

Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment
(Explain)

FILED Date Stamp AUG 10 2026 SANTA BARBARA COUNTY ELECTIONS	CALIFORNIA FORM 501
	For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) MCGINNIS, HEATHER L.	DAYTIME TELEPHONE NUMBER 805-354-4677	FAX NUMBER (optional) N/A	EMAIL (optional) mcginnis.h@gmail.com
STREET ADDRESS [REDACTED]	CITY SANTA BARBARA	STATE CA	ZIP CODE 93109
OFFICE SOUGHT (POSITION TITLE) SANTA BARBARA COMMUNITY COLLEGE DISTRICT GOVERNING BOARD MEMBER, TRUSTEE AREA 7	AGENCY NAME SANTA BARBARA COMMUNITY COLLEGE DISTRICT	DISTRICT NUMBER, if applicable. 7	☒ NON-PARTISAN OFFICE
OFFICE JURISDICTION ☐ State (Complete Part 2.) ☐ City ☒ County ☐ Multi-County: _____ (Name of Multi-County Jurisdiction)		PARTY PREFERENCE: (Check one box, if applicable.) 2026 ☒ PRIMARY / GENERAL (Year of Election) ☐ SPECIAL / RUNOFF	

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 _____

Executed on August 10, 2026
(month, day, year)

FPPC Form 501 (August/2023)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
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