Supplemental Independent Type or print in i				SUPPLEMENTAL INDEPENDENT EXPENDITURE						
Expenditure (Government Code Se	Report	Amounts may be rounded to whole dollars.		Report covers p	4_	Date Stamp	CALIFORNIA FORM	465		
SEE INSTRUCTIONS O	N REVERSE	Amendment (Explain B	Below)	through <u>9 30</u>	<u>u</u>		Page			
		correction of cleric		Date of election if ap (Month, Day, Y		rior i High	For Official U	lse Only		
1 Committee	/Filer Information	I.D. NUMBER (If recipient committee)		Treasurer (f mainiant com					
COMMITTEE/FILER	-			NAME OF TREASUR		mittee;				
STREET ADDRESS		ıc		MAILING ADDRESS	24					
24849 Del Prado CITY STATE ZIP CODE AREA CODE/PHONE Dang Point CA 92629 949488880 OPTIONAL: FAX/E-MAIL ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX/E-MAIL ADDRESS						DE/PHONE				
2. Name of Ca	andidate or Measure Su	upported or Opposed						CHECK ONE		
NAME OF CANDIDA	ton O Connor			OFFICE SOUGHT OR HEL Daga Po BALLOT NO./LETTER		ily Counci	1 /	PPORT OPPOSE		
2 Indonondo	et Evnenditures Made									
DATE	NAME AND ADD	Attach additional information on appr RESS OF PAYEE	opriately l	abeled continuation shee DESCRIPTION OF EXPE		AMOUNT	CUMULATIVE CALENDAR (JAN. 1 - DE	YEAR		
7/19/04	Citizens for Kep 9000 Sunset Bluc Los Angeles CA 9	resentative Gou't 1 #707 10069	Slate mailer		412.00					
7/23/04	2350 Hidalgo P Los Angeles CA	90039		slate mailer		269.00	4011.00			
7/23/04	Coalition for sen 2350 Hidougo A Los Angeles CA		ď		State maller		4425,00			

Supplemental Independent Type or print in ink.				SUPPLEMENTAL INDEPENDENT EXPENDITURE						
Expenditure Report (Government Code Section 84203.5)		Amounts may be rounded to whole dollars.	from 7/1			california 465				
SEE INSTRUCTIONS O	N REVERSE	Amendment (Explain	Below) through 930	104		Page				
			Date of election if a (Month, Day,			For Official Use Only	у			
			11/2/0	94						
1. Committee	/Filer Information	I.D. NUMBER (If recipient committee	Treasurer	If recipient comm	lttee)					
COMMITTEE/FILER	'S NAME		NAME OF TREASE	RER						
Head STREET ADDRESS	lands Reserve	uc	MAILING ADDRES	S	- Production of the second of					
CITY	STATE	ZIP CODE AREA CODE/PH	ONE		STATE ZIP CODE	AREA CODE/PH	ONE			
OPTIONAL: FAX/E	E-MAIL ADDRESS		OPTIONAL: FAX/	E-MAIL ADDRESS		p-1p-1				
2. Name of Ca	andidate or Measure S	upported or Opposed		***		CHECH	K ONE			
NAME OF CANDIDA	""		OFFICE SOUGHT OR HE	INT C	T, IF APPLICABLE TY COUNCU	SUPPORT	OPPOSE			
NAME OF BALLOT	MEASURE		BALLOT NO./LETTER	JURISDICTION	J	SUPPORT	OPPOSE			
3. Independe	nt Expenditures Made	Attach additional information on app	propriately labeled continuation she	ets.		CUMULATIVE TO DA	TE			
DATE		DRESS OF PAYEE	DESCRIPTION OF EXP	DESCRIPTION OF EXPENDITURE		CALENDAR YEAR (JAN. 1 - DEC. 31)				
