

# 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

**Amendment** (Explain Below)

Report covers period from <u>7/1/04</u> through <u>12/31/04</u>	Date Stamp <u>12/15/04</u>	<b>CALIFORNIA FORM 465</b>
Date of election if applicable: (Month, Day, Year) <u>11/2/04</u>	Page <u>1</u> of <u>3</u>	
		For Official Use Only

## 1. Committee/Filer Information

I.D. NUMBER (If recipient committee)

## Treasurer (If recipient committee)

COMMITTEE/FILER'S NAME

Headlands Reserve LLC

NAME OF TREASURER

STREET ADDRESS (NO P.O. BOX)

24849 Del Prado

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Dana Point	CA	92629	(949) 488-8800

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

OPTIONAL: FAX / E-MAIL ADDRESS

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

CHECK ONE

NAME OF CANDIDATE April O'Connor	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE Dana Point City Council	SUPPORT <input checked="" type="checkbox"/>	OPPOSE <input type="checkbox"/>
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	SUPPORT <input type="checkbox"/>
			OPPOSE <input type="checkbox"/>

## 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)
9/29	B Park Consulting 5405 Alton Pkwy 5A-380 Irvine CA 92604	PRO	7233.33	7233.33
10/20	Bieber Communications 3605 W. MacArthur Blvd Ste 712 Santa Ana CA 92704	LIT	412.32	7645.65
7/19	Citizens for Representative Government 9000 Sunset Blvd #707 Los Angeles CA 90069	slate	412.00	8057.65

Supplemental Independent Expenditure Report (Continuation Sheet)  
CA Form 465

Filer Information:

Headlands Reserve LLC  
24849 Del Prado  
Dana Point CA 92629

Candidate Supported:  
April O'Connor

Dana Point City Council

Support  
X

Independent Expenditures Made:

Date	Name and Address of Payee	Description	Amount	Cumulative to date
7/23	Coalition for Senior Citizen Security 2350 Hidalgo Ave Los Angeles CA 90039	slate	414.00	9,301.65
9/16	COGS South 3309 S. Main St Santa Ana CA 92707	campaign banners	1,125.99	10,427.64
8/13	COPS Voter Guide 705 2E Biowell St #258 Folsom CA 95630	slate	500.00	10,927.64
7/23	Council of Concerned Women Voters 2350 Hidalgo Ave Los Angeles CA 90039	slate	269.00	11,196.64
8/13	Independent Voters League 924 16th St Hemosa Beach CA 90254	slate	125.00	11,321.64
10/11	National Tax Limitation Committee 151 N Sunrise Ave Ste 901 Roseville CA 95661	slate	500.00	11,821.64
9/15	OC Firefighter Voter Guide 5405 Alton Pkwy 5A-380 Irvine CA 92604	slate	1,000.00	12,821.64
8/13	Parents and teachers for a better CA 924 16th St Hemosa Beach CA 90254	slate	125.00	12,946.64
9/16	POST International 31441 Santa Margarita Pkwy Suite A206 RSM CA 92688	banners	625.00	13,571.64
9/10	Probolsky Research 23276 South Pointe Dr Ste 206 Laguna Hills CA 92653	POL	4,316.67	17,888.31
8/13	Republican Voter Checklist 19300 S. Hamilton Ave Ste 175 Gardena CA 90248	slate	250.00	18,138.31
8/13	Save Prop 13 5405 Alton Pkwy 5A-380 Irvine CA 92604	slate	560.00	18,698.31
9/2	South Coast Sign Company 641 Camino de los Mares C-100 San Clemente CA 92673	signs	1,891.21	20,589.52
10/20	Walking Man 801 E 6th St Los Angeles CA 90021	delivery	750.00	21,339.52
7/23	Your Ballot Guide 15030 Ventura Blvd #530 Sherman Oaks CA 91403	slate	500.00	21,839.52

Subtotal this sheet  
subtotal page 1  
Total expenditures >\$100  
Total expenditures <\$100  
Total

12,951.87  
8,057.65  
21,009.52  
50.00  
21,059.52

# Supplemental Independent Expenditure Report

Type or print in ink.  
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to whole dollars.

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period		<b>CALIFORNIA FORM 465</b>
from	7/1/04	
through	12/31/04	Page <u>3</u> of <u>3</u>
NAME OF FILER		I.D. NUMBER (if recipient com.)

SEE INSTRUCTIONS ON REVERSE

## 4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	<u>21009.52</u>
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$	<u>50.00</u>
3. Total independent expenditures made this period (Add Lines 1 + 2.)	<b>TOTAL</b>	\$ <u>21059.52</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  
Kevin Darnall

ADDRESS (NO. AND STREET)  
24849 Del Prado

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

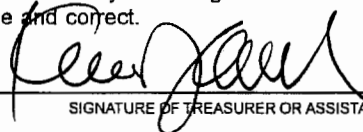
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1.31.05  
DATE

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

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

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

By   
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