

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>12/31/04</u>	Date Stamp <u>RECEIVED</u> 703 11/2/04 9:50	CALIFORNIA FORM 465
Date of election if applicable: (Month, Day, Year) <u>11/2/04</u>	Page <u>1</u> of <u>2</u>	
		For Official Use Only

Amendment (Explain Below)

1. Committee/Filer Information

COMMITTEE/FILER'S NAME

Headlands Reserve LLC

STREET ADDRESS (NO P.O. BOX)

24849 Del Prado

CITY

Dana Point

STATE

CA

ZIP CODE

92629

AREA CODE/PHONE

(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 Bill Ossenmacher	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE South Coast Water District	CHECK ONE	
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	SUPPORT <input checked="" 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)
10/6	Citizens for Representative Govt 9000 Sunset Blvd #707 Los Angeles CA 90069	slate	200.00	200.00
10/6	Coalition for Senior Citizen Security 2350 Hidalgo Ave Los Angeles CA 90039	slate	200.00	400.00
10/6	Council of Concerned Women Voters 2350 Hidalgo Ave Los Angeles CA 90039	slate	125.00	525.00

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period		CALIFORNIA FORM 465
from	7/1/04	
through	12/31/04	Page <u>2</u> of <u>2</u>
NAME OF FILER		I.D. NUMBER (if recipient com.)
Headlands Reserve LLC		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Headlands Reserve LLC

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	525.00
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$	
3. Total independent expenditures made this period (Add Lines 1 + 2.)	TOTAL	\$ 525.00

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
Kevin Damall

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

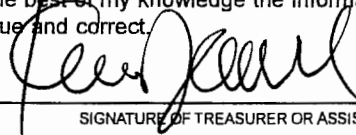
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

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