.00
Voter Newsletter 22410 Hawthorne Blvd. Torrance, CA 90505	LIT		313.00
Senior Advocate 22410 Hawthorne Blvd. Torrance, CA 90505e	LIT		606.00
County of Sacramento Registrar of Voters 7000 65th Street, Ste A, Sacramento, CA 95823	CMP	voter data	109.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL $ 2,135.00

Schedule E (Continuation Sheet) Payments Made

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from 7/1/26
through 9/19/26

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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Secretary of State	FIL			50.00
Staples 633o Sunrise Blvd. Citrus Heights, CA 95610	OFC			32.63
Staples 633o Sunrise Blvd. Citrus Heights, CA 95610	OFC			25.82
Commerce Printing 322 North 12th St. Sacramento, CA 95811	LIT			2,805.75

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL $ 2,914.20