

Candidate Intention Statement

Date Stamp

FILED

AUG 06 2026

SANTA BARBARA COUNTY
ELECTIONS

CALIFORNIA
FORM

501

For Official Use Only

Check One: ☒ Initial ☐ Amendment
(Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

GREEN, e Howard

DAYTIME TELEPHONE NUMBER

(805) 770-3363

FAX NUMBER (optional)

(NA)

EMAIL (optional)

ehg638@gmail.com

STREET ADDRESS

CITY

Santa Barbara

STATE

CA

ZIP CODE

93105

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

Santa Barbara City College

DISTRICT NUMBER, if applicable.

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☒ NON-PARTISAN OFFICE

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☐ City ☒ County

☐ Multi-County:

(Name of Multi-County Jurisdiction)

(Check one box, if applicable.)

☒ PRIMARY / GENERAL

☐ SPECIAL / RUNOFF

2026

(Year of Election)

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 I am the candidate named above.

Executed on August 3, 2026
(month, day, year)

Signed