

Statement of Organization
Recipient Committee

Statement Type

☒ Initial

☐ Not yet qualified
or

☒ Date qualification threshold met

9 / 27 / 2026

☒ Amendment

Date qualification threshold met

09 / 27 / 2026

☐ Termination – See Part 5

Date of termination

Date Stamp

FILED

OCT 02 2026

SANTA BARBARA COUNTY
ELECTIONS

CALIFORNIA
FORM

410

For Official Use Only

1. Committee Information

I.D. Number
(if applicable)

NAME OF COMMITTEE

Andrea Varon for Santa Barbara City College 2026

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Santa Barbara CA 93109 (626) 607-6366

FULL MAILING ADDRESS (IF DIFFERENT)

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

andi4sbcc@gmail.com

COUNTY OF DOMICILE

Santa Barbara

JURISDICTION WHERE COMMITTEE IS ACTIVE

County of Santa Barbara

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Ellen Stoddard

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

Santa Barbara

CA

93109

EMAIL ADDRESS OF TREASURER (REQUIRED)

AREA CODE/PHONE

ellenstoddard@gmail.com

(805) 354-9060

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)

AREA CODE/PHONE

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

3. Verification

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

information contained herein is true and complete. I certify under

Executed on ~~09/13/2026~~ 9/27/26 By _____

DATE

ANT TREASURER

Executed on ~~09/13/2026~~ 9/27/26 By _____

DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____

DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____

DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA
FORM 410

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COMMITTEE NAME

ANDREA VARON FOR SANTA BARBARA CITY COLLEGE 2026

I.D. NUMBER

- 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

MONTECITO BANK AND TRUST

AREA CODE/PHONE

(805) 963-7511

BANK ACCOUNT NUMBER

ADDRESS OF FINANCIAL INSTITUTION

CITY

SANTA BARBARA

STATE

CA

ZIP CODE

93109

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 PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
Andrea Varon	Santa Barbara Community College District, Trustee Area 7	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