

Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment
(Explain)

Date Stamp FILED JUL 30 2026 SANTA BARBARA COUNTY ELECTIONS	CALIFORNIA FORM 501 For Official Use Only
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1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Jonathan Abbond DAYTIME TELEPHONE NUMBER (716) 734-9791 FAX NUMBER (optional) N/A EMAIL (optional) JonathanAIS7@gmail.com

STREET ADDRESS [REDACTED] CITY Isla Vista STATE CA ZIP CODE 93117

OFFICE SOUGHT (POSITION TITLE) Trustee AGENCY NAME Santa Barbara Community College District DISTRICT NUMBER, if applicable. 6 ☒ NON-PARTISAN OFFICE

OFFICE JURISDICTION (Check one box, if applicable.)

☐ State (Complete Part 2.) ☒ City ☒ County ☐ Multi-County: _____ (Name of Multi-County Jurisdiction)

PARTY PREFERENCE: (Check one box, if applicable.)

☒ PRIMARY / GENERAL ☐ SPECIAL / RUNOFF

Year of Election: 2026

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

(Check one box)

☐ I accept the voluntary expenditure ceiling for the election stated above.

☐ I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

☐ I did not exceed the expenditure ceiling in the primary or special election held on _____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

☐ On _____ I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

7/30/26
(month, day, year)

Signature