

Officeholder and Candidate
Campaign Statement –
Short Form

Date of election if applicable:
(Month, Day, Year)

Nov 3, 2026

☐ Amendment (Explain Below)

Date Stamp

FILED

JUL 30 2026

SANTA BARBARA COUNTY
ELECTIONS

CALIFORNIA
FORM **470**

For Official Use Only

1. Statement Covers Calendar Year 20 26.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Jonathan Abboud

STREET ADDRESS

[REDACTED]

CITY

Island Vista

AREA CODE/DAYTIME PHONE NUMBER

310 734-9791

CA

STATE

93117

ZIP CODE

CA

OPTIONAL: FAX / E-MAIL ADDRESS

93117

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Trustee, ~~Santa~~ Santa Barbara Community College

JURISDICTION (LOCATION)

Santa Barbara County

DISTRICT NUMBER
(IF APPLICABLE)

Area 6

Dist 1

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER

Jonathan Abboud for SBC
Democratic Central Committee 2026
#1454657

Santa Barbara CA 93101

NAME OF TREASURER

Jennifer Cooper

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$10,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the information provided is true and correct.

Executed on

7/30/26

DATE

By

[REDACTED]

OFFICEHOLDER OR CANDIDATE