

Statement of Organization Recipient Committee

Statement Type

☐ Initial☒ Amendment☐ Termination - See Part 5Not yet qualified ☐ or☐ Date qualification threshold met

Date qualification threshold met

Date of termination

09/18/2026

Date Stamp

FILED

SEP 18 2026

SANTA BARBARA COUNTY
ELECTIONSCALIFORNIA
FORM **410**

For Official Use Only

1. Committee information

I.D. Number
(if applicable)

1494799

2. Treasurer and Other Principal Officers

NAME OF COMMITTEE

Lujan for SBCC Board of Trustees 2026

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Santa Barbara, CA 93101

805-448-9470

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)

jen@cicsb.com

COUNTY OF DOMICILE

Santa Barbara

JURISDICTION WHERE COMMITTEE IS ACTIVE

County of Santa Barbara

NAME OF TREASURER

Jennifer Cooper

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

Santa Barbara, CA 93101

EMAIL ADDRESS OF TREASURER (REQUIRED)

jen@cicsb.com

AREA CODE/PHONE

805-448-9470

NAME OF ASSISTANT TREASURER, IF ANY

Monica Intaglietta

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

Santa Barbara, CA 93101

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)

monica@cicsb.com

AREA CODE/PHONE

805-709-0595

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)

AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on Sep 18 2026

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on Sep 18 2026

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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COMMITTEE NAME

Lujan for SBCC Board of Trustees 2026

I. D. NUMBER

1494799

- All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS

Columbia Bank

Monica Intaglietta

AREA CODE/PHONE

(805) 979-4422

BANK ACCOUNT NUMBER

ADDRESS OF FINANCIAL INSTITUTION

CITY

STATE

ZIP CODE

Santa Barbara, CA 93101

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
Dominique Lujan	Community College Board JURISDICTION: Santa Barbara County DISTRICT NO.: 5	2026	Nonpartisan ☒	Partisan ☐	(list political party below)
			Nonpartisan ☐	Partisan ☐	(list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT ☐	OPPOSE ☐
		SUPPORT ☐	OPPOSE ☐

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COMMITTEE NAME

Lujan for SBCC Board of Trustees 2026

I. D. NUMBER

1494799

4. Type of Committee

(Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☐

CITY Committee

☐

COUNTY Committee

☐

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OF AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

☐

Date Qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

Document Details

Title	Please sign the Form 410
File Name	Form 410A_Lujan for SBCC Board of Trustees 2026_1494799.pdf
Document ID	[REDACTED]
Fingerprint	[REDACTED]
Status	Document Signed

Document History

Document Created	Document Created by Jen Cooper Fingerprint [REDACTED]	Sep 18 2026 01:10PM America/Los_Angeles
Document Signed	Document Signed by Jen Cooper IP: [REDACTED] [REDACTED]	Sep 18 2026 01:10PM America/Los_Angeles
Document Sent	Document Sent to Dominique Lujan ([REDACTED])	Sep 18 2026 01:10PM America/Los_Angeles
Document Viewed	Document Viewed by Dominique Lujan ([REDACTED]) IP: [REDACTED]	Sep 18 2026 01:57PM America/Los_Angeles
Document Viewed	Document Viewed by Dominique Lujan IP: [REDACTED]	Sep 18 2026 01:57PM America/Los_Angeles
Document Signed	Document Signed by Dominique Lujan ([REDACTED]) IP: [REDACTED] [REDACTED]	Sep 18 2026 01:57PM America/Los_Angeles
Document Completed	This document has been completed. Fingerprint [REDACTED]	Sep 18 2026 01:57PM America/Los_Angeles