7/23/04	Your Ballot 15030 Ventura Sherman coul	Blud.#530 S CA 91403			4925.00)				
816/04	CA. Seniur Vote 2999 Overland Los Angeles CA	Guide 9 Ave Ste 210 1 90064	Slate mailer 36350 52		5288.50)				
8/13/04	Save Prop 13 5405 Alton Pk Invine CA 926	Wy 5A-380	Slate mailer		560.OD	5848.50				

Supplemental Independent Type or print in ink.				SUPPLEMENTAL INDEPENDENT EXPENDITURE						
Supplemental Independent Expenditure Report Government Code Section 84203.5) Type or print in ink. Amounts may be rounded to whole dollars.			mom	<u>u</u>	Date Stamp	FORM 465				
SEE INSTRUCTIONS ON	REVERSE	Amendment (Explain	Below)	through 9 30/	04_		Page 3 of	7		
		1	,	Date of election if ap	plicable:		For Official Use Only			
				(Month, Day, Ye	•					
				1/2/0	4		1			
1. Committee/	Filer Information	I.D. NUMBER (If recipient committee)	Treasurer (#	recipient committee)					
COMMITTEE/FILER	SNAME			NAME OF TREASUR	ER					
Hai	adlands Rese	100								
STREET ADDRESS		we the		MAILING ADDRESS						
5111 <u>21</u> 1125	(11011011)									
CITY	STATE	ZIP CODE AREA CODE/PH	ONE	CITY		STATE ZIP CODE	AREA CODE/P	HONE		
				OPTIONAL: FAX/E-	MAIL ADDRESS					
OPTIONAL: FAX/E	-MAIL ADDRESS									
2. Name of Ca	ndidate or Measure	Supported or Opposed					CHEC	CK ONE		
NAME OF CANDIDA	Œ,			OFFICE SOUGHT OR HELI	AND DISTRICT, IF A		SUPPORT			
	tpn1 Oconnor			Dana Poi.	nt ary	Council				
NAME OF BALLOT M	IEASURE			BALLOT NO./LETTER	JURISDICTION		SUPPORT	OPPOSE		
2 Indonondor	et Evnanditures Made	Attach additional information on app					1			
DATE	•	DDRESS OF PAYEE	ropnatery	DESCRIPTION OF EXPE		AMOUNT	CUMULATIVE TO D CALENDAR YEA (JAN. 1 - DEC. 31	R		
	cops voter									
8/13/04		well St #258	S	ate mailer		500.00	6348.50)		
	Folsom CA	95630		3.12.12.12.12.12.12.12.12.12.12.12.12.12.			• • • • • • • • • • • • • • • • • • • •			
	Republican Ve	oter checklist Iton Aveste. 175								
8/13/04	19300 S. Hami	Iton Avest. 173	5	late mailer		250.00	65 98.50			
0[12]	Gardena CA G	10248		10014 1710 1701			05 10.55			
	Independen.	+ votes league								
8/13/04	924 16th St		•	slate maile		125.00	6723.50			
- •	Hermosa Beau	ch CA 90254								

Supplemental Independent Type or print in ink.			SUPPLEMENTAL INDEPENDENT EXPENDITURE						
		Amounts may be rounded to	Report covers p	<u>4</u>	Date Stamp	CALIFORNIA 465			
SEE INSTRUCTIONS OF	N REVERSE	Amendment (Explain B	Below) through 930	2104		Page of			
		7	Date of election if ap			For Official Use Only			
			(Month, Day, Ye	·					
			11/2/0	9					
1. Committee	/Filer Information	I.D. NUMBER (If recipient committee)	Treasurer (H	recipient committee					
COMMITTEE/FILER	'S NAME		NAME OF TREASUR	RER					
H	eadlands Res	ene Lic							
STREET ADDRESS			MAILING ADDRESS						
