Candidate Intention Statement		E TY Cod	CALIFORNIA 501
Check One: Initial Amendment (Expl	ain)	AUG 12	Z022 For Official Use Only
1. Candidate Information: NAME OF CANDIDATE (LAIL First Middle Initial) Messina Brendon A STREET ADDRESS	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAL (optional) brendon4dlstrict1@gmail.com
City Council Member City of Your Council Member City of Your City of Your City of Your City of Your City Council Part 2.)		2022	Ecable NON-PARTISAN OFFICE  PARTY PREFERENCE: (Check one box, if applicable.) PRIMARY/ GENERAL of Election) SPECIAL / RUNOFF
2. State Candidate Expenditure Limit Stateme (CaiPERS and CaiSTRS candidates, Judges, Judicial candidates, and candidates, an	dates for local offices do not complete Pert 2.)  e election stated above,  ng for the election stated above.	on <i>l</i>	and I accept the voluntary expenditure
(Mark if applicable)  On,	nds in excess of the expenditure cei	ling for the election stat	ed above.
3. Verification:  I certify under penalty of perjury under the laws of the law	f the State of California that the fore	going is true and correc	t.

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