Recipient Committee
Campaign Statement
Cover Page

Statement covers period
from 9/25/2022
through 10/22/2022

Date of election if applicable:
(Month, Day, Year)
11/08/2022

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

☐ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
(Also Complete Part 5)

☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
(Also Complete Part 6)

☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

☐ Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

☐ Preelection Statement
☐ Semi-annual Statement
☐ Termination Statement
(Also file a Form 410 Termination)
☐ Amendment (Explain below)

3. Committee Information

I.D. NUMBER 1446296

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
CATUAR FOR DALY CITY COUNCIL 2022

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

SOUTH SAN FRANCISCO CA 94080

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/22/2022
Date

By ____________________________
Treasurer or Assistant Treasurer

For Official Use Only

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
CHERYLL CATUAR

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
DALY CITY COUNCIL

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
DALY CITY CA 94015

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
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<tbody>
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<table>
<thead>
<tr>
<th>NAME OF TREASURER</th>
<th>CONTROLLED COMMITTEE?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES ☐ NO ☐</td>
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</table>

<table>
<thead>
<tr>
<th>COMMITTEE ADDRESS</th>
<th>STREET ADDRESS (NO P.O. BOX)</th>
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<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>AREA CODE/PHONE</th>
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6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION

Identify the controlling officeholder, candidate, or state measure proponent, if any.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT</th>
</tr>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>OFFICE SOUGHT OR HELD</th>
<th>DISTRICT NO. IF ANY</th>
</tr>
</thead>
<tbody>
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</table>

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
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<tr>
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<th>OFFICE SOUGHT OR HELD</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Attach continuation sheets if necessary
## Contributions Received

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monetary Contributions</td>
<td>Schedule A, Line 3</td>
<td>$1,361</td>
</tr>
<tr>
<td>Loans Received</td>
<td>Schedule B, Line 3</td>
<td>$538</td>
</tr>
<tr>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>Add Lines 1 + 2</td>
<td>$1,899</td>
</tr>
<tr>
<td>Nonmonetary Contributions</td>
<td>Schedule C, Line 3</td>
<td>$1,899</td>
</tr>
<tr>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>Add Lines 3 + 4</td>
<td>$1,899</td>
</tr>
</tbody>
</table>

## Expenditures Made

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments Made</td>
<td>Schedule E, Line 4</td>
<td>$2,185</td>
</tr>
<tr>
<td>Loans Made</td>
<td>Schedule H, Line 3</td>
<td>$2,185</td>
</tr>
<tr>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>Add Lines 6 + 7</td>
<td>$2,185</td>
</tr>
<tr>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>Schedule F, Line 3</td>
<td>$1,079</td>
</tr>
<tr>
<td>Nonmonetary Adjustment</td>
<td>Schedule C, Line 3</td>
<td>$2,185</td>
</tr>
<tr>
<td>TOTAL EXPENDITURES MADE</td>
<td>Add Lines 8 + 9 + 10</td>
<td>$2,185</td>
</tr>
</tbody>
</table>

## Current Cash Statement

12. Beginning Cash Balance: Previous Summary Page, Line 16 | $286
13. Cash Receipts: Column A, Line 3 above | $1,899
14. Miscellaneous Increases to Cash: Schedule I, Line 4 | $2,185
15. Cash Payments: Column A, Line 8 above | $2,185
16. ENDING CASH BALANCE: Add Lines 12 + 13 + 14, then subtract Line 15: $0

- **To calculate Column B:** Add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

## Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*:
   - If Subject to Voluntary Expenditure Limit
   - Date of Election (mm/dd/yy): 11/08/22
   - Total to Date: N/A

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*Amounts in this section may be different from amounts reported in Column B.
# Schedule A (Continuation Sheet)
## Monetary Contributions Received

Amounts may be rounded to whole dollars.

**Statement covers period**
- from 9/25/22
- through 10/22/22

<table>
<thead>
<tr>
<th>NAME OF FILER</th>
<th>PERLIZA CANCINO</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.D. NUMBER</td>
<td>1446296</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR</th>
<th>CONTRIBUTOR CODE</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/06/22</td>
<td>AUGUSTUS ERIK TAGARO</td>
<td>☑ IND</td>
<td>RESIDENT SERVICES MANAGER-MERCY HOUSING</td>
<td>111</td>
<td>111</td>
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<tr>
<td></td>
<td>DALY CITY, CA 94015</td>
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</tr>
<tr>
<td>10/06/22</td>
<td>MELISSA PAYAG</td>
<td>☑ IND</td>
<td>COMMUNITY VOLUNTEER-FILAM NEWS</td>
<td>50</td>
<td>50</td>
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<td></td>
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<tr>
<td>9/30/22</td>
<td>NELSON TOLENTINO</td>
<td>☑ IND</td>
<td>IMMUNOLOGY SPECIALIST-PFIZER</td>
<td>100</td>
<td>100</td>
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<tr>
<td></td>
<td>SAN MATEO, CA 94403</td>
<td></td>
<td></td>
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<tr>
<td>9/28/22</td>
<td>ILA BANSIL</td>
<td>☑ IND</td>
<td>EXCECUTIVE DIRECTOR-BRISTOL HOSPICE</td>
<td>50</td>
<td>50</td>
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<tr>
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<td>SOUTH SAN FRANCISCO, CA 94080</td>
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<tr>
<td>10/06/22</td>
<td>LIZA ROBORTURA</td>
<td>☑ IND</td>
<td>COMMUNITY VOLUNTEER:</td>
<td>50</td>
<td>50</td>
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<td></td>
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**SUBTOTAL $ 1361**

*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
## Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) $1361
2. Amount received this period – unitemized monetary contributions of less than $100 $ 
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL $1361

### Contributor Codes
- IND – Individual
- COM – Recipient Committee
- OTH – Other (e.g., business entity)
- PTY – Political Party
- SCC – Small Contributor Committee
Schedule B – Part 1
Loans Received

Amounts may be rounded to whole dollars.

Statement covers period from 9/25/22 through 10/22/22

SCHEDULE B - PART 1
CALIFORNIA FORM 460

NAME OF FILER
PERLIZA CANCINO

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)
PERLIZA CANCINO
SOUTH SAN FRANCISCO CA 94080

IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER
(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)
ACCOUNTANT-CANCINO SERVICES

<table>
<thead>
<tr>
<th>(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD</th>
<th>(b) AMOUNT RECEIVED THIS PERIOD</th>
<th>(c) AMOUNT PAID OR FORGIVEN THIS PERIOD</th>
<th>(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
<th>(e) INTEREST PAID THIS PERIOD</th>
<th>(f) ORIGINAL AMOUNT OF LOAN</th>
<th>(g) CUMULATIVE CONTRIBUTIONS TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>$538</td>
<td>$538</td>
<td>□ PAID $</td>
<td>$538</td>
<td>□ RATE 12/30/22 10/06</td>
<td>$538</td>
<td>$538</td>
</tr>
<tr>
<td>$</td>
<td></td>
<td>□ FORGIVEN</td>
<td>$</td>
<td></td>
<td></td>
<td>PER ELECTION**</td>
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<thead>
<tr>
<th>(h) CALENDAR YEAR</th>
<th>(i) PER ELECTION**</th>
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<table>
<thead>
<tr>
<th>(h) CALENDAR YEAR</th>
<th>(i) PER ELECTION**</th>
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</table>

SUBTOTALS $ 538

Schedule B Summary
1. Loans received this period .................................................. $ 538
   (Total Column (b) plus unitemized loans of less than $100.)

2. Loans paid or forgiven this period ........................................ $ 
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) .................. NET $ 538
   Enter the net here and on the Summary Page, Column A, Line 2.
   (May be a negative number)

†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

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.
## Schedule E Payments Made

**NAME OF FILER**
PERLIZA CANCINO

**I.D. NUMBER**
1446296

### CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- **CMP**: campaign paraphernalia/misc.
- **CNS**: campaign consultants
- **CTB**: contribution (explain nonmonetary)*
- **CVC**: civic donations
- **FIL**: candidate filing/ballot fees
- **FND**: fundraising events
- **IND**: independent expenditure supporting/opposing others (explain)*
- **LEG**: legal defense
- **LIT**: campaign literature and mailings
- **MBR**: member communications
- **MTG**: meetings and appearances
- **OFC**: office expenses
- **PET**: petition circulating
- **PHO**: phone banks
- **POL**: polling and survey research
- **POS**: postage, delivery and messenger services
- **PRO**: professional services (legal, accounting)
- **PRT**: print ads
- **RAD**: radio airtime and production costs
- **RFD**: returned contributions
- **SAL**: campaign workers' salaries
- **TEL**: t.v. or cable airtime and production costs
- **TRC**: candidate travel, lodging, and meals
- **TRS**: staff/spouse travel, lodging, and meals
- **TSF**: transfer between committees of the same candidate/spONSor
- **VOT**: voter registration
- **WEB**: information technology costs (Internet, e-mail)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE OR DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>HAPAG PILIPINO</td>
<td>FND FUNDRAISING DINNER</td>
<td>2135</td>
</tr>
<tr>
<td>DALY CITY, CA 94015</td>
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</table>

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL $ 2135**

### Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) .......................... $ 2135
2. Unitemized payments made this period of under $100 ................................................. $ 50
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e)) .......................................................... $ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .......................... TOTAL $ 2185

FPPC Form 460 (Jan/2016)
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