

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Jim Costa for Congress

ADDRESS (number and street) 2037 W Bullard Ave
 (Check if address is changed) #355
Fresno CA 93711
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) compliance@katzcompliance.com
Optional Second E-Mail Address
sebastogroup@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) https://www.jimcosta.com/

2. DATE 04 / 06 / 2026

3. FEC IDENTIFICATION NUMBER ► C C00391029

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Sebasto, Alfreda, , ,

Signature of Treasurer Sebasto, Alfreda, , , Date 04 / 06 / 2026

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

5. TYPE OF COMMITTEE:

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate Costa, Jim, , ,

Candidate Party Affiliation DEM REP LIB IND OTH

Office Sought: House Senate President

State CA AZ AR AK AL IA IL IN KS KY LA MA MD ME MI MN MO MS MT NE NH NJ NM NV NY OH OK OR PA RI SC SD TN TX UT VT WA WI WY

District 21

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

- (g) This committee is an independent expenditure-only political committee (Super PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

- (h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

- (i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____
2. _____

C _____

C _____

Write or Type Committee Name

Jim Costa for Congress

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

BLUE DOG VICTORY FUND

Mailing Address 1030 15TH ST NW
 NUM 404
 WASHINGTON DC 20005
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship: Connected Organization Affiliated Organization Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Tinsmon, Cassie, , ,
 Mailing Address 3723 Greenville Ave
 Unit 41077
 Dallas TX 75206
 CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼
 Custodian of Records Telephone number 202 - 548 - 0880

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Sebasto, Alfreda, , ,
 Mailing Address P. O. Box 3498
 Clovis CA 93613
 CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼
 Treasurer Telephone number 559 - 285 - 1237

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

[Empty grid for Title or Position]

Telephone number

[Empty grid for Telephone number]

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Amalgamated Bank

[Grid for Name of Bank, Depository, etc.]

Mailing Address

275 7th Ave

[Grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

New York

[Grid for Mailing Address line 3]

NY

[Grid for Mailing Address line 3]

10003

[Grid for Mailing Address line 3]

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

UMB Financial Corporation

[Grid for Name of Bank, Depository, etc.]

Mailing Address

1010 Grand Blvd

[Grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

Kansas City

[Grid for Mailing Address line 3]

MO

[Grid for Mailing Address line 3]

64106

[Grid for Mailing Address line 3]

CITY ▲

STATE ▲

ZIP CODE ▲