

Major Donor and Independent Expenditure Committee Campaign Statement
 (Government Code sections 84200-84216.5)

Type or print in ink.

Date Stamp RECEIVED 2007 JAN 31 CITY OF SAN ANTONIO	CALIFORNIA FORM 461 Page 1 of 2 Political Use Only
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Date of election if applicable:
 (Month, Day, Year)
11/07/06

Statement covers period
 from 7/1/06
 through 12/31/06

SEE INSTRUCTIONS ON REVERSE

1. Name and Address of Filer

NAME OF FILER
Headlands Reserve LLC
 RESIDENTIAL OR MAILING ADDRESS (NO. AND STREET)
24849 Del Prado
 CITY STATE ZIP CODE
Dana Point CA 92056
 RESPONSIBLE OFFICER (if filer is other than an individual)
Kim Fontes CPA (949) 488-8800
 AREA CODE/DAYTIME PHONE

2. Nature and Interests of Filer (Complete each applicable section.)
 A FILER WHO IS AN INDIVIDUAL MUST LIST THE NAME, ADDRESS, AND BUSINESS INTERESTS OF EMPLOYER OR, IF SELF-EMPLOYED, THE NAME, ADDRESS, AND NATURE OF THE BUSINESS
 BUSINESS INTERESTS
 ADDRESS OF EMPLOYER/BUSINESS

3. Summary
 (Amounts may be rounded to whole dollars.)

- Expenditures and contributions (including loans) of \$100 or more made this period. (Part 5.) \$ 4992.29
- Unitemized expenditures and contributions (including loans) under \$100 made this period..... \$ _____
- Total expenditures and contributions made this period. (Add Lines 1 + 2.)..... SUBTOTAL \$ 4992.29
- Total expenditures and contributions made from prior statement. (Enter amount from Line 5 of last statement filed. If this is the first statement for the calendar year, enter zero.)..... \$ _____
- Total expenditures and contributions (including loans) made since January 1 of the current calendar year. (Add Lines 3 + 4.)..... TOTAL \$ 4992.29

4. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the 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 1/31/07 By Kim Fontes CPA
 DATE SIGNATURE OF INDIVIDUAL DONOR OR RESPONSIBLE OFFICER IF OTHER THAN INDIVIDUAL

Amendment (Explain): _____

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Statement covers period from 7/1/06 through 12/31/06 Page 2 of 2
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SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER

Headlands Reserve LLC

5. Contributions (including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made
 (If more space is needed, use additional copies of this page for continuation sheets.)

DATE	NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE (IF COMMITTEE ALSO ENTER I.D. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	CANDIDATE AND OFFICE MEASURE AND JURISDICTION, OR COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATED TO THIS CANDIDATE, MEASURE, OR COMMITTEE
11/6/06	Photo copies	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		Tim Lacy City Council <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	761.79	
11/3/06	Postage	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		Tim Lacy City Council <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	3900.00	
11/3/06	Mailing labels	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		Tim Lacy City Council <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	330.50	
SUBTOTAL \$ 4992.29						