

# Candidate Intention Statement

Date Stamp JUL 25 2022 TC Elections	CALIFORNIA FORM 501 For Official Use Only
---	--

Check One: ☒ Initial ☐ Amendment (Explain) \_\_\_\_\_

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Mekhaail Lydia DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) ( ) EMAIL (optional) imekhaill@imvscd.net

STREET ADDRESS [REDACTED] CITY Tehama STATE CA ZIP CODE 96090

OFFICE SOUGHT (POSITION TITLE) Tehama AGENCY NAME Los Molinos Unified School District DISTRICT NUMBER, if applicable: [REDACTED] ☒ NON-PARTISAN OFFICE

OFFICE JURISDICTION: ☐ State (Complete Part 2.) ☒ City ☒ County ☐ Multi-County: \_\_\_\_\_ (Name of Multi-County Jurisdiction)

PARTY PREFERENCE: (Check one box, if applicable.) ☒ PRIMARY / GENERAL ☐ SPECIAL / RUNOFF

2022 (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 07/25/22  
(month, day, year)

Signature [REDACTED]  
(Candidate)

FPPC Form 501 (August/2018)  
FPPC Advice: advice@fppc.ca.gov (866/275-3772)  
www.fppc.ca.gov

Officeholder and Candidate  
Campaign Statement –  
Short Form

Date of election if applicable:  
(Month, Day, Year)

11/08/22

☐ Amendment (Explain Below)

Date Stamp

FILED  
JUL 25 2022  
TC Elections

CALIFORNIA  
FORM

470

For Official Use Only

1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Lidia Mekhail

STREET ADDRESS

[REDACTED]

CITY

Tehama

STATE

CA

ZIP CODE

96090

AREA CODE/DAYTIME PHONE NUMBER

[REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

LMUSD Tehama

JURISDICTION (LOCATION)

DISTRICT NUMBER  
(IF APPLICABLE)

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

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the information provided is true and correct.

Executed on

07/25/22

DATE

By

[REDACTED]