

Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment
(Explain)

Date Stamp FILED AUG 12 2026 SANTA BARBARA COUNTY ELECTIONS	CALIFORNIA FORM 501 For Official Use Only
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1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Andrea L Varon	DAYTIME TELEPHONE NUMBER (626) 607-6366	FAX NUMBER (optional) N/A	EMAIL (optional) andivaron1@mac.com
STREET ADDRESS [REDACTED]	CITY Santa Barbara	STATE CA	ZIP CODE 93109
OFFICE SOUGHT (POSITION TITLE) Trustee	AGENCY NAME Santa Barbara Community College	DISTRICT NUMBER, if applicable. 7	☒ NON-PARTISAN OFFICE PARTY PREFERENCE: (Check one box, if applicable.) ☒ PRIMARY / GENERAL ☐ SPECIAL / RUNOFF
OFFICE JURISDICTION ☐ State (Complete Part 2.) ☐ City ☒ County ☐ Multi-County: (Name of Multi-County Jurisdiction)	2026 (Year of Election)		

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

Executed on

08/12/2026
(month, day, year)

Signature