

Statement Type

<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Not yet qualified or <input checked="" type="checkbox"/> Date qualification threshold met	<input checked="" type="checkbox"/> Amendment Date qualification threshold met	<input type="checkbox"/> Termination – See Part 5 Date of termination
____/____/____	____/____/____ <u>06/24/22</u>	____/____/____

RECEIVED AND FILED
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of the State of California

JUL 11 2022

Hand Delivered, Sacramento

CALIFORNIA 410
FORM

JUL 19 2022

By

1. Committee Information

I.D. Number
(if applicable)

2. Treasurer and Other Principal Officers

NAME OF COMMITTEE

NAME OF TREASURER

FRIENDS OF DR. Jayna
Karpinski - Costa
Electron held w/22 Citrus Heights City Council
Dist. 4

Edward J. Costa

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

CITY Cotrus Heights STATE IL ZIP CODE 60610 AREA CODE/PHONE 708

NAME OF ASSISTANT TREASURER, IF ANY:

N/A

STREET ADDRESS (NO P.O. BOX)
1

N/A

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME OF PRINCIPAL OFFICER(S)

N/A

STREET ADDRESS (NO P.O. BOX)

N/A

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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N/A

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 7/11/22 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 7/11/22 By Gaynor Karpinski Costa
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on 7/11/22 By [Signature]
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

FPPC Form 410 (August/2018)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA
FORM 410

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COMMITTEE NAME

FRIENDS OF DR. JAYNA KARPINSKI-COSTA

I.D. NUMBER

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION

SAFE CREDIT UNION

AREA CODE/PHONE

916 979 7233

BANK ACCOUNT NUMBER

ADDRESS

7601 SUNRISE BLVD

CITY

CITRUS HEIGHTS

STATE

CA

ZIP CODE

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

DR. Jayna Karpinski - Costa	Citrus Heights City Council District 4	2022	Nonpartisan X	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