Sunnlemen	tal independent	Type or print in ink.		SUPPLEMENTAL INDEPENDENT EXPENDI					IDITURE
Expenditure (Government Code S	e Report	Amounts may be rounded to whole dollars. Amendment (Explain Below		Report covers period from 7/1/04	_	Date Stamp	CALIFORN FORM		65
SEE INSTRUCTIONS	ON REVERSE			through 9/30/04	-		Page of.		7
		correction of clerical		Date of election if applicable: (Month, Day, Year)	2	ila il 💤 🗓	For Offici	ial Use Only	,
1. Committee	e/Filer Information	I.D. NUMBER (If recipient committee)	· ·	Treasurer (If recipient	committee)	<u> </u>			
COMMITTEE/FILE	R'S NAME		-	NAME OF TREASURER					
Headla	nds Reserve LLC								
STREET ADDRES	SS (NO P.O. BOX)		-	MAILING ADDRESS					
24849	Del Prado			CITY		OTATE ZID CODE	- ADEA	CODE	ONE
CITY	STATE 2	AREA CODE/PHONE		CITY		STATE ZIP CODE	: AKEA	CODE/PHO	JNE
Dana	FOINT CA 92	629 949 488 8806	2	OPTIONAL: FAX/E-MAIL ADD	RESS				
OPTIONAL: FAX7	E-MAIL ADDRESS								
2 Name of C	andidate or Measure Su	nnorted or Onnosed							
NAME OF CANDID		pported or Opposed		OFFICE SOUGHT OR HELD AND DIS	STRICT, IF APP	PLICABLE		CHECK	OPPOSE
	Jue Snyder			DanaPoint	City	council		X	
NAME OF BALLOT	MEASURE			BALLOT NO./LETTER JURISDIO	CTION			SUPPORT	OPPOSE
3. Independe	ent Expenditures Made A	ttach additional information on appropri	iately la	beled continuation sheets.			CUMULATI	VE TO DA	TE
DATE	NAME AND ADDR	i		DESCRIPTION OF EXPENDITURE		AMOUNT	CALEND	DAR YEAR - DEC. 31)	
7/19/04	Citizens for Represent 9000 Sunset Blud Los Angeles CA 90	0069	51	ate mailer		412.00	3742.		
7/23/04	council of concer 2350 Hidalgo Ave Los Angeles CA 900	•	sl	ate mailer		269.00	4011.0	00	
7/23/04	Coalition for sen securly 2350 Hidalgo Ave.		5	late mailer		414.00	4425.	OD	
	Lus Angeles CA 900	39					FPPC	Form 465	(Jan/01)

Sunnlament	al Independent	Type or print in ink.		SUPPLEMENTAL INDEPENDENT EXPENDITU						
Expenditure Report (Government Code Section 84203.5)		Amounts may be rounded to whole dollars.		Report covers p	ŀ	Date Stamp	california 465			
SEE INSTRUCTIONS O	N REVERSE	Amendment (Explain Below)		through 930	104		Page of_	7		
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Date of election if ap (Month, Day, You			For Official Use O	inly		
1. Committee	/Filer Information	I.D. NUMBER (If recipient comm	nittee)		recipient committe	ne)				
COMMITTEE/FILER				NAME OF TREASUR						
Headle STREET ADDRESS	ands Reserve (ic		MAILING ADDRESS						
CITY	STATE	ZIP CODE AREA CODE	PHONE	CITY		STATE ZIP CODE	AREA CODE/F	HONE		
OPTIONAL: FAX/E	-MAII ADDRESS			OPTIONAL: FAX/E	-MAIL ADDRESS					
2. Name of Ca	andidate or Measure S	upported or Oppose	d				CHE	CK ONE		
NAME OF CANDIDA	be Snuder			OFFICE SOUGHT OR HEL Dana Po	•	APPLICABLE LOUNCI (SUPPOR'	T OPPOSE		
NAME OF BALLOT	MEASURE			BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE		
3. Independe	nt Expenditures Made	Attach additional information on a	appropriately i	abeled continuation shee	ts.		CUMULATIVE TO D			
DATE		RESS OF PAYEE		DESCRIPTION OF EXPE	NDITURE	AMOUNT	CALENDAR YEA (JAN. 1 - DEC. 3			
7/23/04	Your Ballot Guid 15030 Ventura B Sherman cooks CA	-91403	Sla	te moviler		500.00	4925.			
8/6/04	oloy CA. Senior Voter Guide 2999 Overland Ave Stezio Us Angeles CA 90064		sl	Slate mailer		363.50	5288.50			
8/13/04	Save Prop 13 5405 Alton Pkh Invine CA 9260	04 5A-380	Sia	te mailer		S60.00	5848 <i>5</i> 0			

Sunnlamant	al Independent	Type or print in ink.					AL INDEPENDENT EXPENDENT	DITURE
Supplementa Expenditure (Government Code Se	Report	Amounts may be rounded t whole dollars.	do .	πom	9	Date Stamp	california 46	65
SEE INSTRUCTIONS OF	N REVERSE	Amendment (Explain	n Below)	through 930	104		Page3 of7	[
				Date of election if app (Month, Day, Yes	ar)		For Official Use Only	
1. Committee	/Filer Information	I.D. NUMBER (If recipient committee	ee)	Treasurer (#	recipient committe	ee)		
COMMITTEE/FILER	'S NAME			NAME OF TREASURE	ER			
HECC STREET ADDRESS	Mands Reserve	Lic	···	MAILING ADDRESS	, , , , , ,		94.50	
CITY	STATE	ZIP CODE AREA CODE/P	HONE	CITY		STATE ZIP CODE	AREA CODE/PHO	NE
OPTIONAL: FAX/E	-MAIL ADDRESS			OPTIONAL: FAX/E-	MAIL ADDRESS	·		
2. Name of Ca	andidate or Measure S	upported or Opposed					CHECK	ONE
NAME OF CANDIDA	ve Snyder				nt ah	- APPLICABLE - COUNCIL	7	OPPOSE
NAME OF BALLOT N	MEASURE			BALLOT NO./LETTER	JURISDICTION		SUPPORT	OPPOSE
3. Independe	nt Expenditures Made	Attach additional information on ap	propriately	labeled continuation sheets	s.		CUMULATIVE TO DATI	E
DATE		RESS OF PAYEE	_	DESCRIPTION OF EXPEN	IDITURE	AMOUNT	CALENDAR YEAR (JAN. 1 - DEC. 31)	
8/13/04	COPS Voter Guide 705-ZEBIDWENS+#ZSB FOLSOM CA 95630		5	Slak mailer		500.00	6348,50	
8/13/04	Republican voter checklist 19300 s. Hamilton Ave Ste. 175 Bardena CA 90248		S	Slate mauler		250.0D	6598.50	
8/13/04	Independent Vo 924 16th St. Hermosa Beach (5	Slate mailer	•	125.00	6723.50	

