

Officeholder and Candidate
Campaign Statement –
Short Form

Date of election if applicable:
(Month, Day, Year)

Nov 3, 2026

☐ Amendment (Explain Below)

Date Stamp

FILED

AUG 12 2026

SANTA BARBARA COUNTY
ELECTIONS

CALIFORNIA
FORM

470

For Official Use Only

1. Statement Covers Calendar Year 20 26.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Andrea Varon

STREET ADDRESS

CITY

Santa Barbara

STATE

CA

ZIP CODE

93109

AREA CODE/DAYTIME PHONE NUMBER

(626) 607-6366

OPTIONAL: FAX / E-MAIL ADDRESS

N/A

3. Office Sought or Held

OFFICE SOUGHT OR HELD

SBC Board of Trustees

JURISDICTION (LOCATION)

Santa Barbara County

DISTRICT NUMBER
(IF APPLICABLE)

7

Santa Barbara Community College

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

N/A

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 laws of the State of California that the foregoing is true and correct.

Executed on

8/12/2026

DATE

By

OR CANDIDATE