

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

<input type="checkbox"/> Amendment (Explain Below) _____ _____	Report covers period from <u>7/1/04</u> through <u>12/31/04</u>	Date Stamp _____ _____	CALIFORNIA FORM 465 Page <u>1</u> of <u>2</u> For Official Use Only
	Date of election if applicable: (Month, Day, Year) <u>11/2/04</u>		
			2004-11-02 09:50

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
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OPTIONAL: FAX / E-MAIL ADDRESS _____

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE Diane Harkey	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE Dana Point City Council	CHECK ONE		
		SUPPORT	OPPOSE <input checked="" type="checkbox"/>	
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)
9/29	B Park Consulting 5405 Alton Pkwy 5A-380 Irvine CA 92604	LIT	4733.33	4733.33
9/10	Probolsky Research 23276 South Pointe Drive Suite 206 Laguna Hills CA 92653	POL	4316.67	9050.00

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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.)

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4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	9050.00
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$	
3. Total independent expenditures made this period (Add Lines 1 + 2.)	TOTAL \$	9050.00

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 Darnall

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