

Officeholder and Candidate
Campaign Statement –
Short Form

Date of election if applicable: (Month, Day, Year) <u>Nov 3 2026</u>	☐ Amendment (Explain Below) _____ _____	FILED AUG 10 2026 SANTA BARBARA COUNTY ELECTIONS	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 26.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

HEATHER McGINNIS

STREET ADDRESS

CITY

CA 93109
STATE ZIP CODE

SANTA BARBARA
AREA CODE/DAYTIME PHONE NUMBER

CA N/A 93109
OPTIONAL: FAX / E-MAIL ADDRESS

808-354-4677

N/A

3. Office Sought or Held

OFFICE SOUGHT OR HELD

SANTA BARBARA COMMUNITY COLLEGE DISTRICT
GOVERNING BOARD MEMBERS TRUSTEE AGENT 7

JURISDICTION (LOCATION)

SANTA BARBARA

DISTRICT NUMBER
(IF APPLICABLE)

7

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
<u>N/A</u>		

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the law

Executed on

August 10, 2026
DATE