

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>1/1/04</u> through <u>6/30/04</u>	Date Stamp <u>7/2/04 11:59</u>	CALIFORNIA FORM 465
Date of election if applicable: (Month, Day, Year) <u>11/2/04</u>	Page <u>1</u> of <u>4</u>	

1. Committee/Filer Information

I.D. NUMBER (If recipient committee)

Treasurer (If recipient committee)

COMMITTEE/FILER'S NAME

NAME OF TREASURER

Headlands Reserve LLC

STREET ADDRESS (NO P.O. BOX)

MAILING ADDRESS

24849 Del Prado

CITY STATE ZIP CODE AREA CODE/PHONE

CITY STATE ZIP CODE AREA CODE/PHONE

Dana Point CA 92629 949-488-8800

OPTIONAL: FAX / E-MAIL ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT OPPOSE

April OConner

Dana Point City Council

NAME OF BALLOT MEASURE

BALLOT NO./LETTER

JURISDICTION

SUPPORT OPPOSE

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

CUMULATIVE TO DATE
CALENDAR YEAR
(JAN. 1 - DEC. 31)

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
4/26/04	Team California 400 Capital Mall Ste 1560 Sacramento CA 95814	State mailer	350.00	
4/26/04	California Voter Guide 20705 S. Western Ave #200 Torrance CA 90501 ID #595004	State mailer	500.00	
4/26/04	Parents Ballot Guide 20705 S. Western Ave. #200 Torrance CA 90501	State mailer	300.00	

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Date Stamp

CALIFORNIA FORM 465

Page 2 of 4

For Official Use Only

1. Committee/Filer Information

I.D. NUMBER (If recipient committee)

Treasurer (If recipient committee)

COMMITTEE/FILER'S NAME

NAME OF TREASURER

Headlands Reserve LLC

STREET ADDRESS (NO P.O. BOX)

MAILING ADDRESS

24849 Del Prado

CITY STATE ZIP CODE AREA CODE/PHONE

CITY STATE ZIP CODE AREA CODE/PHONE

Dana Point CA 92629 949 488 8800

OPTIONAL: FAX / E-MAIL ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT OPPOSE

April OConner

Dana Point City Council

NAME OF BALLOT MEASURE

BALLOT NO./LETTER JURISDICTION

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CALENDAR YEAR
(JAN. 1 - DEC. 31)

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
<u>4/26/04</u>	<u>The Early Voter 20705 S. Western Ave #200 Torrance CA 90501</u>	<u>state mailer</u>	<u>400.00</u>	
<u>4/26/04</u>	<u>NPCEC 2103 NARCISUS COURT MARIANA DEL REY CA 90291 ID # 588002</u>	<u>state mailer</u>	<u>600.00</u>	
<u>5/3/04</u>	<u>Democratic Votes choice 340 No. Myer St. Burbank CA 91506 ID # 595002</u>	<u>state mailer</u>	<u>180.00</u>	

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<input type="checkbox"/> Amendment (Explain Below) _____ _____	Report covers period from <u>11/1/04</u> through <u>6/30/04</u>	Date Stamp _____	CALIFORNIA FORM 465 Page <u>3</u> of <u>4</u> For Official Use Only
	Date of election if applicable: (Month, Day, Year) <u>11/2/04</u>		

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

Dana Point CA 92629 9494888800

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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'Conner

OFFICE SOUGHT OR HELD

Dana Point City Council

SUPPORT

OPPOSE

NAME OF BALLOT MEASURE

BALLOT NO./LETTER

JURISDICTION

SUPPORT

OPPOSE

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CUMULATIVE TO DATE
CALENDAR YEAR
(JAN. 1 - DEC. 31)

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
<u>5/3/04</u>	<u>Citizens for Good Government 340 N. Myers St Burbank CA 91506 ID# 599010</u>	<u>state mailer</u>	<u>400.00</u>	
<u>5/24/04</u>	<u>voter Guide, state mail 6285 E. Spring St. Ste 202 Long Beach CA 90805 ID# 598032</u>	<u>state mailer</u>	<u>600.00</u>	

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	Page <u>4</u> of <u>4</u>
	I.D. NUMBER (If Recipient Com.)

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Headlands Reserve LLC

4. Summary

- 1. Total independent expenditures made of \$100 or more this period. (Part 3.) \$ 3330.00
- 2. Total independent expenditures under \$100 made this period. (Not itemized.) \$ 0
- 3. Total independent expenditures made this period (Add Lines 1 + 2.) **TOTAL** \$ 3330.00

5. Filing Officers *Enter the name and address of each filing officer with whom the most recent campaign statements 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 7.30.04
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By [Signature]
SIGNATURE OF TREASURER OR ASSISTANT TREASURER **RESPONSIBLE OFFICER**

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