		CANDIDATE INTENTION STATEMENT			
Candidate Intention Statement	Type or Print in Ink.		Date	Stamp	CALIFORNIA 501
Check One: 🛛 Initial 🔲 Amendment (Explain)		_ F	ECEI'		For Official Use Only
		— *04	NOV 29	P4:17	
1. Candidate Information:			OITY (1	£ 174	
NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUN	CITY CL	SADERMAIL	(optional)
Tyler, Sidney F.	(626) 395-9515	(626		styler	@cityofpasadena.net
STREET ADDRESS	CITY		STATE	ZIP COI	DE
969 S Madison Av	Pasadena		CA	91106	
OFFICE SOUGHT (POSITION TITLE) AGENCY NAME		D	ISTRICT NUMB	ER, if applicable.	NON-PARTISAN
Councilmember			7		PARTY:
OFFICE JURISDICTION ☐ State (Complete Part 2) ☐ City ☐ County ☐ Multi-County: Pasadena	(Name of Jurisdiction)			2005 or of Election)	
(CalPERS candidates, judges, judicial candidates, and candidates for local offices and representation Primary/Igeneral election (Year of Election) (Check one box)	Specialirunoff election				
I do not accept the voluntary expenditure ceiling for the election stated above.					
Amendment: O 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					
3. Verification:					
certify under penalty of perjury under the laws of the State of Executed on	of California that the foregoing is to Signature	en	orrect.		

FPPC Form 501 (Jan/03) FPPC Toll-Free Helpline: 866/ASK-FPPC 866/275-3772