497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Friends of Dr. Jayna Karpinski-Costa for City Coyuncil 2026	Date of This Filing 10/12/26 Report No. 261012 ☐ Amendment to Report No. _____ (explain below) No. of Pages 2	Date Stamp OCT 12 2026	CALIFORNIA FORM **497** For Official Use Only
AREA CODE/PHONE NUMBER [redacted] I.D. NUMBER (if applicable) 1496165			
STREET ADDRESS [redacted]			
CITY Citrus Heights / STATE CA / ZIP CODE 95610	By:		

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
1012/2026	Citrus Heighrs Chamber of Commerce PAC [redacted] Citrus Heights, CA 95610 ID: 860478	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		$2,500 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate

* 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

Reason for Amendment: _____

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Friends of Dr. Jayna Karpinski-Costa for City Coyuncil 2026			10/12/26		For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER *(if applicable)*		Report No. 261012		
916/599-3647	1496165		☐ Amendment to Report No. _____ (explain below)		
STREET ADDRESS					
6929 Larkspur Avenue					
CITY	STATE	ZIP CODE	No. of Pages 2		
Citrus Heights	CA	95610			

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OR RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment: _____