

Recipient Committee Campaign Statement Cover Page

COVER PAGE

Statement covers period	
from	03/23/2025
through	05/17/2025

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

07/01/2025

Date Stamp	CALIFORNIA FORM 460
Filed Date: 05/22/2025 10:53 AM	
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For Official Use Only	

SEE INSTRUCTIONS ON REVERSE

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

- | | |
|---|--|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="radio"/> State Candidate Election Committee
<input type="radio"/> Recall
<i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="radio"/> Controlled
<input type="radio"/> Sponsored
<i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee
<input type="radio"/> Sponsored
<input type="radio"/> Small Contributor Committee
<input type="radio"/> Political Party/Central Committee | <input checked="" type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<i>(Also Complete Part 7)</i> |

2. Type of Statement:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
<i>(Also file a Form 410 Termination)</i> | |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER 1477633

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

CITIZENS FOR A BETTER SOUTH BAY - IN SUPPORT OF JOHN MCCANN
FOR SUPERVISOR 2025

STREET ADDRESS (NO P.O. BOX)

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

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

BRIANA@BBCAMPAIGNS.COM

Treasurer(s)

NAME OF TREASURER

BRIANA BILBRAY

MAILING ADDRESS

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

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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
Date

By Briana Bilbray
Signature of Treasurer or Assistant Treasurer

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee
Campaign Statement
Cover Page — Part 2

COVER PAGE - PART 2

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

NAME OF OFFICEHOLDER OR CANDIDATE
JOHN MCCANN

OFFICE SOUGHT OR HELD
County 1, Board of
Supervisors

☒ 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

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CITIZENS FOR A BETTER SOUTH BAY - IN SUPPORT OF JOHN MCCANN FOR SUPERVISOR 2025

Statement covers period		CALIFORNIA FORM 460
from	03/23/2025	
through	05/17/2025	Page <u>3</u> of <u>26</u>

I.D. NUMBER

1477633

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ 137,400.00	\$ 426,650.00
2. Loans Received	Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 137,400.00	\$ 426,650.00
4. Nonmonetary Contributions	Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 137,400.00	\$ 426,650.00

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

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

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ 179,684.72	\$ 383,722.04
7. Loans Made	Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 179,684.72	\$ 383,722.04
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	(10,100.00)	20,500.00
10. Nonmonetary Adjustment	Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 169,584.72	\$ 404,222.04

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
/ /	\$
/ /	\$
/ /	\$

*Amounts in this section may be different from amounts reported in Column B.

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 122,712.68
13. Cash Receipts	Column A, Line 3 above	137,400.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	1,000.00
15. Cash Payments	Column A, Line 8 above	179,684.72
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 81,427.96

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ 0.00
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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	\$ 20,500.00

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).

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from 03/23/2025	through 05/17/2025	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER CITIZENS FOR A BETTER SOUTH BAY - IN SUPPORT OF JOHN MCCANN FOR SUPERVISOR 2025	I.D. NUMBER 1477633
--	------------------------

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/10/2025	SCOTT BEDINGFIELD [REDACTED] LA JOLLA CA 92037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	INSURANCE CAVIGNAC	5,000.00	10,000.00	10,000.00 S-25
4/4/2025	CALIFORNIA REAL ESTATE POLITICAL ACTION COMMITTEE (CREPAC) - CALIFORNIA ASSOCIATION [REDACTED] LOS ANGELES CA 90071	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		15,000.00	15,000.00	15,000.00 S-25
3/29/2025	CHELSEA INVESTMENT CORP [REDACTED] CARLSBAD CA 92011	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	1,000.00 S-25
4/30/2025	CATHERINE HERRICK [REDACTED] LA MESA CA 91941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RE INVESTMENT SDHP, INC.	500.00	500.00	500.00 R-25
5/9/2025	JOHN DUARTE FOR CONGRESS ID#C00808279 [REDACTED] HILMAR CA 95324	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,400.00	1,400.00	1,400.00 R-25
SUBTOTAL \$				22,900.00		

Schedule A Summary

- Amount received this period – itemized monetary contribution
(Include all Schedule A subtotals.) \$ 137,400.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 0.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 137,400.00

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

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 03/23/2025		
through 05/17/2025		Page 5 of 26

NAME OF FILER CITIZENS FOR A BETTER SOUTH BAY - IN SUPPORT OF JOHN MCCANN FOR SUPERVISOR 2025	I.D. NUMBER 1477633
--	------------------------

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/18/2025	LA PLAYA LLC [REDACTED] 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		37,000.00	47,000.00	47,000.00 S-25
3/31/2025	STEVE PEACE [REDACTED] EL CAJON CA 92020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CHAIRMAN INDEPENDENT VOTER PROJECT	2,500.00	2,500.00	2,500.00 S-25
4/7/2025	THOMAS SADBERRY [REDACTED] 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	PRESIDENT SADBERRY PROPERTIES	5,000.00	15,000.00	15,000.00 S-25
4/18/2025	THE LINCOLN CLUB OF SAN DIEGO COUNTY ID#831561 [REDACTED] IMPERIAL BEACH CA 91932	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		40,000.00	40,000.00	40,000.00 S-25
4/1/2025	MIKE TURK [REDACTED] SAN DIEGO CA 92109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO KD DEVELOPMENT	5,000.00	5,000.00	5,000.00 S-25
SUBTOTAL \$				89,500.00		

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

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	03/23/2025	
through	05/17/2025	Page 6 of 26

NAME OF FILER CITIZENS FOR A BETTER SOUTH BAY - IN SUPPORT OF JOHN MCCANN FOR SUPERVISOR 2025	I.D. NUMBER 1477633
--	------------------------

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/1/2025	XJD, LLC [REDACTED] BEVERLY HILLS CA 90210	<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	25,000.00 S-25
		<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				
		<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				
SUBTOTAL \$				25,000.00		

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

Schedule A (Continuation Sheet)
Notes

NOTES

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NAME OF FILER

CITIZENS FOR A BETTER SOUTH BAY - IN SUPPORT OF JOHN MCCANN FOR SUPERVISOR 2025

I.D. NUMBER

1477633

LA PLAYA LLC-20250418-LLC LEGAL RESPONSIBLE OFFICER: DAVID MALCOLM

XJD, LLC-20250401-LLC LEGAL RESPONSIBLE OFFICER: MICHAEL SCHLESINGER

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

Amounts may be rounded
to whole dollars.

SCHEDULE D

Statement covers period		CALIFORNIA FORM 460
from	03/23/2025	
through	05/17/2025	Page <u>8</u> of <u>26</u>
NAME OF FILER CITIZENS FOR A BETTER SOUTH BAY - IN SUPPORT OF JOHN MCCANN FOR SUPERVISOR 2025		I.D. NUMBER 1477633

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER					I.D. NUMBER	
CITIZENS FOR A BETTER SOUTH BAY - IN SUPPORT OF JOHN MCCANN FOR SUPERVISOR 2025					1477633	
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)
03/24/2025	JOHN MCCANN Board of Supervisors County COUNTY OF SAN DIEGO 1	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution	WALK PROGRAM IN SUPPORT OF JOHN MCCANN FOR SUPERVISOR 2025	20,000.00	188,827.04	188,827.04 S-25
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Independent Expenditure				
03/26/2025	JOHN MCCANN Board of Supervisors County COUNTY OF SAN DIEGO 1	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution	WEB IN SUPPORT OF JOHN MCCANN FOR SUPERVISOR 2025	7,500.00	196,327.04	196,327.04 S-25
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Independent Expenditure				
04/01/2025	JOHN MCCANN Board of Supervisors County COUNTY OF SAN DIEGO 1	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution	DIGITAL ADS IN SUPPORT OF JOHN MCCANN FOR SUPERVISOR 2025	1,400.00	197,727.04	197,727.04 S-25
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Independent Expenditure				
SUBTOTAL \$				28,900.00		

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	\$ 137,548.48
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 \$ 137,548.48

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

Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	03/23/2025	
through	05/17/2025	Page <u>9</u> of <u>26</u>

NAME OF FILER	I.D. NUMBER
CITIZENS FOR A BETTER SOUTH BAY - IN SUPPORT OF JOHN MCCANN FOR SUPERVISOR 2025	1477633

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)
04/02/2025	JOHN MCCANN Board of Supervisors County COUNTY OF SAN DIEGO 1	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution	DIGITAL ADS IN SUPPORT OF JOHN MCCANN FOR SUPERVISOR 2025	12,500.00	210,227.04	210,227.04 S-25
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Independent Expenditure				
04/07/2025	JOHN MCCANN Board of Supervisors County COUNTY OF SAN DIEGO 1	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution	TEXTS IN SUPPORT OF JOHN MCCANN FOR SUPERVISOR 2025	3,612.60	213,839.64	213,839.64 S-25
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Independent Expenditure				
04/08/2025	JOHN MCCANN Board of Supervisors County COUNTY OF SAN DIEGO 1	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution	CANVASSING IN SUPPORT OF JOHN MCCANN FOR SUPERVISOR 2025	47,701.58	261,541.22	261,541.22 S-25
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Independent Expenditure				
SUBTOTAL \$				63,814.18		

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

Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
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CITIZENS FOR A BETTER SOUTH BAY - IN SUPPORT OF JOHN MCCANN FOR SUPERVISOR 2025		1477633

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)
04/16/2025	JOHN MCCANN Board of Supervisors County COUNTY OF SAN DIEGO 1	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution	TEXTS IN SUPPORT OF JOHN MCCANN FOR SUPERVISOR 2025	271.53	261,812.75	261,812.75 S-25
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Independent Expenditure				
04/23/2025	JOHN MCCANN Board of Supervisors County COUNTY OF SAN DIEGO 1	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution	DIGITAL ADS IN SUPPORT OF JOHN MCCANN FOR SUPERVISOR 2025	5,000.00	266,812.75	5,000.00 R-25 261,812.75 S-25
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Independent Expenditure				
05/01/2025	JOHN MCCANN Board of Supervisors County COUNTY OF SAN DIEGO 1	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution	LIT IN SUPPORT OF JOHN MCCANN FOR SUPERVISOR 2025	6,924.00	275,986.75	14,174.00 R-25 261,812.75 S-25
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Independent Expenditure				
SUBTOTAL \$					12,195.53	

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

Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER		I.D. NUMBER
CITIZENS FOR A BETTER SOUTH BAY - IN SUPPORT OF JOHN MCCANN FOR SUPERVISOR 2025		1477633

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)
05/01/2025	JOHN MCCANN Board of Supervisors County COUNTY OF SAN DIEGO 1	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution	VIDEO PRODUCTION IN SUPPORT OF JOHN MCCANN FOR SUPERVISOR	2,250.00	275,986.75	14,174.00 R-25261,812.75 S-25
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Independent Expenditure				
05/02/2025	JOHN MCCANN Board of Supervisors County COUNTY OF SAN DIEGO 1	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution	YARD SIGNS IN SUPPORT OF JOHN MCCANN FOR SUPERVISOR 2025	5,713.77	281,700.52	19,887.77 R-25261,812.75 S-25
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Independent Expenditure				
05/05/2025	JOHN MCCANN Board of Supervisors County COUNTY OF SAN DIEGO 1	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution	DIGITAL ADS IN SUPPORT OF JOHN MCCANN FOR SUPERVISOR	5,000.00	291,375.52	29,562.77 R-25261,812.75 S-25
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Independent Expenditure				
SUBTOTAL \$				12,963.77		

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

Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	03/23/2025	
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NAME OF FILER	I.D. NUMBER
CITIZENS FOR A BETTER SOUTH BAY - IN SUPPORT OF JOHN MCCANN FOR SUPERVISOR 2025	1477633

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)
05/05/2025	JOHN MCCANN Board of Supervisors County COUNTY OF SAN DIEGO 1	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution	SIGNS IN SUPPORT OF JOHN MCCANN FOR SUPERVISOR	4,675.00	291,375.52	29,562.77 R- 25261,812.75 S-25
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Independent Expenditure				
05/09/2025	JOHN MCCANN Board of Supervisors County COUNTY OF SAN DIEGO 1	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution	WEB IN SUPPORT OF JOHN MCCANN FOR SUPERVISOR	5,000.00	298,875.52	37,062.77 R- 25261,812.75 S-25
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Independent Expenditure				
05/09/2025	JOHN MCCANN Board of Supervisors County COUNTY OF SAN DIEGO 1	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution	WEB IN SUPPORT OF JOHN MCCANN FOR SUPERVISOR	2,500.00	298,875.52	37,062.77 R- 25261,812.75 S-25
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Independent Expenditure				
SUBTOTAL \$				12,175.00		

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

Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	03/23/2025	
through	05/17/2025	Page 13 of 26
NAME OF FILER		I.D. NUMBER
CITIZENS FOR A BETTER SOUTH BAY - IN SUPPORT OF JOHN MCCANN FOR SUPERVISOR 2025		1477633

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)
05/13/2025	JOHN MCCANN Board of Supervisors County COUNTY OF SAN DIEGO 1	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution	WEB IN SUPPORT OF JOHN MCCANN FOR SUPERVISOR	5,000.00	303,875.52	42,062.77 R-25261,812.75 S-25
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Independent Expenditure				
05/16/2025	JOHN MCCANN Board of Supervisors County COUNTY OF SAN DIEGO 1	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution	DIGITAL ADS IN SUPPORT OF JOHN MCCANN FOR SUPERVISOR	2,500.00	306,375.52	44,562.77 R-25261,812.75 S-25
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Independent Expenditure				
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Independent Expenditure				
SUBTOTAL \$					7,500.00	

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	03/23/2025	
through	05/17/2025	Page 14 of 26
NAME OF FILER CITIZENS FOR A BETTER SOUTH BAY - IN SUPPORT OF JOHN MCCANN FOR SUPERVISOR 2025		I.D. NUMBER 1477633

SEE INSTRUCTIONS ON REVERSE

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, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ANTHEM COMMUNICATIONS [REDACTED] BRIGHTON CO 80601	IND		DIGITAL ADS IN SUPPORT OF JOHN MCCANN FOR SUPERVISOR 2025	1,400.00
ANTHEM COMMUNICATIONS [REDACTED] BRIGHTON CO 80601	IND		VIDEO PRODUCTION IN SUPPORT OF JOHN MCCANN FOR SUPERVISOR 2025	1,400.00
ANTHEM COMMUNICATIONS [REDACTED] BRIGHTON CO 80601	WEB			4,200.00
ANTHEM COMMUNICATIONS [REDACTED] BRIGHTON CO 80601	CNS			2,500.00

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

SUBTOTAL \$ 9,500.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 179,547.98
2. Unitemized payments made this period of under \$100	\$ 136.74
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 \$ 179,684.72

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	03/23/2025	
through	05/17/2025	Page 15 of 26
NAME OF FILER CITIZENS FOR A BETTER SOUTH BAY - IN SUPPORT OF JOHN MCCANN FOR SUPERVISOR 2025		I.D. NUMBER 1477633

SEE INSTRUCTIONS ON REVERSE

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, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ARES STRATEGIC CONSULTING, INC. [REDACTED] VISTA CA 92081		GET OUT THE VOTE STRATEGY SERVICES	20,000.00
ARES STRATEGIC CONSULTING, INC. [REDACTED] VISTA CA 92081		GET OUT THE VOTE STRATEGY SERVICES	47,701.58
ARES STRATEGIC CONSULTING, INC. [REDACTED] VISTA CA 92081	WEB		2,500.00
AYC GROUP [REDACTED] SAN FRANCISCO CA 94133	WEB		2,250.00
BRIANA BILBRAY [REDACTED] IMPERIAL BEACH CA 91932	PRO		2,500.00

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

SUBTOTAL \$ 74,951.58

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	03/23/2025	
through	05/17/2025	Page 16 of 26
NAME OF FILER CITIZENS FOR A BETTER SOUTH BAY - IN SUPPORT OF JOHN MCCANN FOR SUPERVISOR 2025		I.D. NUMBER 1477633

SEE INSTRUCTIONS ON REVERSE

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, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
BRIANA BILBRAY [REDACTED] IMPERIAL BEACH CA 91932	PRO		1,000.00
COGS SOUTH [REDACTED] SANTA ANA CA 92707	CMP		5,713.77
COMPETITIVE EDGE [REDACTED] SAN DIEGO CA 92130	POL		12,500.00
COMPETITIVE EDGE [REDACTED] SAN DIEGO CA 92130	POL		12,500.00
DOVETAIL PARTNERS CONSULTING GROUP [REDACTED] SAN DIEGO CA 92129	WEB		7,500.00

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

SUBTOTAL \$ 39,213.77

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	03/23/2025	
through	05/17/2025	Page 17 of 26
NAME OF FILER CITIZENS FOR A BETTER SOUTH BAY - IN SUPPORT OF JOHN MCCANN FOR SUPERVISOR 2025		I.D. NUMBER 1477633

SEE INSTRUCTIONS ON REVERSE

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, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Subvendor: POWERS INTERACTIVE \$7500.00 [REDACTED] LEWES DE 19958	WEB		0.00
DOVETAIL PARTNERS CONSULTING GROUP [REDACTED] SAN DIEGO CA 92129	CNS		5,000.00
DOVETAIL PARTNERS CONSULTING GROUP [REDACTED] SAN DIEGO CA 92129	WEB		12,500.00
Subvendor: POWERS INTERACTIVE \$12500.00 [REDACTED] LEWES DE 19958	WEB		0.00
DOVETAIL PARTNERS CONSULTING GROUP [REDACTED] SAN DIEGO CA 92129	WEB		5,000.00

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

SUBTOTAL \$ 22,500.00

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	03/23/2025	
through	05/17/2025	Page 18 of 26
NAME OF FILER CITIZENS FOR A BETTER SOUTH BAY - IN SUPPORT OF JOHN MCCANN FOR SUPERVISOR 2025		I.D. NUMBER 1477633

SEE INSTRUCTIONS ON REVERSE

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, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Subvendor: POWERS INTERACTIVE \$5000.00 [REDACTED] LEWES DE 19958	WEB			0.00
DOVETAIL PARTNERS CONSULTING GROUP [REDACTED] SAN DIEGO CA 92129	CNS			5,000.00
DOVETAIL PARTNERS CONSULTING GROUP [REDACTED] SAN DIEGO CA 92129	WEB		DIGITAL ADS IN SUPPORT OF JOHN MCCANN FOR SUPERVISOR	5,000.00
Subvendor: POWERS INTERACTIVE \$5000.00 [REDACTED] LEWES DE 19958	WEB			0.00
EFUNDRAISING CONNECTIONS [REDACTED] SACRAMENTO CA 95816	OFC			225.50

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

SUBTOTAL \$ 10,225.50

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	03/23/2025	
through	05/17/2025	Page 19 of 26
NAME OF FILER CITIZENS FOR A BETTER SOUTH BAY - IN SUPPORT OF JOHN MCCANN FOR SUPERVISOR 2025		I.D. NUMBER 1477633

SEE INSTRUCTIONS ON REVERSE

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, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
EFUNDRAISING CONNECTIONS [REDACTED] SACRAMENTO CA 95816	OFC		225.50
EFUNDRAISING CONNECTIONS [REDACTED] SACRAMENTO CA 95816	OFC		225.50
EFUNDRAISING CONNECTIONS [REDACTED] SACRAMENTO CA 95816	OFC		23.00
GC STRATEGIES LLC [REDACTED] LA HABRA CA 90631		TEXTS IN SUPPORT OF JOHN MCCANN FOR SUPERVISOR 2025	3,612.60
GC STRATEGIES LLC [REDACTED] LA HABRA CA 90631		TEXTS IN SUPPORT OF JOHN MCCANN FOR SUPERVISOR 2025	271.53

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

SUBTOTAL \$ 4,358.13

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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through	05/17/2025	Page 20 of 26
NAME OF FILER CITIZENS FOR A BETTER SOUTH BAY - IN SUPPORT OF JOHN MCCANN FOR SUPERVISOR 2025		I.D. NUMBER 1477633

SEE INSTRUCTIONS ON REVERSE

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, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
IMPACT POSTING [REDACTED] SANTA ANA CA 92707	CMP		4,675.00
INTEGRATED SOLUTIONS: POLITICAL [REDACTED] SAN DIEGO CA 92116	OFC		100.00
INTEGRATED SOLUTIONS: POLITICAL [REDACTED] SAN DIEGO CA 92116	OFC		100.00
K2 FUNDRAISING [REDACTED] SAN DIEGO CA 92101	CNS		4,000.00
RED TAG MAIL [REDACTED] CAMDEN DE 19934	LIT		6,924.00

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

SUBTOTAL \$ 15,799.00

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	03/23/2025	
through	05/17/2025	Page 21 of 26
NAME OF FILER CITIZENS FOR A BETTER SOUTH BAY - IN SUPPORT OF JOHN MCCANN FOR SUPERVISOR 2025		I.D. NUMBER 1477633

SEE INSTRUCTIONS ON REVERSE

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, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
LINA YUBATA [REDACTED] SAN DIEGO CA 92103	CNS		3,000.00

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

SUBTOTAL \$ 3,000.00

Schedule F

Accrued Expenses (Unpaid Bills)

Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period from 03/23/2025 through 05/17/2025		CALIFORNIA FORM 460 Page 22 of 26
I.D. NUMBER 1477633		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CITIZENS FOR A BETTER SOUTH BAY - IN SUPPORT OF JOHN MCCANN FOR SUPERVISOR 2025

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, e-mail)

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
ANTHEM COMMUNICATIONS BRIGHTON CO 80601	WEB	4,200.00	0.00	4,200.00	0.00
ANTHEM COMMUNICATIONS BRIGHTON CO 80601	IND VIDEO PRODUCTION IN SUPPORT OF JOHN MCCA	1,400.00	0.00	1,400.00	0.00
ANTHEM COMMUNICATIONS BRIGHTON CO 80601	IND DIGITAL ADS IN SUPPORT OF JOHN MCCANN FOR S	0.00	2,500.00	0.00	2,500.00
SUBTOTALS \$		5,600.00 \$	2,500.00 \$	5,600.00 \$	2,500.00

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

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 \$** 20,500.00
- 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 \$** 30,600.00
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** (10,100.00)

May be a negative number

Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)

Amounts may be rounded
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	03/23/2025	
through	05/17/2025	Page 23 of 26
NAME OF FILER		I.D. NUMBER
CITIZENS FOR A BETTER SOUTH BAY - IN SUPPORT OF JOHN MCCANN FOR SUPERVISOR 2025		1477633

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, e-mail)

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
COMPETITIVE EDGE [REDACTED] SAN DIEGO CA 92130	POL	25,000.00	0.00	25,000.00	0.00
DOVETAIL PARTNERS CONSULTING GROUP [REDACTED] SAN DIEGO CA 92129	WEB	0.00	5,000.00	0.00	5,000.00
Subvendor: POWERS INTERACTIVE \$5000.00 [REDACTED] LEWES DE 19958	WEB	0.00	0.00	0.00	0.00
DOVETAIL PARTNERS CONSULTING GROUP [REDACTED] SAN DIEGO CA 92129	WEB	0.00	5,000.00	0.00	5,000.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.		SUBTOTALS \$	25,000.00 \$	10,000.00 \$	25,000.00 \$
					10,000.00

Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)

Amounts may be rounded
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	03/23/2025	
through	05/17/2025	Page 24 of 26
NAME OF FILER		I.D. NUMBER
CITIZENS FOR A BETTER SOUTH BAY - IN SUPPORT OF JOHN MCCANN FOR SUPERVISOR 2025		1477633

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, e-mail)

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
Subvendor: POWERS INTERACTIVE \$5000.00 [REDACTED] LEWES DE 19958	WEB	0.00	0.00	0.00	0.00
K2 FUNDRAISING [REDACTED] SAN DIEGO CA 92101	CNS	0.00	4,000.00	0.00	4,000.00
K2 FUNDRAISING [REDACTED] SAN DIEGO CA 92101	CNS	0.00	4,000.00	0.00	4,000.00
SUBTOTALS \$		0.00 \$	8,000.00 \$	0.00 \$	8,000.00

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

Schedule G

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

Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	03/23/2025	
through	05/17/2025	Page 25 of 26

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CITIZENS FOR A BETTER SOUTH BAY - IN SUPPORT OF JOHN MCCANN FOR SUPERVISOR 2025

I.D. NUMBER

1477633

NAME OF AGENT OR INDEPENDENT CONTRACTOR

ARES STRATEGIC CONSULTING, INC.

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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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, e-mail)

* 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
VOTTIV [REDACTED] PROVO UT 84601	WEB		1,250.00
VOTTIV [REDACTED] PROVO UT 84601	WEB		2,500.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 3,750.00

* 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 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedule I

Miscellaneous Increases to Cash

Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period

from 03/23/2025

through 05/17/2025

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CITIZENS FOR A BETTER SOUTH BAY - IN SUPPORT OF JOHN MCCANN FOR SUPERVISOR 2025

I.D. NUMBER

1477633

DATE RECEIVED	FULL NAME, STREET ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
04/02/2025	BRIANA BILBRAY [REDACTED] IMPERIAL BEACH CA 91932		1,000.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

1,000.00

Schedule I Summary

1. Itemized increases to cash this period.....	\$ 1,000.00
2. Unitemized increases to cash of 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 \$ 1,000.00

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