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.

☐ **Amendment** (Explain Below)

Report covers period	Date Stamp
from 10/1/04	
through 10/16/04	
Date of election if applicable: (Month, Day, Year) 11/2/04	

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	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE	SUPPORT	OPPOSE
Joe Snyder	Dana Point City Council	✗	

NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

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)
10/4/04	South Coast Sign Company 641 Camino de los Mares San Clemente, CA 92673	campaign banners	973.21	19547.21
10/11/04	National Tax Limitation Commitee 151 N. Sunrise Ave Suite 901 Roseville CA 95661	Slate mailers	500.00	20,047.21

FPPC Form 465 (Jan/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

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CALIFORNIA FORM **465**

Page **2** of **2**

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NAME OF FILER
Headlands Reserve, LLC

I.D. NUMBER (If recipient com.)

4. Summary

1. Total independent expenditures of $100 or more made this period. (Part 3.) .... $ _____ 1473.21

2. Total independent expenditures under $100 made this period. (Not itemized.) .... $ _____ 0

3. Total independent expenditures made this period (Add Lines 1 + 2.) .... TOTAL $ _____ 1473.21

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

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 __10/20/04__
DATE

By _____
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT