

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

Report covers period from <u>7/1/04</u> through <u>9/30/04</u>	Date Stamp <u>SEP 27 2004</u>	CALIFORNIA FORM 465
Date of election if applicable: (Month, Day, Year) <u>11/2/04</u>		
<input checked="" type="checkbox"/> Amendment (Explain Below) <u>correction of clerical error; legal interpretation</u>		Page <u>1</u> of <u>7</u> For Official Use Only

1. Committee/Filer Information

COMMITTEE/FILER'S NAME

Headlands Reserve LLC

STREET ADDRESS (NO P.O. BOX)

24849 Del Prado

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

OPTIONAL: FAX / E-MAIL ADDRESS

I.D. NUMBER (If recipient committee)

Treasurer (If recipient committee)

NAME OF TREASURER

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE

Joe Snyder

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

Dana Point city council

CHECK ONE

SUPPORT	OPPOSE
<input checked="" type="checkbox"/>	<input type="checkbox"/>
SUPPORT	OPPOSE
<input type="checkbox"/>	<input type="checkbox"/>

NAME OF BALLOT MEASURE

BALLOT NO./LETTER

JURISDICTION

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)
7/19/04	CITIZENS for Representative Gov't 9000 Sunset Blvd. 707 Los Angeles CA 90069	slate mailer	412.00	3742.00
7/23/04	Council of concerned women voters 2350 Hidalgo Ave. Los Angeles CA 90039	slate mailer	269.00	4011.00
7/23/04	Coalition for senior citizen Security 2350 Hidalgo Ave. Los Angeles CA 90039	slate mailer	414.00	4425.00

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CHECK ONE

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

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DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
7/23/04	Your Ballot Guide 15030 Ventura Blvd #530 Sherman Oaks CA 91403	state mailer	500.00	4925.
8/6/04	CA Senior Voter Guide 2999 Overland Ave Ste 210 Los Angeles CA 90064	state mailer	363.50	5288.50
8/13/04	Save Prop 13 5405 Alton Pkwy 5A-380 Irvine CA 92604	state mailer	560.00	5848.50

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SUPPORT

OPPOSE

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8/13/04	COPS Voter Guide 705 - 2 E Bidwell St #258 Folsom CA 95630	State mailer	500.00	6348.50
8/13/04	Republican voter checklist 19300 S. Hamilton Ave Ste. 175 Cardena CA 90248	State mailer	250.00	6598.50
8/13/04	Independent Voters League 924 16th St. Hermosa Beach CA 90254	State mailer	125.00	6723.50

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NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

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DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
8/13/04	Parents and Teachers for a Better CA 924 16th St. Hermosa Beach 90254	State mailer	125.00	6848.50
8/13/04	Team California 400 Capital Mall #1560 Sacramento CA 95814	State mailer	50.00	6898.50
9/15/04	OC Firefighter Voter Guide 5405 Alton Pkwy Ste. SA-380 Irvine CA 92604	State mailer	1000.00	7898.50

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NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

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DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
9/2/04	South Coast Sign Company 6411 Camino de Los Mares #100 Rancho Santa Margarita CA 92688	campaign banners	750.00	8648.50
9/16/04	COGS 3309 S. Main St Santa Ana CA 92707	campaign signs	563.00	9211.50
9/16/04	POST International 31441 Santa Margarita Pkwy A200 Rancho Santa Margarita	campaign signs	312.50	9524.00

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COMMITTEE/FILER'S NAME
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CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

OPTIONAL: FAX/E-MAIL ADDRESS _____

NAME OF TREASURER _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

OPTIONAL: FAX/E-MAIL ADDRESS _____

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NAME OF CANDIDATE <u>Joe Snyder</u>	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE <u>Dana Point City Council</u>	CHECK ONE	
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	SUPPORT <input checked="" type="checkbox"/> OPPOSE <input type="checkbox"/>
			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)
5/24, 7/7 7/21, 8/20 8/29	Brian Park Consulting Inc. 5405 Alton Pkwy SA-380 Irvine CA 92604	Consulting	4733.33	14,257.33
9/10	Probolsky Research 23276 South Pointe Dr. Ste 206 Laguna Hills CA 92653	Voter Survey	4316.67	18,574.00

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NAME OF FILER Headlands Reserve LLC

4. Summary

- 1. Total independent expenditures of \$100 or more made this period. (Part 3.) \$ 15,244.00
- 2. Total independent expenditures under \$100 made this period. (Not itemized.) \$ _____
- 3. Total independent expenditures made this period (Add Lines 1 + 2.) **TOTAL** \$ 15,244.00

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
Sharon Street, city clerk
ADDRESS (NO. AND STREET)
33282 Golden Lantern
CITY STATE ZIP CODE
Dana Point CA 92629

3) NAME OF FILING OFFICER
ADDRESS (NO. AND STREET)
CITY STATE ZIP CODE

2) 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 10/20/04
DATE
Executed on _____
DATE
Executed on _____
DATE
Executed on _____
DATE

By [Signature]
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