Sunnlamen	Type or print in ink.		SUPPLEMENTAL INDEPENDENT EXPENDITU					
Expanditure Papert Amounts may be		Amounts may be rounded to whole dollars.		Report covers p	eriod	Date Stamp	california 465	
SEE INSTRUCTIONS	ON REVERSE	Amendment (Explain	Below)	through 9130	04		Page 4 of 7	
		-		Date of election if ap (Month, Day, Ye	ar)		For Official Use Only	
1. Committee	e/Filer Information	I.D. NUMBER (If recipient committee	·)	Treasurer (H		nittee)		
COMMITTEE/FILE	R'S NAME			NAME OF TREASUR				
He O	idlands Reserve	e Lic		MAILING ADDRESS				
CITY	STATE	ZIP CODE AREA CODE/PH	ONE	CITY		STATE ZIP CODE	AREA CODE/PHONE	
OPTIONAL: FAX /	E-MAIL ADDRESS			OPTIONAL: FAX/E-	MAIL ADDRESS			
2. Name of C	andidate or Measure S	Supported or Opposed					CHECK ONE	
NAME OF CANDID				OFFICE SOUGHT OR HELI		T, IF APPLICABLE My Comal	SUPPORT OPPOSE	
NAME OF BALLOT	le Snyder MEASURE			BALLOT NO./LETTER	JURISDICTION		SUPPORT OPPOSE	
3. Independe	ent Expenditures Made	Attach additional information on app	ropriately	labeled continuation sheet	s.		CUMULATIVE TO DATE	
DATE		DRESS OF PAYEE		DESCRIPTION OF EXPE	NDITURE	AMOUNT	CALENDAR YEAR (JAN. 1 - DEC. 31)	
8113/04	Parents and Teach 924 Hermosa Boach	ners for a Better ca 10254	21	ate maile		125.W	6848.50	
8113/04	Team Calibrnia 400 Capital Mall #1560 Sacramento CA 95814			Slate mailer		57). OD	6898.50	
9/15/04	OC Firefighter Vo 5405 Alton PKIN	by Ste. SA-380	S	state maile	(1000. M	7898.50	

Supplemental Independent Type or print in ink.				SUPPLEMENTAL INDEPENDENT EXPENDITURE						
Expenditure Report (Government Code Section 84203.5) Amounts may be rounded to whole dollars.			Report covers p	eriod O4	Date Stamp	california 465				
		Amendment (Explain B	Below)	through 930	104		Page 5 of 7			
				Date of election if ap (Month, Day, Yo			For Official Us	e Only		
				11/2/04						
1. Committee	/Filer Information	I.D. NUMBER (If recipient committee)	Treasurer (#	recipient committe	ee)		·····		
COMMITTEE/FILER	R'S NAME	1		NAME OF TREASUR						
L	readlands Rese	me IIC								
STREET ADDRESS		700.000		MAILING ADDRESS						
OIT /	OTATE	70,0005	ONE	CITY		STATE ZIP CODE	AREA COD	E/PHONE		
CITY	STATE	ZIP CODE AREA CODE/PHO	ONE							
OPTIONAL: FAX/I	E-MAIL ADDRESS			OPTIONAL: FAX/E	-MAIL ADDRESS		THE WALL			
		Supported or Opposed						HECK ONE		
NAME OF CANDIDA	Jue Snyder			OFFICE SOUGHT OR HELD	•	FAPPLICABLE J COUNCIL	SUPP	ORT OPPOSE		
NAME OF BALLOT				BALLOT NO./LETTER	JURISDICTION	g correct	SUPP	ORT OPPOSE		
3. Independe	nt Expenditures Made	Attach additional information on appr	ropriately l	abeled continuation shee	ts.		CUMULATIVE T			
DATE		DDRESS OF PAYEE		DESCRIPTION OF EXPE	NDITURE	AMOUNT	CALENDAR Y (JAN. 1 - DEC			
A. I	South Coast S	sign Company le los mares 0,00 magazita ca 921	6	ampaiga	banners	HIP) (S)	O	- }.		
9/2/04	1641 Camino d	le LOS Mares (100) margiarita ca 921	campaign banners		750 00	8648.5	C			
	COGS	·								
9/16/04	33095 main 5	St	ca	mpagn sig	ns	563.00	9211.50			
	Santa Ana CA	92707				7.00	10011.5			
g lin had	POST Internation	inal								
(1)((1)	131441 Santa Ma	arganita Pkwy A206	e e	ampaign Si	gns	312.50	9524.80			

Supplemental Independent Expenditure Report (Government Code Section 84203.5) Type or prin Amounts may be whole do			7" .	Report covers p	PO	SUPPLEMENTA Date Stamp	CALIFORNIA 46.		
SEE INSTRUCTIONS O	N REVERSE	Amendment (Explain Bo	elow)	Date of election if ap (Month, Day, Ye	plicable:		Page	of	<u>/</u>
1. Committee	/Filer Information	I.D. NUMBER (If recipient committee)		Treasurer (H	recipient com	mittee)			
COMMITTEE/FILER	'S NAME			NAME OF TREASUR	RER				
HEQU STREET ADDRESS	dlands Reserve	LLC		MAILING ADDRESS					
CITY	STATE	ZIP CODE AREA CODE/PHO	- NE	CITY		STATE ZIP CODE	AREA	CODE/PH	ONE
OPTIONAL: FAX/E	E-MAIL ADDRESS			OPTIONAL: FAX/E	MAIL ADDRES	S			
2. Name of Ca	andidate or Measure S	upported or Opposed						CHEC	CONE
	inuder				or Ci	ty council		SUPPORT	OPPOSE
NAME OF BALLOT	MEASURE			BALLOT NO./LETTER	JURISDICTIO	N		SUPPORT	OPPOSE
3. Independe	nt Expenditures Made	Attach additional information on appro	opriately l	labeled continuation shee	ts.		CUMULATI		
DATE		DRESS OF PAYEE		DESCRIPTION OF EXPE	NDITURE	AMOUNT		AR YEAR DEC. 31)	
5/24,7/7 7/21,8/20 8/29	Brian Park Cons 5405 Alton Pkw Irvine CA 9260	VIKING INC. y 5A = 380	Co	onsulting		4733.33	14,257	1.33	
9/10	Probolsky Bese 23276 South R Laguna Hills CA	arch inte Dr. Ste 206 92653	٧	uter survey		H316.67	18,574	1.00	
-									

Supplemental Independent Expenditure Report

Type or print in ink.
Amounts may be rounded

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period

Expenditure Report to whole of		may be rounded ole dollars.	from 7/i 04	CALIFORNIA 465
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				I.D. NUMBER (If recipient com.)
Headlands Reser	velle			
4. Summary				15 244 00
 Total independent expenditures of \$100 or me 	ore made this period. (Par	rt 3.)		\$ <u>15,244.00</u>
2. Total independent expenditures under \$100 m	nade this period. (Not item	ized.)		\$ L \$ 15,244.00
3. Total independent expenditures made this pe	eriod (Add Lines 1 + 2.)		ТОТА	L \$ 15,244.00
5. Filing Officers Enter the name and address of	of each filing officer with who	m the filer's most recent campai	gn statements (Form 450, 460 or 4	61) have been filed.
1) NAME OF FILING OFFICER		3) NAME OF FILING OF	FICER	
Sharon Street, city C ADDRESS (NO. AND STREET)	1e/k		AND AND STREET	
ADDRESS (NO. AND STREET)	Δ	ADDRESS	(NO. AND STREET)	
33989 Golden Lunter Out Dana Point CA 92629	STATE ZIP CODE	CITY		STATE ZIP CODE
2) NAME OF FILING OFFICER		4) NAME OF FILING OF	FICER	
ADDRESS (NO. AND STREET)	44444	ADDRESS	(NO. AND STREET)	
CITY	STATE ZIP CODE	CITY		STATE ZIP CODE
6. Verification				
I have used all reasonable diligence in preparing ar under penalty of perjury under the laws of the State			the information contained herein is	strue and complete. I certify
Executed on DATE	Ву	SIGNATURE OF TREAS	URER OR ASSISTANT TREASURER	
Executed on	BySIGNATURE OF CO	MTROLLING OFFICEHOLDER CANDIDATE S	STATE MEASURE PROPONENT, OR RESPONSIB	LE OFFICER OF SPONSOR
Executed on	By		OLDER, CANDIDATE, STATE MEASURE PROPONE	
Executed on	Ву	SIGNATURE OF CONTROLLING OFFICEH	OLDER, CANDIDATE, STATE MEASURE PROPONE	ENT