

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <b>RUSTY BERNARDO FOR ELECTION FOR DALY CITY COUNCIL 2022</b>		Date of This Filing 10/21/2022	Date Stamp CITY OF DALY CITY CITY CLERK  2022 OCT 24 AM 11:01  RECEIVED	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1452725	Report No. 2		
STREET ADDRESS MAILING ADDRESS:		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY DALY CITY	STATE CA	ZIP CODE 94017	No. of Pages 1	

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/20/2022	SYDNEY BERNARDO, DALY CITY, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MEDIA MANAGER, WARNER BROTHERS	\$500.00 <input type="checkbox"/> Check If Loan _____% Provide interest rate
10/20/2022	CAROLINE FERNANDEZ, DALY CITY, CA 94015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$500.00 <input type="checkbox"/> Check If Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check If Loan _____% Provide interest rate

Reason for Amendment: \_\_\_\_\_

\* Contributor Codes  
 IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee