

Candidate Intention Statement

Date Stamp

CALIFORNIA
FORM

501

For Official Use Only

JUL 28 2026

SANTA BARBARA COUNTY
ELECTIONSCheck One: ☒ Initial ☐ Amendment
(Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

EMAIL (optional)

ZAVALA, OSCAR

(805) 708-4303

() N/A

N/A

STREET ADDRESS

CITY

STATE

ZIP CODE

SANTA BARBARA

CA

93109

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

DISTRICT NUMBER, if applicable.

☒ NON-PARTISAN OFFICE

BOARD OF TRUSTEE - AREA 7 - SANTA BARBARA Community COLLEGE

OFFICE JURISDICTION

PARTY PREFERENCE:

(Check one box, if applicable.)

☐ State (Complete Part 2.)☐ City☒ County☐ Multi-County:

(Name of Multi-County Jurisdiction)

11/03/2026
(Year of Election)☒ PRIMARY / GENERAL☐ SPECIAL / RUNOFF

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 _____ that the information provided is true and correct.

Executed on

07/28/2026
(month, day, year)

Signed

FPPC Form 501 (August/2023)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov