

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>7/1/04</u> through <u>9/30/04</u> | Date Stamp 2004 11 11 8:59 | 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 | |

1. Committee/Filer Information

I.D. NUMBER (If recipient committee)
-

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

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

CHECK ONE

| | | | |
|---------------------------------|--|--|-------------------------------------|
| NAME OF CANDIDATE Joe Snyder | OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE Dana Point City Council | SUPPORT <input checked="" type="checkbox"/> | OPPOSE <input type="checkbox"/> |
| NAME OF BALLOT MEASURE | BALLOT NO./LETTER | JURISDICTION | 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) |
|---------|---|----------------------------|--------|---|
| 9/2/04 | South Coast Sign Company 641 Camino De Los Mares, Suite C100 San Clemente, CA 92673 | Campaign banners | 750.00 | 750.00 |
| 9/16/04 | COGS 3309 S. Main St Santa Ana, CA 92707 | Campaign signs | 563.00 | 1313.00 |
| 9/16/04 | POST International 31441 Santa Margarita Pkwy Suite A206 Rancho Santa Margarita, CA 92688 | Campaign signs | 312.50 | 1625.50 |

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| | | |
|----------------------|---------|---------------------------------|
| Report covers period | | CALIFORNIA FORM 465 |
| from | 7/1/04 | |
| through | 9/30/04 | Page <u>2</u> of <u>2</u> |
| | | I.D. NUMBER (If recipient com.) |

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.) | \$ | 1625.50 |
| 2. Total independent expenditures under \$100 made this period. (Not itemized.) | \$ | 0 |
| 3. Total independent expenditures made this period (Add Lines 1 + 2.) | TOTAL \$ | 1625.50 |

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.

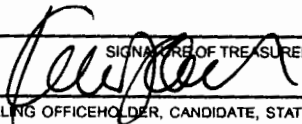
Executed on _____
DATE

Executed on 10-5-04
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