

Statement of Organization Recipient Committee

Statement Type

☐ Initial

☐ Not yet qualified
or

☐ Date qualification threshold met

☐ Amendment

Date qualification threshold met

☒ Termination – See Part 5

Date of termination

11 / 18 / 2022



CALIFORNIA
FORM 410

For Official Use Only

1. Committee Information

I.D. Number 1449929
(if applicable)

NAME OF COMMITTEE

Friends of Dr. Jayna Karpinski-Costa for Citrus Heights City Council 2022,
District 4

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Citrus Heights CA 95610

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE

Sacramento

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Citrus Heights

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Edward J. Costa

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Citrus heights CA 95610

NAME OF ASSISTANT TREASURER, IF ANY

n/a

STREET ADDRESS (NO P.O. BOX)

n/a

CITY STATE ZIP CODE AREA CODE/PHONE
n/a

NAME OF PRINCIPAL OFFICER(S)

n/a

STREET ADDRESS (NO P.O. BOX)

n/a

CITY STATE ZIP CODE AREA CODE/PHONE
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 12/19/2022 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on 12/19/2022 By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT