Supplemental Independent Expenditure Report (Government Code Section 84203.5)		Amounts	e or print in ink. may be rounded to hole dollars.	Report covers period from01/01/2014	SUP Date Stamp		california 465 form		
SEE INSTRUCTIONS ON REVERSE			endment (Explain Below)		E-Filed 01/28/2014 17:24:40		Page1 of3		
				Date of election if applicable: (Month, Day, Year)	Filing ID: 149341820		For Official Use Only		
				02/11/2014					
1. Committee/Filer Information		Treasurer (If recipient cor	mmittee)	I					
COMMITTEE/FILER'S NAME			NAME OF TREASURER						
The Lincoln Club Of San Die	ego County			C. April Boling CPA					
STREET ADDRESS (NO P.O. BOX)				MAILING ADDRESS					
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE		
San Diego	CA	92119	(619)531-1971	San Diego	CA	92119	(619)713-6888		
OPTIONAL: FAX / E-MAIL ADDRESS (619)713-6891				OPTIONAL: FAX / E-MAIL ADDRE	SS				
2. Name of Candidate or	Measure S	Supported	or Opposed				CHECK ONE		

		CHEC	SK ONE	
NAME OF CANDIDATE OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE				
Mayor Mayor, City	of San Diego	X		
BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE	
	OFFICE SOUGHT OR HELI Mayor Mayor, City	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE Mayor Mayor, City of San Diego	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE SUPPORT Mayor Mayor, City of San Diego X	

3. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets. CUMULATIVE TO DATE CALENDAR YEAR DATE DESCRIPTION OF EXPENDITURE AMOUNT NAME AND ADDRESS OF PAYEE (JAN. 1 - DEC. 31) 40,246.10 01/17/2014 CampaignGrid 35,000.00 Online advertising Fort Washington, PA 19034 01/17/2014 COGS South Signs 4,196.10 40,246.10 Santa Ana, CA 92707 Ready Elect Roseville, CA 95678 01/17/2014 150.00 40,246.10 Design of signs

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Supplemental Independent Expenditure Report Type or print in ink. Amounts may be rounded to whole dollars. SEE INSTRUCTIONS ON REVERSE For use by an officeholder, candidate, or committee making independent expenditures totaling more in a calendar year to support or oppose a single candidate or a single measure. This for be filed at the same times and places as the campaign statements filed by the candidate supp opposed or by a committee primarily formed to support or oppose the measure. A separate for be filed for each candidate or measure being supported or opposed. This form is filed in add any other required campaign statements.			\$1000 or orm must ported or orm must	from through Date of e	ort covers period 01/01/2014 01/25/2014 election if applicable: onth, Day, Year) 02/11/2014	Date Stamp		CALIFORNIA 465 Page 2 of 3 For Official Use Only For Official Use Only
IV Independe	nt Expenditures Made	Attach additional information of SOF PAYEE	on appro	priately lai	Deled continuation S	sheets.	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
01/17/2014	Republican Party of San Di San Diego, CA 92119	ego County Vendor	Faceboo	ok lease			900.00	40,246.10

Supplemental Independent	Type or print in ink.		SUPPLEMENTAL INDEPENDENT EXPENDITURE					
Expenditure Report	Amounts may be rounded to whole dollars.	R	eport covers period	CALIFOR	^{RNIA} 465			
	to whole donars.		01/01/2014	FOR				
SEE INSTRUCTIONS ON REVERSE		through	01/25/2014	Page 3	3 of3			
NAME OF FILER	I.D. NUMBER (If recipient com.)							
The Lincoln Club Of San Diego County				831561				
4. Summary								
1. Total independent expenditures of \$100 or more	\$	40,246.10						
2. Total independent expenditures under \$100 made this period. (Not itemized.)					0.00			
3. Total independent expenditures made this period (Add Lines 1 + 2.)					40,246.10			

5. Filing Officers Enter the name and address of each filing officer with whom the filer's most recent campaign statements (Form 450, 460 or 461) have been filed.

1) NAME OF FILING OFFICER				3) NAME OF FILING OFFICER				
San Diego County Re	egistrar of Voters							
ADDRESS	(NO. AND STREET)			ADDRESS	(NO. AND STREET)			
CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE	
San Diego		CA	92123-					
2) NAME OF FILING OFFIC	CER			4) NAME OF FILING OFFIC	ER			
ADDRESS	(NO. AND STREET)			ADDRESS	(NO. AND STREET)			
CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE	

6. Verification

I certify that the "independent expenditure(s)" disclosed in this statement were not "made at the behest of" the candidate or committee that benefitted from the expenditure(s) as those terms are defined in Government Code Section 82031 and FPPC Regulation 18225.7. I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein 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 on01/28/2014	By C. April Boling CPA
DATE	SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER
Executed on	Ву
DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR
Executed on	Ву
DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT
Executed on	Ву
DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT