Supplement	al Independent	Type or print in ink.						EMENTA	LINDEPEND		NDITURE
Expenditure (Government Code Se	Report	Amounts may be rounded to whole dollars.	0	Report covers per	1		Date Stamp		CALIFOR FORM		65
SEE INSTRUCTIONS O	N REVERSE	Amendment (Explain	Below)	through 6 3010	<u>H</u>			- : ; }	Page	of	4
				Date of election if appl (Month, Day, Yea	ır)	î::	?	' h: 5	For O	ficial Use Onl	У
1. Committee	/Filer Information	I.D. NUMBER (If recipient committe	e)	Treasurer (If re	ecipient con	nmittee)		Wala I			
COMMITTEE/FILER	'S NAME			NAME OF TREASURE	R						
STREET ADDRESS		C		MAILING ADDRESS							
2484 Dava 1		P CODE AREA CODE/PH		CITY			STATE 2	ZIP CODE	AR	EA CODE/PH	IONE
OPTIONAL: FAX/E		441408.00		OPTIONAL: FAX/E-M	MAIL ADDRES	SS					
2. Name of Ca	andidate or Measure Sur	ported or Opposed								CHEC	K ONE
NAME OF CANDIDA	nt Ocunner			OFFICE SOUGHT OR HELD DONA POIN			DUNG	1		SUPPORT	OPPOSE
NAME OF BALLOT	MEASURE			BALLOT NO./LETTER	JURISDICTIO	ON				SUPPORT	OPPOSE
3. Independe	nt Expenditures Made Att	ach additional information on ap	propriately	labeled continuation sheets.	i.				CUMUL	ATIVE TO DA	ATE
DATE	NAME AND ADDRE			DESCRIPTION OF EXPEND	DITURE		AMOUN	T		NDAR YEAR 1 - DEC. 31	
4/26/04	Team California 400 Capital Mall Ste 1560 Socramento CA 95814		Slate mouler			350.0	0				
4/20/04	Cadifirnia Voter 20705 S. Western Torrance CA 90501	nue #200 1	Sla	te mailer			500. O)			
4/26/04	Parents Ballot Gu 20705 S. Western	de Ave.#200	Sla	te mailer		,	300. D(С			

Supplement Expenditure Government Code Se SEE INSTRUCTIONS O	ection 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars. Amendment (Explain to the content of the conten	from		Date Stamp	CALIFORNIA FORM Page 2 of For Official Use On	.65
. Committee	/Filer Information	I.D. NUMBER (If recipient committee	Treasur	er (If recipient com	nmittee)		
COMMITTEE/FILER	'S NAME		NAME OF TR	ASURER			
STREET ADDRESS		LIC	MAILING ADD	RESS	***************************************	***	
CITY	a loint CA 92629	P CODE AREA CODE/PHI 949 488 88	<u> </u>	AX / E-MAIL ADDRES	STATE ZIP COD	E AREA CODE/Pł	IONE
NAME OF CANDIDA		pported or Opposed	OFFICE SOUGHT O			SUPPORT	K ONE OPPOSE
NAME OF BALLOT	OCONAL/ MEASURE		BALLOT NO./LETTE	NF CON	Council	SUPPORT	OPPOSE
3. Independe	nt Expenditures Made Att	ach additional information on app	ropriately labeled continuation	sheets.		CUMULATIVE TO DA	ATE
DATE	NAME AND ADDRE		DESCRIPTION OF		AMOUNT	CALENDAR YEAR (JAN. 1 - DEC. 31	₹
4/26/04	Turrance CA 9057	1055 Western Hue #200 SI		late mailer			
4/26/04	NPCEC 2103 Narcisus C marma Dei Rey 10#588002	CA 90291	slate ma	iler	600.00		
\$3104	Democratic Votes 340 No. Myers St. Burbank CA 91506	cnoice	slate m	rûle/	180.00		

	-1 1	Type or print in ink.			SUPPLEMENTAL INDEPENDENT EXPENDITURE					
Supplemental Independent Expenditure Report Government Code Section 84203.5)		Amounts may be rounded to whole dollars.		Report covers period from		Date Stamp	CALIFORNIA 465			
EE INSTRUCTIONS OF	NREVERSE	Amendment (Explain B	Below) t	through 6 30 04			Page 3 of 4			
			-	Date of election if app			For Official Use Only			
				(Month, Day, Ye						
				11/2/04						
. Committee	/Filer Information	I.D. NUMBER (If recipient committee))	Treasurer (If	recipient comm	nittee)				
COMMITTEE/FILER	'S NAME			NAME OF TREASUR	ER					
Hea	edlands Reserve	LIC								
STREET ADDRESS	(NO P.O. BOX)			MAILING ADDRESS						
	849 Del Prado			CITY		STATE ZIP CO	DE AREA CODE/PHONE			
CITY	na Point CA	12629 9494888	ONE PSOD							
OPTIONAL: FAX/E	.0	10.00		OPTIONAL: FAX/E-	MAIL ADDRESS					
2. Name of Ca	andidate or Measure Su	pported or Opposed					CHECK ONE			
NAME OF CANDIDA			OI	FFICE SOUGHT OR HELD	- Cah,	Comail	SUPPORT OPPOSE			
NAME OF BALLOT	MEASURE		B	ALLOT NO./LETTER	JURISDICTION		SUPPORT OPPOSE			
3. Independe	nt Expenditures Made A	ttach additional information on appr	ropriately lab	eled continuation sheet	<i>s</i> .		CUMULATIVE TO DATE			
DATE	NAME AND ADDR			DESCRIPTION OF EXPE	NDITURE	AMOUNT	CALENDAR YEAR (JAN. 1 - DEC. 31)			
5/3/04	Citizens for Goo 340 N. Myersst 1 10#599010	d Gwenment Surbank CA 91506	ć	slate mai	ler	400.00				
5/24/04	Voter Guide Sla 6285 E. Spring S Larg Beach CA 9	H Mail T. Ste 202	Sla	k mailer		600.00				
	10# 598032									

FPPC Form 465 (12/99) For Technical Assistance: 916/322-5660 State of California

Supplemental Independent Expenditure Report

DATE

Type or print in ink.

Amounts may be rounded to whole dollars.

SUPPLEMENTAL	INDEPENDENT EXPENDITURE
Report covers period from 1 1 04	CALIFORNIA 465
through 6 30/04	Page 4 of 4
	I.D. NUMBER (If Recipient Com.)

				from				
SEE INSTRUCTIONS ON REVERSE	i			through 6 30 04				
IAME OF FILER Headla	nds Reserve U	C						
I. Summary								
1. Total independent e	expenditures made of \$100 or r	more this period	. (Part 3.)		\$	3330.00		
2. Total independent e	expenditures under \$100 made	this period. (No	ot itemized.)		\$	Ø		
3. Total independent e	expenditures made this period ((Add Lines 1 + 2	2.)	TOTAL \$ 3330,00				
			whom the most recent campaign s					
1) NAME OF FILING OFFICER			3) NAME OF FILING	OFFICER				
Sharon Stre	et an derk							
	den Lantern		ADDRESS	(NO. AND STREET)				
CITY	1+ CA 92629 ST/	ATE ZIP CODE	CITY		STATE	ZIP CODE		
2) NAME OF FILING OFFICER	₹		4) NAME OF FILING	OFFICER				
ADDRESS	(NO. AND STREET)		ADDRESS	(NO. AND STREET)				
CITY	STA	ATE ZIP CODE	CITY		STATE	ZIP CODE		
S. Verification								
	ble diligence in preparing and revi	ewing this statem	ent and to the best of my knowled	ge the information contained herein	is true and	complete. I certify		
under penalty of perjury	under the laws of the State of Ca	alifornia that the fo	pregoing true and correct.	0		,		
7.3	30.04	_	1 Opel (COO)	l X				
Executed on	DATE	Ву	SIGNATURE OF THE	ACUPER OF ACCIETANT THEACUPER RESPO	ASIBLE C	offices.		
Executed on		Ву	<u> </u>					
Executed on	DATE	_	OF CONTROLLING OFFICEHOLDER, CANDIDATI	E, STATE MEASURE PROPONENT, OR RESPONS	IBLE OFFICER (OF SPONSOR		
Executed Off	DATE	Ву	SIGNATURE OF CONTROLLING OFFIC	CEHOLDER, CANDIDATE, STATE MEASURE PROPO	NENT			
Executed on		Ву						

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT