

Officeholder and Candidate
Campaign Statement
Form 470 Supplement

SEE INSTRUCTIONS ON REVERSE

☐ Amendment (Explain Below)

Date Stamp

CALIFORNIA
FORM

470
SUPPLEMENT

For Official Use Only

FILED

OCT 02 2026

SANTA BARBARA COUNTY
ELECTIONS

This form is written notification that the officeholder/candidate listed below has received contributions totaling \$2,000 or more or has made expenditures of \$2,000 or more during the calendar year.

1. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

ANDREA VARON

STREET ADDRESS

[REDACTED]

CITY

SANTA BARBARA

STATE

CA

ZIP CODE

93109

AREA CODE/DAYTIME PHONE NUMBER

(626) 607-6366

OPTIONAL: FAX / E-MAIL ADDRESS

2. Office Sought

OFFICE SOUGHT

SANTA BARBARA COMMUNITY COLLEGE BOARD OF TRUSTEES

DISTRICT NUMBER
(IF APPLICABLE)

AREA 7

DATE OF ELECTION (MONTH, DAY, YEAR)

11/03/2026

3. Date Contributions Totaling \$2,000 or More Were Received or Date Expenditures of \$2,000 or More Were Made

09/26/2026

(MONTH, DAY, YEAR)