Candidate Intention Statement				RECEIVED	CALIFORNIA 501
Check One: Initial	☐ Amendment (Explain	ient (Explain)		AUG 0 8 2022	For Official Use Only
			I	INGS COUNTY ELECTION	NS
1. Candidate Information	on:				
NAME OF CANDIDATE (Last, First Midd STREET ADDRESS	Melody Ann	CITY	FAX NUM	BER (optional) F CM IN STATE ZIP CODE	gomel 20. gmail
OFFICE SOUGHT (POSITION TITLE) SCHOOL BOXY OFFICE JURISDICTION	d Member 1	Lemoore _UHSD	Are		PARTISAN OFFICE REFERENCE: Check one box, if applicable.)
State (Complete Part 2.)	Multi-County;	(Name of Multi-County Jurisdiction)		2022 \$	PRIMARY / GENERAL SPECIAL / RUNOFF
☐I do not accept the v Amendment: ☐ I did not exceed		for the election stated above. e primary or special election held o	on/_	/ and I accept	the voluntary expenditure
		3 F4			
(Mark if applicable)					
□ On, <i> </i>	_I contributed personal fund	s in excess of the expenditure ceili	ng for the e	election stated above.	
3. Verification:					
I certify under penalty o	f perjury under the laws of the	ne State of California that the foreg	oing is true	and correct.	