			CANDIDATE INTENTION STATEMENT
Candidate Intention Statement	Type or Print in Ink.	Date Stamp	CALIFORNIA 501
Check One: ☑ Initial ☐ Amendment (Explain)	1	TOEIVEU	FORM For Official Use Only
1. Candidate Information:		CHYCLERK	Λ
NAME OF CANDIDATE (Last, First, Middle Initial)		AX NUMBER (optional) E-MAIL (opt	
TYROW HAMPTON	(626) 429-3461 (626) 765-9162 STATE ZIP CODE	
STREET ADDRESS 501 E DEMIN ST. PASA	2	lifornia 9110	4
Pasadena board of Education	E	DISTRICT NUMBER, if applicable.	NON-PARTISAN
OFFICE JURISDICTION State (Complete Part 2.)			
State (Complete Fail 2) State (Complete Fail 2) Multi-County:	(Name of Multi-County Jurisdiction)	2010 (Year of Election)	
7			
2. State Candidate Expenditure Limit Statemen (CaiPERS and Cais in a candidates, judges, judicial candidates, and candidates, and candidates, and candidates, and candidates, judges judicial candidates, and candidates, and candidates, judges judicial candidates, and candidates. (Year of Election) (Year of Election)	es for local offices do not complete Part 2.)		
(Check one box) I accept the voluntary expenditure ceiling for the elect	ion stated above.		
I do not accept the voluntary expenditure ceiling for the Amendment:	ne election stated above.		
O I did not exceed the expenditure ceiling in the properties the general or special run-off election.	imary or special election held on:	/ and I accept the volunta	y expenditure ceiling for
(Mark if applicable) On	excess of the expenditure ceiling for the e	lection stated above.	
3. Verification:			
I certify under penalty of perjury under the laws of the	ne State of California that the foregoing	is true and correct.	
Executed on, Sign, Sign	ature (Candidate)	FPPC Toll-Free Help	FPPC Form 501 (April/2011) line: 866/ASK-FPPC (866/275-3772)