Candidate Intention Statement	Type or Print in Ink.	Date Stamp	CALIFORNIA 501
Check One: X Initial Ame	ndment (Explain)		12 DEC 31 A9:14
1. Candidate Information: NAME OF CANDIDATE (Last, First, Middle Initial) AYALA, LUIS CARLOS	DAYTIME TELEPHONE NUMBER FAX N	UMBER (optional) E-MAIL	OF PASADENA a@yahoo.com
STREET ADDRESS	(525) 635-1901 (STATE ZIP COL	
1852 LINDA VISTA AVENUE	PASADENA	CA 91103	· /2/
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	NON-PARTISAN
SCHOOL BOARD DISTRICT #7	PASADENA UNIFIED SCHOOL DISTRICT	7	PARTY:
State (Complete Part 2.) City County Multi-County:	PASADENA UNIFIED SCHOOL DISTRICT (Name of Jurisdiction)		
(Year of Election) Primary/general election (Check one box) I accept the voluntary expenditure ceili	Special/runoff election 		
[]I do not accept the voluntary expendite Amendment: O I did not exceed the expenditure the general or special run-off ele	ceiling in the primary or special election held on:	and I accept the volun	tary expenditure ceiling for
(Mark if applicable) On/, I contributed per	sonal funds in excess of the expenditure ceiling for the election	on stated above.	
3. Verification:			
I certify under penalty of perjury under th	e laws of the State of California that the foregoing is true and	correct.	
12/21/201		\bigcirc	
Executed on (month, day, year)	Signature (Candidate)	FPP	FPPC Form 501 (Jan/03) C Toll-Free Helpline: 866/ASK-FPPC 866/275-3772