

Officeholder and Candidate
Campaign Statement –
Short Form

Date of election if applicable: (Month, Day, Year) <u>11/03/2026</u>	☐ Amendment (Explain Below) _____ _____	Date Stamp	CALIFORNIA FORM 470 For Official Use Only JUL 28 2026 SANTA BARBARA COUNTY ELECTIONS
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1. Statement Covers Calendar Year 20 20.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

OSCAR ZAVALA

STREET ADDRESS



CITY SANTA BARBARA

STATE CA

ZIP CODE 93109

~~805-708-4303~~

AREA CODE/DAYTIME PHONE NUMBER

805-708-4303

OSCAR.ZAVALA@GMAIL.COM
OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

SANTA BARBARA COMMUNITY COLLEGE
BOARD OF TRUSTEES

JURISDICTION (LOCATION)

SANTA BARBARA COUNTY

DISTRICT NUMBER
(IF APPLICABLE)

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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.

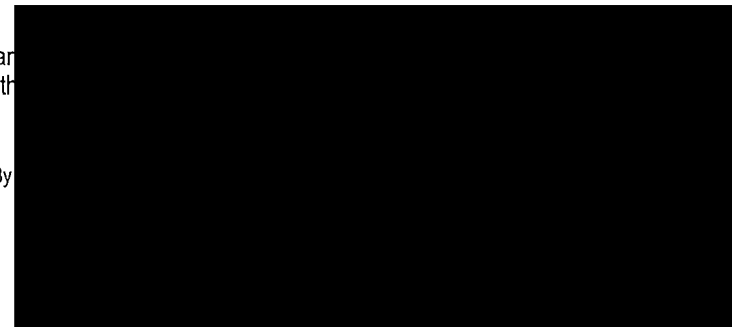
COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
<u>N/A</u>		
<u>N/A</u>		

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the

Executed on 07/28/2026
DATE

By



that I have used