

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 7/1/04
through 12/31/04
Date of election if applicable:
(Month, Day, Year) 11/2/04

Date Stamp
NOV 10 2004
11/10/04

CALIFORNIA FORM 465
Page 1 of 2
For Official Use Only

1. Committee/Filer Information

I.D. NUMBER (If recipient committee)

Treasurer (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

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
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	SUPPORT
<u>Yes on 59</u>	<u>59</u>	<u>State of CA</u>	<input checked="" 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)
<u>10/30</u>	<u>Democratic Voter List 2870 White Ridge Place #13 Thousand Oaks CA 91362</u>	<u>slate</u>	<u>950.00</u>	<u>950.00</u>

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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.)	\$	950.00
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$	
3. Total independent expenditures made this period (Add Lines 1 + 2.)	TOTAL	\$ 950.00

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]
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