

Late Contribution Report

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

LATE CONTRIBUTION REPORT

NAME OF FILER Headlands Reserve LLC		Date of This Filing <u>10/27/04</u>	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (949) 488-8800	I.D. NUMBER (if applicable)	Report No. _____		
STREET ADDRESS 24849 Del Prado		<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>		
CITY Dana Point	STATE CA	ZIP CODE 92629	No. of Pages _____	

Late Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION <small>(IF APPLICABLE)</small>
10/26	Taxpayers for a Better Dana Point 24843 Del Prado Suite 236 Dana Point CA 92629 ID #1248891		6,600.00	

Reason for Amendment: _____
