

# Supplemental Independent Expenditure Report

(Government Code Section 84203.5)

SEE INSTRUCTIONS ON REVERSE

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

CALIFORNIA FORM **465**

**Amendment** (Explain Below)  
correction of clerical  
error; legal interpretation

Report covers period  
from 7/1/04  
through 9/30/04  
Date of election if applicable:  
(Month, Day, Year)  
11/2/04

Date Stamp  
NOV 11 2004

Page 1 of 2  
For Official Use Only

## 1. Committee/Filer Information

COMMITTEE/FILER'S NAME  
Headlands Reserve  
STREET ADDRESS (NO P.O. BOX)  
24849 Del Prado  
CITY STATE ZIP CODE AREA CODE/PHONE  
Dana Point CA 92629 949-488-8800  
OPTIONAL: FAX / E-MAIL ADDRESS

I.D. NUMBER (If recipient committee)

## Treasurer (If recipient committee)

NAME OF TREASURER  
MAILING ADDRESS  
CITY STATE ZIP CODE AREA CODE/PHONE  
OPTIONAL: FAX / E-MAIL ADDRESS

## 2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE	CHECK ONE	
		SUPPORT	OPPOSE
<u>Diane Harkey</u>	<u>Dana Point City Council</u>		<input checked="" type="checkbox"/>
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	OPPOSE

## 3. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
<u>5/24 7/17 7/21 8/20 9/24</u>	<u>Brian Park Consulting Inc. 3405 Alton Plwy Ste SA-380 Irvine CA 92604</u>	<u>consulting</u>	<u>4733.33</u>	<u>4733.33</u>
<u>9/10</u>	<u>Probofsky Research 23276 South Pointe Dr Ste 206 Laguna Hills CA 92653</u>	<u>voter survey</u>	<u>4316.67</u>	<u>9050.00</u>

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from <u>7/1/04</u> through <u>9/30/04</u>	<b>CALIFORNIA FORM 465</b>
	Page <u>2</u> of <u>2</u>
	I.D. NUMBER (if recipient com.)

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Headlands Reserve UC

## 4. Summary

- |   |                                |
|---|--------------------------------|
| 1. Total independent expenditures of \$100 or more made this period. (Part 3.)  | \$ <u>9050.00</u>              |
| 2. Total independent expenditures under \$100 made this period. (Not itemized.) | \$ <u>          </u>           |
| 3. Total independent expenditures made this period (Add Lines 1 + 2.)           | <b>TOTAL</b> \$ <u>9050.00</u> |

## 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  
Sharon Street, City clerk

ADDRESS (NO. AND STREET)  
33282 Golden Lantern

CITY STATE ZIP CODE  
Dana Point CA 92629

2) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

3) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

4) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

## 6. Verification

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 on 10/20/04  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

By [Signature]  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT