

Late Independent Expenditure Report

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

LATE INDEPENDENT EXPENDITURE REPORT

NAME OF FILER Headlands Reserve <hr/> AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) 949-488-8800 <hr/> STREET ADDRESS 24849 Del Prado <hr/> CITY STATE ZIP CODE Dana Point CA 92629		Date of This Filing 10/20/04 <hr/> Report No. _____ <hr/> <input type="checkbox"/> Amendment to Report No. _____ (explain below) <hr/> No. of Pages _____	Date Stamp RECEIVED OCT 21 11:30 <hr/> RECEIVED OCT 21 11:30	CALIFORNIA FORM 496 For Official Use Only
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1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED April O'Connor <hr/> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:30%;">OFFICE SOUGHT OR HELD</th> <th style="width:10%;">DISTRICT NO.</th> <th style="width:10%;">SUPPORT</th> <th style="width:10%;">OPPOSE</th> </tr> <tr> <td>Dana Point City Council</td> <td></td> <td style="text-align: center;">X</td> <td></td> </tr> </table>				OFFICE SOUGHT OR HELD	DISTRICT NO.	SUPPORT	OPPOSE	Dana Point City Council		X		NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED <hr/> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:30%;">BALLOT NO./LETTER</th> <th style="width:30%;">JURISDICTION</th> <th style="width:10%;">SUPPORT</th> <th style="width:10%;">OPPOSE</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>				BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE				
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2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/20	Campaign banners	875.50
10/20	Literature	787.32

Reason for Amendment: _____

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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. _____ (explain below)		
CITY Dana Point	STATE CA	ZIP CODE 92629		

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Joe Snyder				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD Dana Point City Council	DISTRICT NO.	SUPPORT X	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

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

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/20	Campaign banners	875.50
10/20	Literature	787.32
10/20	Slate mailer	250.00

Reason for Amendment: _____