

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp

CALIFORNIA
2001/02
FORM

460

Page 1 of 51

For Official Use Only

Statement covers period

from 02/09/2025

through 05/10/2025

Date of election if applicable:
(Month, Day, Year)

06/24/2025

SEE INSTRUCTIONS ON REVERSE

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.)

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

- ☐ Ballot Measure Committee
☐ Primary Formed
☐ Controlled
☐ Sponsored

(Also Complete Part 6.)

- ☐ Primary Formed Candidate/
Officeholder Committee
(Also Complete Part 7.)

2. Type of Statement:

- ☒ Pre-election Statement
☐ Semi-annual Statement
☐ Termination Statement
☐ Amendment (Explain below)

- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
741949

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
REPUBLICAN PARTY OF SAN DIEGO COUNTY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN DIEGO	CA	92108	

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
IMPERIAL BEACH	CA	91932	

OPTIONAL: FAX/E-MAIL ADDRESS
BRIANA@BBCAMPAIGNS.COM

Treasurer(s)

NAME OF TREASURER
WILLIAM EXETER

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN DIEGO	CA	92108	6194243340

NAME OF ASSISTANT TREASURER, IF ANY
BRIANA BILBRAY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
IMPERIAL BEACH	CA	91932	(619) 424-3340

OPTIONAL: FAX/E-MAIL ADDRESS
BRIANA@BBCAMPAIGNS.COM

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 05/22/2025 By BRIANA BILBRAY
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California

Recipient Committee
Campaign Statement
Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

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

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

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 to make expenditures on behalf of your candidacy.

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?
☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?
☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION ☐ SUPPORT
☐ OPPOSE

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

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

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from 02/09/2025 through 05/10/2025	CALIFORNIA FORM 460 Page 3 of 51 I.D. NUMBER 741949
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
REPUBLICAN PARTY OF SAN DIEGO COUNTY

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$239,772.31	\$245,599.95
2. Loans Received	Schedule B, Line 7	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$239,772.31	\$245,599.95
4. Nonmonetary Contributions	Schedule C, Line 3	\$5,000.00	\$5,000.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$244,772.31	\$250,599.95

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$170,733.94	\$175,131.08
7. Loans Made	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$170,733.94	\$175,131.08
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$0.00	\$0.00
10. Nonmonetary Adjustment	Schedule C, Line 3	\$5,000.00	\$5,000.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$175,733.94	\$180,131.08

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$27,529.52	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).
13. Cash Receipts	Column A, Line 3 above	\$239,772.31	
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$18,500.00	
15. Cash Payments	Column A, Line 8 above	\$170,733.94	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$115,067.89	
If this is a termination statement, Line 16 must be zero.			
17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$0.00	

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$0.00

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A

Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from 02/09/2025		
through 05/10/2025		Page 4 of 51
NAME OF FILER REPUBLICAN PARTY OF SAN DIEGO COUNTY		I.D. Number 741949

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/18/2025	JUDY REES CARLSBAD, CA 92010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED RETIRED	\$104.48	\$208.96	
2/18/2025	JACQUELIN YOUNG SAN DIEGO, CA 92122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED RETIRED	\$104.48	\$208.96	
2/21/2025	LAWRENCE CAMPBELL ESCONDIDO, CA 92029	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED RETIRED	\$50.00	\$100.00	
2/21/2025	NEW MAJORITY PAC SAN RAFAEL, CA 94901 Committee ID: 992074	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$25,000.00	\$25,000.00	
2/23/2025	GEORGE WILLIAMS SAN DIEGO, CA 92114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED RETIRED	\$104.48	\$208.96	

SUBTOTAL

Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)	\$239,663.04
2. Amount received this period - unitemized contributions of less than \$100	\$109.27
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$239,772.31

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	02/09/2025	
through	05/10/2025	Page 5 of 51
NAME OF FILER REPUBLICAN PARTY OF SAN DIEGO COUNTY		I.D. Number 741949

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/25/2025	DAVE NELSON POWAY, CA 92064	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CORE BUSINESS SOLUTIONS OWNER	\$260.73	\$521.46	
2/26/2025	TERRY CARPENTER CARLSBAD, CA 92011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED RETIRED	\$52.40	\$104.80	
3/5/2025	THE LINCOLN CLUB OF SAN DIEGO COUNTY IMPERIAL BEACH, CA 91932 Committee ID: 831561	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$9,500.00	\$9,500.00	
3/10/2025	REPUBLICAN WOMEN OF CALIFORNIA-SOUTHBAY BONITA, CA 91910	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	
3/14/2025	WECA GOOD GOVERNMENT PAC SACRAMENTO, CA 95814 Committee ID: 991225	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	
SUBTOTAL						

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IND - Individual
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	02/09/2025	
through	05/10/2025	Page 6 of 51
NAME OF FILER REPUBLICAN PARTY OF SAN DIEGO COUNTY		I.D. Number 741949

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/18/2025	JUDY REES CARLSBAD, CA 92010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED RETIRED	\$104.48	\$313.44	
3/18/2025	JACQUELIN YOUNG SAN DIEGO, CA 92122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED RETIRED	\$104.48	\$313.44	
3/19/2025	WELLS FOR CENTRAL COMMITTEE IMPERIAL BEACH, CA 91932 Committee ID: 1477899	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00	
3/20/2025	BUILDING INDUSTRY ASSOCIATION OF SAN DIEGO PAC SAN DIEGO, CA 92123 Committee ID: 790708	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$25,000.00	\$25,000.00	
3/20/2025	SAN DIEGO ELECTRICAL CONTRACTORS PAC SAN DIEGO, CA 92123 Committee ID: 802088	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>02/09/2025</u> through <u>05/10/2025</u>		CALIFORNIA FORM 460
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NAME OF FILER REPUBLICAN PARTY OF SAN DIEGO COUNTY		I.D. Number 741949

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/21/2025	LAWRENCE CAMPBELL ESCONDIDO, CA 92029	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED RETIRED	\$50.00	\$150.00	
3/22/2025	IRA MITZNER HOUSTON, TX 77010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RIDA DEVELOPMENT CORP PRESIDENT	\$15,000.00	\$15,000.00	
3/23/2025	DOLORES WILLIAMS SAN DIEGO, CA 92114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED RETIRED	\$49.27	\$147.81	
3/23/2025	GEORGE WILLIAMS SAN DIEGO, CA 92114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED RETIRED	\$104.48	\$313.44	
3/25/2025	DAVE NELSON POWAY, CA 92064	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CORE BUSINESS SOLUTIONS OWNER	\$260.73	\$782.19	
SUBTOTAL						

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(other than PTY or SCC)
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	02/09/2025	
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NAME OF FILER REPUBLICAN PARTY OF SAN DIEGO COUNTY		I.D. Number 741949

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DATE RECEIVED	FULL NAME, MAILING 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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/26/2025	TERRY CARPENTER CARLSBAD, CA 92011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED RETIRED	\$52.40	\$157.20	
3/27/2025	JOHN MCCANN REPUBLICAN CENTRAL COMMITTEE 2024 LA MESA, CA 91942 Committee ID: 1463768	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$6,000.00	\$6,000.00	
3/27/2025	RINCON BAND OF LUISENO MISSION INDIANS OF THE RINCON RESERVATION, CA VALLEY CENTER, CA 92082	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000.00	\$10,000.00	
3/28/2025	MARCO SESSA SAN DIEGO, CA 92037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SUDBERRY PROPERTIES REAL ESTATE	\$2,500.00	\$2,500.00	
3/28/2025	THOMAS SUDBERRY SAN DIEGO, CA 92121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED RETIRED	\$10,000.00	\$10,000.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	02/09/2025	
through	05/10/2025	Page 9 of 51
NAME OF FILER REPUBLICAN PARTY OF SAN DIEGO COUNTY		I.D. Number 741949

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4/7/2025	CARL DEMAIO FOR STATE ASSEMBLY 2026 SAN MARCOS, CA 92069 Committee ID: 1476859	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$6,000.00	\$11,000.00	
4/17/2025	BRANDON JONES FOR GOVERNOR 2026 SAN MARCOS, CA 92069 Committee ID: 1477214	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$200.00	\$200.00	
4/17/2025	CARLSBAD REPUBLICAN WOMEN FEDERATED SACRAMENTO, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,000.00	\$3,000.00	
4/17/2025	RINCON BAND OF LUISENO MISSION INDIANS OF THE RINCON RESERVATION, CA VALLEY CENTER, CA 92082	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$12,000.00	\$22,000.00	
4/17/2025	VILLA DE MEDICO SAN DIEGO, CA 92103	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$6,000.00	\$6,000.00	
SUBTOTAL						

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Schedule A (Continuation Sheet)

Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period from 02/09/2025 through 05/10/2025	CALIFORNIA FORM 460 Page 10 of 51 I.D. Number 741949
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
REPUBLICAN PARTY OF SAN DIEGO COUNTY

DATE RECEIVED	FULL NAME, MAILING 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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/18/2025	JACQUELIN YOUNG SAN DIEGO, CA 92122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED RETIRED	\$104.48	\$417.92	
4/19/2025	JOHN FRANKLIN FOR SUPERVISOR 2026 IRVINE, CA 92618 Committee ID: 1462594	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$200.00	\$200.00	
4/19/2025	LA PLAYA L.L.C. SAN DIEGO, CA 92111	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$6,000.00	\$6,000.00	
4/21/2025	LAWRENCE CAMPBELL ESCONDIDO, CA 92029	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED RETIRED	\$50.00	\$200.00	
4/21/2025	JANE SADBERRY SAN DIEGO, CA 92121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A HOMEMAKER	\$2,000.00	\$2,000.00	
SUBTOTAL						

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IND - Individual
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(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	02/09/2025	
through	05/10/2025	Page 11 of 51
NAME OF FILER REPUBLICAN PARTY OF SAN DIEGO COUNTY		I.D. Number 741949

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DATE RECEIVED	FULL NAME, MAILING 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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/23/2025	DOLORES WILLIAMS SAN DIEGO, CA 92114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED RETIRED	\$49.27	\$197.08	
4/23/2025	GEORGE WILLIAMS SAN DIEGO, CA 92114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED RETIRED	\$104.48	\$417.92	
4/26/2025	TERRY CARPENTER CARLSBAD, CA 92011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED RETIRED	\$52.40	\$209.60	
4/28/2025	ENVIRONMENTAL DEVELOPMENT LLC SAN DIEGO, CA 92128	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$12,000.00	\$12,000.00	
5/5/2025	THOMAS SADBERRY SAN DIEGO, CA 92121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED RETIRED	\$5,000.00	\$15,000.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	02/09/2025	
through	05/10/2025	Page 12 of 51
NAME OF FILER REPUBLICAN PARTY OF SAN DIEGO COUNTY		I.D. Number 741949

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/7/2025	ELEVATION ENTERTAINMENT GROUP LA JOLLA, CA 92037	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	
5/7/2025	ESCONDIDO REPUBLICAN WOMEN FEDERATED ESCONDIDO, CA 92029 Committee ID: 742531	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,000.00	\$3,000.00	
5/7/2025	GREATER SAN DIEGO ASSOCIATION OF REALTORS SAN DIEGO, CA 92111	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,000.00	\$3,000.00	
5/7/2025	HOMEFED FANITA RANCHO LLC CARLSBAD, CA 92008	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$25,000.00	\$25,000.00	
5/7/2025	MAKENA MEDICAL BUILDINGS LLC SAN DIEGO, CA 92127	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,000.00	\$3,000.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>02/09/2025</u>		CALIFORNIA FORM 460
through <u>05/10/2025</u>		
		Page <u>13</u> of <u>51</u>
NAME OF FILER REPUBLICAN PARTY OF SAN DIEGO COUNTY		I.D. Number 741949

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING 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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/7/2025	VILLA DE MEDICO SAN DIEGO, CA 92103	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,000.00	\$9,000.00	
5/8/2025	BUILDING INDUSTRY ASSOCIATION OF SAN DIEGO PAC SAN DIEGO, CA 92123 Committee ID: 790708	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$20,000.00	\$45,000.00	
5/8/2025	KATE MONROE ENCINITAS, CA 92024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VETCOMM CEO	\$3,000.00	\$3,000.00	
5/9/2025	LE GAMING INC ANAHEIM, CA 92808	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00	
5/9/2025	WELLS FOR CENTRAL COMMITTEE IMPERIAL BEACH, CA 91932 Committee ID: 1477899	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,000.00	\$5,500.00	

SUBTOTAL \$239,663.04

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule B – Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period
from 02/09/2025
through 05/10/2025

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
REPUBLICAN PARTY OF SAN DIEGO COUNTY

I.D. NUMBER
741949

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 RATE % 		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 RATE % 		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 RATE % 		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	

SUBTOTALS

Schedule B Summary

1. Loans received this period. _____

(Total Column (b) plus unitemized loans 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** _____

Enter the net here and on the Summary Page, Column A, Line 2.

(may be a negative number)

(Enter (e) on
Schedule E, Line 3)

* Amounts forgiven or paid by
another party also must be
reported on Schedule A.

** If required.

*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B - Part 2
Loan Guarantors

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from 02/09/2025 through 05/10/2025	CALIFORNIA FORM 460 Page 15 of 51 I.D. Number 741949
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
REPUBLICAN PARTY OF SAN DIEGO COUNTY

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
SUBTOTAL					Enter on Summary Page, Line 17 only.	

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period
from 02/09/2025
through 05/10/2025

CALIFORNIA
FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
REPUBLICAN PARTY OF SAN DIEGO COUNTY

I.D. Number
741949

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
2/11/2025	CARL DEMAIO FOR STATE ASSEMBLY 2026 SAN MARCOS, CA 92069 Committee ID: 1476859	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			\$1,000.00	\$1,000.00	
3/11/2025	CARL DEMAIO FOR STATE ASSEMBLY 2026 SAN MARCOS, CA 92069 Committee ID: 1476859	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			\$4,000.00	\$5,000.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$5,000.00

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.)..... \$5,000.00
- Amount received this period - unitemized nonmonetary contributions of less than \$100 \$0.00
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL** \$5,000.00

*Contributor Codes
IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 02/09/2025
through 05/10/2025
CALIFORNIA FORM 460
Page 17 of 51
I.D. NUMBER 741949

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
REPUBLICAN PARTY OF SAN DIEGO COUNTY

Table with 7 columns: DATE, NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE, TYPE OF PAYMENT, DESCRIPTION (IF REQUIRED), AMOUNT THIS PERIOD, CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31), PER ELECTION TO DATE (IF REQUIRED). Rows include entries for JOHN MCCANN on 2/11/2025, 2/22/2025, and 2/26/2025.

SUBTOTAL

Schedule D Summary

- 1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$118,743.46
2. Unitemized contributions and independent expenditures made this period of under \$100 \$0.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) TOTAL \$118,743.46

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from <u>02/09/2025</u>		
through <u>05/10/2025</u>		Page <u>18</u> of <u>51</u>
NAME OF FILER REPUBLICAN PARTY OF SAN DIEGO COUNTY		I.D. NUMBER 741949

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/27/2025	JOHN MCCANN Board of Supervisors District 1 Jurisdiction: COUNTY OF SAN DIEGO	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	MBR - LIT IN SUPPORT OF JOHN MCCANN FOR SUPERVISOR 2025	\$4,493.18	\$30,493.18	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/6/2025	JOHN MCCANN Board of Supervisors District 1 Jurisdiction: COUNTY OF SAN DIEGO	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	MBR - POS IN SUPPORT OF JOHN MCCANN FOR SUPERVISOR	\$6,578.00	\$37,071.18	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/11/2025	JOHN MCCANN Board of Supervisors District 1 Jurisdiction: COUNTY OF SAN DIEGO	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	MBR - LIT IN SUPPORT OF JOHN MCCANN FOR SUPERVISOR 2025	\$4,807.00	\$50,103.80	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/11/2025	JOHN MCCANN Board of Supervisors District 1 Jurisdiction: COUNTY OF SAN DIEGO	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	MBR - LIT IN SUPPORT OF JOHN MCCANN FOR SUPERVISOR 2025	\$5,525.62	\$50,103.80	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL						

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 02/09/2025		
through 05/10/2025		Page 19 of 51
NAME OF FILER REPUBLICAN PARTY OF SAN DIEGO COUNTY		I.D. NUMBER 741949

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/11/2025	JOHN MCCANN Board of Supervisors District 1 Jurisdiction: COUNTY OF SAN DIEGO	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	MBR - LIT IN SUPPORT OF JOHN MCCANN FOR SUPERVISOR 2025	\$2,700.00	\$50,103.80	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/17/2025	JOHN MCCANN Board of Supervisors District 1 Jurisdiction: COUNTY OF SAN DIEGO	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	MBR - LIT IN SUPPORT OF JOHN MCCANN FOR SUPERVISOR 2025	\$4,000.00	\$54,103.80	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/21/2025	JOHN MCCANN Board of Supervisors District 1 Jurisdiction: COUNTY OF SAN DIEGO	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$15,250.00	\$70,687.80	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/20/2025	JOHN MCCANN Board of Supervisors District 1 Jurisdiction: COUNTY OF SAN DIEGO	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	MBR - TEXTS IN SUPPORT OF JOHN MCCANN FOR SUPERVISOR	\$1,334.00	\$55,437.80	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL						

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	02/09/2025	
through	05/10/2025	Page 20 of 51
NAME OF FILER REPUBLICAN PARTY OF SAN DIEGO COUNTY		I.D. NUMBER 741949

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2025	CALIFORNIA REPUBLICAN PARTY	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$100.00	\$100.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/24/2025	JOHN MCCANN Board of Supervisors District 1 Jurisdiction: COUNTY OF SAN DIEGO	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	MBR - LIT IN SUPPORT OF JOHN MCCANN FOR SUPERVISOR 2025	\$11,385.00	\$83,778.80	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/24/2025	JOHN MCCANN Board of Supervisors District 1 Jurisdiction: COUNTY OF SAN DIEGO	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	MBR - TEXTS IN SUPPORT OF JOHN MCCANN FOR SUPERVISOR 2025	\$1,706.00	\$83,778.80	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/26/2025	JOHN MCCANN Board of Supervisors District 1 Jurisdiction: COUNTY OF SAN DIEGO	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	MBR - LIT IN SUPPORT OF JOHN MCCANN FOR SUPERVISOR 2025	\$16,903.00	\$100,681.80	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL						

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 02/09/2025

through 05/10/2025

CALIFORNIA
FORM 460

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NAME OF FILER
 REPUBLICAN PARTY OF SAN DIEGO COUNTY

I.D. NUMBER
 741949

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/27/2025	JOHN MCCANN Board of Supervisors District 1 Jurisdiction: COUNTY OF SAN DIEGO	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	MBR - TEXTS IN SUPPORT OF JOHN MCCANN FOR SUPERVISOR 2025	\$1,303.66	\$101,985.46	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/31/2025	JOHN MCCANN Board of Supervisors District 1 Jurisdiction: COUNTY OF SAN DIEGO	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	MBR - LIT IN SUPPORT OF JOHN MCCANN FOR SUPERVISOR 2025	\$16,658.00	\$118,643.46	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL \$118,743.46

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from 02/09/2025 through 05/10/2025	CALIFORNIA FORM 460 Page 22 of 51 I.D. NUMBER 741949
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
REPUBLICAN PARTY OF SAN DIEGO COUNTY

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
LEGACY RESORT HOTEL & SPA SAN DIEGO, CA 92108	MTG			\$2,857.59
CAPITOL MEDIA INC SAN DIEGO, CA 92120	CNS			\$1,000.00
REV BEDFORD, OH 44146-0091	OFC		CREDIT CARD PROCESSING FEES	\$104.48

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

SUBTOTAL

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$170,566.10
2. Unitemized payments made this period of under \$100.	\$167.84
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$170,733.94

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 02/09/2025 through 05/10/2025	CALIFORNIA FORM 460
Page 23 of 51	I.D. NUMBER 741949

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
REPUBLICAN PARTY OF SAN DIEGO COUNTY

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

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
REV BEDFORD, OH 44146-0091	OFC		CREDIT CARD PROCESSING FEES	\$8.96
MCCANN FOR SUPERVISOR 2025 SAN DIEGO, CA 92154	CTB			\$20,000.00
Committee ID: 1477976 CITY OF CARLSBAD CARLSBAD, CA 92008	MTG			\$403.00
US POSTMASTER SAN DIEGO, CA 92199	MBR		MBR - POS IN SUPPORT OF JOHN MCCANN FOR SUPERVISOR	\$5,000.00
PAULA WHITSELL CHULA VISTA, CA 91910	OFC		CHAIRMAN'S STIPEND	\$1,000.00

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

SUBTOTAL

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 02/09/2025 through 05/10/2025	CALIFORNIA FORM 460
Page 24 of 51	I.D. NUMBER 741949

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
REPUBLICAN PARTY OF SAN DIEGO COUNTY

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

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
NEYENESCH PRINTERS SAN DIEGO, CA 92101	MBR		LIT IN SUPPORT OF JOHN MCCANN FOR SUPERVISOR 2025	\$4,493.18
CALIFORNIA REPUBLICAN PARTY SACRAMENTO, CA 95814	CTB			\$100.00
Committee ID: 810163 REV BEDFORD, OH 44146-0091	OFC			\$22.18
US POSTMASTER SAN DIEGO, CA 92199	POS			\$6,578.00
MOM'S PIZZA & PASTA PRONTO VISTA, CA 92081	MTG			\$490.00

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

SUBTOTAL

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 02/09/2025 through 05/10/2025	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
REPUBLICAN PARTY OF SAN DIEGO COUNTY

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

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
US POSTMASTER SAN DIEGO, CA 92199	POS			\$4,807.00
US POSTMASTER SAN DIEGO, CA 92199	POS			\$4,000.00
MCCANN FOR SUPERVISOR 2025 SAN DIEGO, CA 92154	CTB			\$15,250.00
Committee ID: 1477976 GILLIARD BLANNING AND ASSOCIATES ROCKLIN, CA 95765			TEXTS IN SUPPORT OF JOHN MCCANN FOR SUPERVISOR 2025	\$1,334.00
CITI CARD NEW YORK, NY 10022	MBR		CREDIT CARD CHARGES (SEE LINE ITEM BELOW)	\$5,525.62

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

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 02/09/2025		
through 05/10/2025		Page 26 of 51
NAME OF FILER REPUBLICAN PARTY OF SAN DIEGO COUNTY		I.D. NUMBER 741949

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
REPUBLICAN PARTY OF SAN DIEGO COUNTY

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

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
BLAZE BUSINESS SYSTEMS EL CAJON, CA 92021	LIT			\$2,700.00
CARLTON OAKS LODGE SANTEE, CA 92071	MTG			\$753.90
US POSTMASTER SAN DIEGO, CA 92199	POS			\$11,385.00
GILLIARD BLANNING AND ASSOCIATES ROCKLIN, CA 95765			MBR - TEXTS IN SUPPORT OF JOHN MCCANN FOR SUPERVISOR 2025	\$1,706.00
GILLIARD BLANNING AND ASSOCIATES ROCKLIN, CA 95765			MBR - LIT IN SUPPORT OF JOHN MCCANN FOR SUPERVISOR 2025	\$16,903.00

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

SUBTOTAL

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 02/09/2025 through 05/10/2025	CALIFORNIA FORM 460
Page 27 of 51	I.D. NUMBER 741949

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
REPUBLICAN PARTY OF SAN DIEGO COUNTY

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

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
PAULA WHITSELL CHULA VISTA, CA 91910	MTG			\$885.80
PAULA WHITSELL CHULA VISTA, CA 91910	OFC		CHAIRMAN'S STIPEND	\$1,000.00
JACOB RICHARDS FRESNO, CA 93704	MTG			\$120.68
REV BEDFORD, OH 44146-0091	OFC		CREDIT CARD PROCESSING FEES	\$22.18
JACOB RICHARDS FRESNO, CA 93704	MTG			\$478.00

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SUBTOTAL

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 02/09/2025 through 05/10/2025	CALIFORNIA FORM 460
Page 28 of 51	I.D. NUMBER 741949

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
REPUBLICAN PARTY OF SAN DIEGO COUNTY

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
GILLIARD BLANNING AND ASSOCIATES ROCKLIN, CA 95765			MBR - LIT IN SUPPORT OF JOHN MCCANN FOR SUPERVISOR 2025	\$1,658.00
GILLIARD BLANNING AND ASSOCIATES ROCKLIN, CA 95765			MBR - LIT IN SUPPORT OF JOHN MCCANN FOR SUPERVISOR 2025	\$15,000.00
GILLIARD BLANNING AND ASSOCIATES ROCKLIN, CA 95765	MBR		TEXTS IN SUPPORT OF JOHN MCCANN FOR SUPERVISOR 2025	\$1,306.66
LEGACY RESORT HOTEL & SPA SAN DIEGO, CA 92108	MTG			\$1,718.47
REV BEDFORD, OH 44146-0091	OFC			\$13.53

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

SUBTOTAL

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 02/09/2025 through 05/10/2025	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
REPUBLICAN PARTY OF SAN DIEGO COUNTY

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

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
PAULA WHITSELL CHULA VISTA, CA 91910	OFC		CHAIRMAN'S STIPEND	\$1,000.00
REPUBLICAN PARTY OF SAN DIEGO COUNTY SAN DIEGO, CA 92108	TSF			\$20,000.00
Committee ID: C00252551 PAULA WHITSELL CHULA VISTA, CA 91910	MTG			\$127.47
ESCONDIDO ELKS LODGE ESCONDIDO, CA 92025	MTG			\$450.00
REPUBLICAN PARTY OF SAN DIEGO COUNTY SAN DIEGO, CA 92108	TSF			\$12,000.00
Committee ID: C00252551				

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

SUBTOTAL

Schedule E
(Continuation Sheet)
Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 02/09/2025 through 05/10/2025	CALIFORNIA FORM 460 Page 30 of 51 I.D. NUMBER 741949
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
REPUBLICAN PARTY OF SAN DIEGO COUNTY

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

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
REPUBLICAN PARTY OF SAN DIEGO COUNTY SAN DIEGO, CA 92108	TSF			\$8,000.00
Committee ID: C00252551 EFUNDRAISING CONNECTIONS SACRAMENTO, CA 95816	OFC			\$361.00
REV BEDFORD, OH 44146-0091	OFC			\$2.40

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

SUBTOTAL \$170,566.10

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period
from 02/09/2025
through 05/10/2025

CALIFORNIA
FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
REPUBLICAN PARTY OF SAN DIEGO COUNTY

I.D. NUMBER
741949

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

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD

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

SUBTOTALS

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** _____
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** _____
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** _____
May be a negative number.

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period
from 02/09/2025
through 05/10/2025

CALIFORNIA FORM 460
Page 32 of 51
I.D. NUMBER 741949

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
REPUBLICAN PARTY OF SAN DIEGO COUNTY
NAME OF AGENT OR INDEPENDENT CONTRACTOR
CITI CARD

- 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, email)

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

Table with 4 columns: NAME AND ADDRESS OF PAYEE OR CREDITOR, CODE, OR, DESCRIPTION OF PAYMENT, AMOUNT PAID. Row 1: COSTCO SAN DIEGO, CA 92108, MBR, LIT IN SUPPORT OF JOHN MCCANN FOR SUPERVISOR 2025, \$5,525.62.

Attach additional information on appropriately labeled continuation sheets. TOTAL* \$5525.62

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period
from 02/09/2025
through 05/10/2025

CALIFORNIA
FORM 460

Page 33 of 51

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
REPUBLICAN PARTY OF SAN DIEGO COUNTY

I.D. NUMBER
741949

NAME OF AGENT OR INDEPENDENT CONTRACTOR
GILLIARD BLANNING AND ASSOCIATES

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

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
MONACO GROUP SANTA ANA, CA 92705	LIT			\$9,214.00
ALLIANCE FORGE SPARKS, NV 89436			MBR - TEXTS IN SUPPORT OF JOHN MCCANN FOR SUPERVISOR	\$1,706.00
ALLIANCE FORGE SPARKS, NV 89436			TEXTS IN SUPPORT OF JOHN MCCANN FOR SUPERVISOR	\$1,334.00
MONACO GROUP SANTA ANA, CA 92705	LIT			\$7,445.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$19699.00

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period
from 02/09/2025
through 05/10/2025

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
REPUBLICAN PARTY OF SAN DIEGO COUNTY

I.D. NUMBER
741949

NAME OF AGENT OR INDEPENDENT CONTRACTOR
SHARE OF ALLOCATED EXPENSES WITH FEDERAL PARTY COMMITTEE

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

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
EMPLOYMENT DEVELOPMENT DEPARTMENT SAN DIEGO, CA 92113	SAL		PAYROLL TAXES (<25% FEA ACTIVITY)	\$239.64
JACOB RICHARDS FRESNO, CA 93704	SAL		STAFF PAYROLL (<25% FEA ACTIVITY)	\$2,449.87
US TREASURY SAN DIEGO, CA 92101	SAL		PAYROLL TAXES (<25% FEA ACTIVITY)	\$720.30
US TREASURY SAN DIEGO, CA 92101	SAL		PAYROLL TAXES (<25% FEA ACTIVITY)	\$62.90

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$3472.71

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period
from 02/09/2025
through 05/10/2025

CALIFORNIA
FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
REPUBLICAN PARTY OF SAN DIEGO COUNTY

I.D. NUMBER
741949

NAME OF AGENT OR INDEPENDENT CONTRACTOR
SHARE OF ALLOCATED EXPENSES WITH FEDERAL PARTY COMMITTEE

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

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
A-1 SELF STORAGE SAN DIEGO, CA 92108	OFC		STORAGE RENTAL	\$51.20
COREY GUSTAFSON ESCONDIDO, CA 92027			REIMBURSEMENT FOR CREDIT CARD CHARGES (SEE LINE ITEMS BELOW)	\$600.50
COREY GUSTAFSON ESCONDIDO, CA 92027			REIMBURSEMENT FOR CREDIT CARD CHARGES (SEE LINE ITEMS BELOW)	\$3,846.55
LEGACY RESORT HOTEL & SPA SAN DIEGO, CA 92108	MTG		VENUE FOR MEETING	\$439.32

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$4937.57

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period
from 02/09/2025
through 05/10/2025

CALIFORNIA
FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
REPUBLICAN PARTY OF SAN DIEGO COUNTY

I.D. NUMBER
741949

NAME OF AGENT OR INDEPENDENT CONTRACTOR
SHARE OF ALLOCATED EXPENSES WITH FEDERAL PARTY COMMITTEE

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

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
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* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
MISSION VALLEY TERRACE SAN DIEGO, CA 92108	OFC		OFFICE RENT	\$637.50
COX COMMUNICATIONS SANDY SPRINGS, GA 30328	OFC		INTERNET	\$284.84
EMPLOYMENT DEVELOPMENT DEPARTMENT SAN DIEGO, CA 92113	SAL		PAYROLL TAXES (<25% FEA ACTIVITY)	\$209.56
PANDA EXPRESS SAN DIEGO, CA 92108			FOOD FOR VOLUNTEERS	\$102.58

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1131.90

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FPPC Form 460 (June/01)
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Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period
from 02/09/2025
through 05/10/2025

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FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
REPUBLICAN PARTY OF SAN DIEGO COUNTY

I.D. NUMBER
741949

NAME OF AGENT OR INDEPENDENT CONTRACTOR
SHARE OF ALLOCATED EXPENSES WITH FEDERAL PARTY COMMITTEE

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
PENSKE TRUCK LEASING SAN DIEGO, CA 92108			TRUCK RENTAL	\$166.69
JACOB RICHARDS FRESNO, CA 93704	SAL		STAFF PAYROLL (<25% FEA ACTIVITY)	\$2,449.88
US POSTMASTER SAN DIEGO, CA 92199			POSTAGE	\$8.59
US TREASURY SAN DIEGO, CA 92101	SAL		PAYROLL TAXES (<25% FEA ACTIVITY)	\$771.90

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$3221.78

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FPPC Form 460 (June/01)
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Schedule G
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SCHEDULE G

Statement covers period
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
REPUBLICAN PARTY OF SAN DIEGO COUNTY

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741949

NAME OF AGENT OR INDEPENDENT CONTRACTOR
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FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
GOOGLE, INC. MOUNTAIN VIEW, CA 94043	OFC		DOMAIN AND EMAILS	\$159.12
GOTOCONNECT BOSTON, MA 02210	OFC		TELEPHONES	\$151.35
PRIMOWATER TAMPA, FL 33607	OFC		GENERIC OFFICE SUPPLIES	\$42.02
CITY OF SAN DIEGO SAN DIEGO, CA 92101	MTG		VENUE FOR CAUCUS MEETING	\$197.20

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$549.69

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Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period
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NAME OF FILER
REPUBLICAN PARTY OF SAN DIEGO COUNTY

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NAME OF AGENT OR INDEPENDENT CONTRACTOR
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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
BRIANA BILBRAY IMPERIAL BEACH, CA 91932	PRO		ACCOUNTING SERVICES	\$2,125.00
INTUIT, INC TUCSON, AZ 85706	OFC		SOFTWARE	\$988.72
GOTOCNECT BOSTON, MA 02210	OFC		TELEPHONES	\$173.06
BRIANA BILBRAY IMPERIAL BEACH, CA 91932	PRO		ACCOUNTING SERVICES	\$2,125.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$5411.78

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FPPC Form 460 (June/01)
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Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
REPUBLICAN PARTY OF SAN DIEGO COUNTY

I.D. NUMBER
741949

NAME OF AGENT OR INDEPENDENT CONTRACTOR
SHARE OF ALLOCATED EXPENSES WITH FEDERAL PARTY COMMITTEE

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

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
INTUIT, INC TUCSON, AZ 85706	OFC		SOFTWARE	\$113.90
MARRIOTT MARQUIS SAN DIEGO MARINA SAN DIEGO, CA 92101	FND		VENUE FOR EVENT	\$21,700.00
HYATT REGENCY SACRAMENTO SACRAMENTO, CA 95814	MTG		LODGING FOR VOLUNTEER	\$193.34
EMPLOYMENT DEVELOPMENT DEPARTMENT SAN DIEGO, CA 92113	SAL		PAYROLL TAXES (<25% FEA ACTIVITY)	\$209.56
TOTAL*				\$22216.80

Attach additional information on appropriately labeled continuation sheets.

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FPPC Form 460 (June/01)
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Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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Statement covers period
from 02/09/2025
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SEE INSTRUCTIONS ON REVERSE
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REPUBLICAN PARTY OF SAN DIEGO COUNTY

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741949

NAME OF AGENT OR INDEPENDENT CONTRACTOR
SHARE OF ALLOCATED EXPENSES WITH FEDERAL PARTY COMMITTEE

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, email)

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

Table with 4 columns: NAME AND ADDRESS OF PAYEE OR CREDITOR, CODE, OR, DESCRIPTION OF PAYMENT, AMOUNT PAID. Rows include Jacob Richards, US Treasury, A-1 Self Storage, and Neyenesch Printers.

Attach additional information on appropriately labeled continuation sheets. TOTAL* \$8502.83

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
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SCHEDULE G

Statement covers period
from 02/09/2025
through 05/10/2025

CALIFORNIA
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
REPUBLICAN PARTY OF SAN DIEGO COUNTY

I.D. NUMBER
741949

NAME OF AGENT OR INDEPENDENT CONTRACTOR
SHARE OF ALLOCATED EXPENSES WITH FEDERAL PARTY COMMITTEE

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CAPITOL MEDIA INC SAN DIEGO, CA 92120	CNS		CAMPAIGN STRATEGY SERVICES	\$4,250.00
EMPLOYMENT DEVELOPMENT DEPARTMENT SAN DIEGO, CA 92113	SAL		PAYROLL TAXES (<25% FEA ACTIVITY)	\$209.56
MINTZ SAN DIEGO, CA 92130	LEG		LEGAL FEES	\$1,581.00
NEYENESCH PRINTERS SAN DIEGO, CA 92101	OFC		ENVELOPES	\$386.29

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$6426.85

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Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period
from 02/09/2025
through 05/10/2025

CALIFORNIA
FORM **460**

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
JACOB RICHARDS FRESNO, CA 93704	SAL		STAFF PAYROLL (<25% FEA ACTIVITY)	\$2,449.88
US POSTMASTER SAN DIEGO, CA 92199	OFC		PO BOX RENTAL	\$406.30
US TREASURY SAN DIEGO, CA 92101	SAL		PAYROLL TAXES (<25% FEA ACTIVITY)	\$771.90
MISSION VALLEY TERRACE SAN DIEGO, CA 92108	OFC		OFFICE RENT	\$3,612.50

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$7240.58

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Schedule G
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SCHEDULE G

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NAME OF AGENT OR INDEPENDENT CONTRACTOR
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
JACOB RICHARDS FRESNO, CA 93704	OFC		REIMBURSEMENTS FOR VOLUNTEER FOOD, POSTAGE AND MOVING TRUCK	\$277.85
GOOGLE, INC. MOUNTAIN VIEW, CA 94043	OFC		DOMAIN AND EMAILS	\$164.25
MARRIOTT MARQUIS SAN DIEGO MARINA SAN DIEGO, CA 92101	FND		VENUE FOR EVENT	\$12,400.00
GOTOCNECT BOSTON, MA 02210	OFC		TELEPHONES	\$151.40

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$12993.50

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FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
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LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
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PRO professional services (legal, accounting)
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RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
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Attach additional information on appropriately labeled continuation sheets. TOTAL* \$4864.34

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period
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US TREASURY SAN DIEGO, CA 92101	SAL		PAYROLL TAXES (<25% FEA ACTIVITY)	\$771.90
KINDFUL BRENTWOOD, TN 37027	OFC		SOFTWARE	\$2,752.15
CAPITOL MEDIA INC SAN DIEGO, CA 92120	CNS		CAMPAIGN STRATEGY SERVICES	\$5,950.00
EMPLOYMENT DEVELOPMENT DEPARTMENT SAN DIEGO, CA 92113	SAL		PAYROLL TAXES (<25% FEA ACTIVITY)	\$209.56
TOTAL*				\$9683.61

Attach additional information on appropriately labeled continuation sheets.

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period
from 02/09/2025
through 05/10/2025

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
REPUBLICAN PARTY OF SAN DIEGO COUNTY

I.D. NUMBER
741949

NAME OF AGENT OR INDEPENDENT CONTRACTOR
SHARE OF ALLOCATED EXPENSES WITH FEDERAL PARTY COMMITTEE

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

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

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
JACOB RICHARDS FRESNO, CA 93704	SAL		STAFF PAYROLL (<25% FEA ACTIVITY)	\$2,449.88
US TREASURY SAN DIEGO, CA 92101	SAL		PAYROLL TAXES (<25% FEA ACTIVITY)	\$771.90
MISSION VALLEY TERRACE SAN DIEGO, CA 92108	OFC		OFFICE RENT	\$3,612.50
CAPITOL MEDIA INC SAN DIEGO, CA 92120	CNS		CAMPAIGN STRATEGY SERVICES	\$5,100.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$11934.28

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE G

Statement covers period
from 02/09/2025
through 05/10/2025

CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
REPUBLICAN PARTY OF SAN DIEGO COUNTY

I.D. NUMBER
741949

NAME OF AGENT OR INDEPENDENT CONTRACTOR
PAULA WHITSELL

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, email)

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

Table with 4 columns: NAME AND ADDRESS OF PAYEE OR CREDITOR, CODE, OR, DESCRIPTION OF PAYMENT, AMOUNT PAID. Row 1: HYATT REGENCY SACRAMENTO, TRS, LODGING FOR VOLUNTEER, \$748.72.

Attach additional information on appropriately labeled continuation sheets. TOTAL* \$748.72

Schedule H – Loans Made to Others*

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE H

Statement covers period

from 02/09/2025

through 05/10/2025

CALIFORNIA
FORM

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
REPUBLICAN PARTY OF SAN DIEGO COUNTY

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I.D. NUMBER
741949

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN				CALENDAR YEAR
								PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN				CALENDAR YEAR
								PER ELECTION**
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.				SUBTOTALS				

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

1. Loans made this period
(Total Column (b) plus unitemized loans less than \$100.)

** If Required

2. Payments received on loans
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.)
(Enter the net here and on the Summary Page, Column A, Line 7.)

NET
(May be a negative number)

Schedule I
Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 02/09/2025
through 05/10/2025

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
REPUBLICAN PARTY OF SAN DIEGO COUNTY

I.D. NUMBER
741949

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
3/13/2025	REPUBLICAN PARTY OF SAN DIEGO COUNTY SAN DIEGO, CA 92108 Filer ID: C00252551	TRANSFER FROM AFFILIATED COMMITTEE	\$10,000.00
3/17/2025	REPUBLICAN PARTY OF SAN DIEGO COUNTY SAN DIEGO, CA 92108 Filer ID: C00252551	TRANSFER FROM AFFILIATED COMMITTEE	\$5,000.00
3/3/2025	REPUBLICAN PARTY OF SAN DIEGO COUNTY SAN DIEGO, CA 92108 Filer ID: C00252551	TRANSFER FROM AFFILIATED COMMITTEE	\$3,500.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$18,500.00

Schedule I Summary

1. Increases to cash of \$100 or more this period.....	\$18,500.00
2. Unitemized increases to cash under \$100 this period.	\$0.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).).....	\$0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.).....	
	TOTAL \$18,500.00

Memo Reference: A-278273

LA PLAYA L.L.C.-20250419-LLC LEGAL RESPONSIBLE OFFICER: DAVID MALCOLM

Memo Reference: A-278278

ENVIRONMENTAL DEVELOPMENT LLC-20250428-LLC LEGAL RESPONSIBLE OFFICER: BRUCE TABB

Memo Reference: A-278427

HOMEFED FANITA RANCHO LLC-20250507-LLC LEGAL RESPONSIBLE OFFICER: JEFF O'CONNER

Memo Reference: A-278431

MAKENA MEDICAL BUILDINGS LLC-20250507-LLC LEGAL RESPONSIBLE OFFICER: DOUGLAS BARNHART
