# Statement of Organization
# Recipient Committee

**Statement Type**

☐ Initial
○ Not yet qualified
or
○ Date qualification threshold met
____/____/____

☑ Amendment
Date qualification threshold met
08 / 05 / 2026

☐ Termination – See Part 5
Date of termination
____/____/____

Date Stamp
RECEIVED
OCT 22 2026
By:

CALIFORNIA FORM 410
For Official Use Only

## 1. Committee Information

I.D. Number (if applicable) 1496165

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

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

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---|---|---|---|
| Citrus Heighrs | CA | 955610 | [redacted] |

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)
vetlaw@drjayna.com

| COUNTY OF DOMICILE | JURISDICTION WHERE COMMITTEE IS ACTIVE |
|---|---|
| Sacramento | Citrus Heights |

*Attach additional information on appropriately labeled continuation sheets.*

## 2. Treasurer and Other Principal Officers

NAME OF TREASURER
Edward Costa

| STREET ADDRESS (NO P.O. BOX) | CITY | STATE | ZIP CODE |
|---|---|---|---|
| [redacted] | Citrus Heights | CA | 95610 |

EMAIL ADDRESS OF TREASURER (REQUIRED)
tedcosta@tedcosta.com

AREA CODE/PHONE
[redacted]

NAME OF ASSISTANT TREASURER, IF ANY

| STREET ADDRESS (NO P.O. BOX) | CITY | STATE | ZIP CODE |
|---|---|---|---|
| | | | |

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

| STREET ADDRESS (NO P.O. BOX) | CITY | STATE | ZIP CODE |
|---|---|---|---|
| | | | |

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)

AREA CODE/PHONE

## 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 10-22-26 (DATE) By [redacted] (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on 10-22-2026 (DATE) By [redacted] (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

**Statement of Organization**
**Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA FORM 410**



| COMMITTEE NAME | I.D. NUMBER |
|---|---|
| Friends of Dr. Jayna Karpinski-Costa for City Council 2026 | 1496165 |

- **All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.**

| NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS | AREA CODE/PHONE | BANK ACCOUNT NUMBER |
|---|---|---|
| US Bank (Candidate only) | [redacted] | [redacted] |

| ADDRESS OF FINANCIAL INSTITUTION | CITY | STATE | ZIP CODE |
|---|---|---|---|
| 6199 Sunrise Mall | Citrus Heights | CA | 95610 |

## 4. Type of Committee *Complete the applicable sections.*

*Controlled Committee*

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

| NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT | ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | PARTY CHECK ONE | | |
|---|---|---|---|---|---|
| Jayna Karpinski-Costa | City Councilmember, District 4 | 2026 | Nonpartisan ✓ | Partisan | (list political party below) |
| | | | Nonpartisan | Partisan | (list political party below) |

*Primarily Formed Committee* Primarily formed to support or oppose specific candidates or measures in a single election. List below:

| CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME. | CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | CHECK ONE | |
|---|---|---|---|
| | | SUPPORT | OPPOSE |
| | | SUPPORT | OPPOSE |