

Officeholder and Candidate
Campaign Statement –
Short Form

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

11/03/2026

☐ Amendment (Explain Below)

Date Stamp	CALIFORNIA FORM 470
FILED AUG 06 2026 SANTA BARBARA COUNTY ELECTIONS	For Official Use Only

1. Statement Covers Calendar Year 20 26

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

eHowardGreen

STREET ADDRESS

CITY Santa Barbara STATE CA ZIP CODE 93105

805-770-3363

AREA CODE/DAYTIME PHONE NUMBER

EHG638@GMAIL.COM

OPTIONAL: FAX / E-MAIL ADDRESS

805 770 3363

ehg638@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD

TRUSTEE

JURISDICTION (LOCATION)

SANTA BARBARA County

DISTRICT NUMBER
(IF APPLICABLE)
5

College
Santa Barbara Community
Dist

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

COMMITTEE ADDRESS

NAME OF TREASURER

N/A

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws

Executed on AUGUST 3, 2026

DATE