			CITY		STATE ZIP CODE	AREA CODE/PHONE			
CITY	STATE	ZIP CODE AREA CODE/PHO	ONE						
OPTIONAL: FAX/E	-MAIL ADDRESS	***************************************	OPTIONAL: FAX/E	-MAIL ADDRESS					
2. Name of Ca	andidate or Measure S	Supported or Opposed				CHECK ONE			
NAME OF CANDIDA	April Ocar	nacy	OFFICE SOUGHT OR HEL	D AND DISTRICT, IF	APPLICABLE 1 COUNCI	SUPPORT OPPOSE			
NAME OF BALLOT			BALLOT NO./LETTER	JURISDICTION	7 303, 700	SUPPORT OPPOSE			
3. Independe	nt Expenditures Made	Attach additional information on appr	ropriately labeled continuation shee	ts.		CUMULATIVE TO DATE			
DATE		DRESS OF PAYEE	DESCRIPTION OF EXPE	NDITURE	AMOUNT	CALENDAR YEAR (JAN. 1 - DEC. 31)			
α	forents and Teach	ers hir a Better ca			125,00	10			
8/13/04	924 leth St.	1- CN GN2 SI	Slate maule	Slate mayler		6848.5D			
	Hermosa Beac Team California	^	-						
\sim alail	you capital w	au # 1560	1 # 1560 .		50 00	1 6000			
8/13/04	Sacramento CI	7 95814	Slate maule	slate mauler		6898.50			
	& Firefighter	Voter Gurle							
9/15/04	5405 Alton F	kwy Ste 5A -380	Slate mailer		1000 00	7898.50			
•	hune CA926					1015.30			

Supplemental Independent Type or print in ink.			SUPPLEMENTAL INDEPENDENT EX					
Expenditure	Expenditure Report Government Code Section 84203.5) Amounts may be rounded to whole dollars.		•	ITOM	24	Date Stamp	CALIFORNIA 4	65
SEE INSTRUCTIONS O	N REVERSE	Amendment (Explain	Below)	through 9 30	104		Page 5 of 7	
		6		Date of election if ap			For Official Use On	
				(Month, Day, Ye	· 1			
				11/2/04	1			
1. Committee	/Filer Information	I.D. NUMBER (If recipient committee	e)	Treasurer (H	recipient comm	ittee)		·
COMMITTEE/FILER	'S NAME			NAME OF TREASUR	RER			
ĵ.	teadlands Res	sove LLC						
STREET ADDRESS				MAILING ADDRESS				
				CITY		STATE ZIP CODE	AREA CODE/PH	HONE
CITY	STATE	ZIP CODE AREA CODE/PH	IONE					
OPTIONAL: FAX/E	-MAIL ADDRESS			OPTIONAL: FAX/E-	MAIL ADDRESS	•		
2. Name of Ca	andidate or Measure S	Supported or Opposed					CHEC	KONE
NAME OF CANDIDA				OFFICE SOUGHT OR HELI		, IF APPLICABLE Y COUNCIL	SUPPORT	OPPOSE
NAME OF BALLOT	April Oconno Measure	y		BALLOT NO./LETTER	JURISDICTION	9 2001 121	SUPPORT	OPPOSE
3. Independe	nt Expenditures Made	Attach additional information on app	ropriately	labeled continuation shee	ts.		CUMULATIVE TO DA	ATE
DATE	NAME AND AC	ODRESS OF PAYEE		DESCRIPTION OF EXPE	NDITURE	AMOUNT	CALENDAR YEAR (JAN. 1 - DEC. 31	
	South Coast	Sign Company de Lus Mares Cioc						
9/2/04	641 Camino 0	de Lus mares croo	Can	rpaign ba	nners	750.00	8648.50)
San Clemente (A 92673						0 0 13. 50		
9/16/04 2309 5. Main St. Sonta Ama CA 92707		Sir				77(3,00	0 -	
		Campaign signs		563.00	9211.50)		
	POST Internal			- '				
9/16/04	31441 Scota 1	nargarita Pkwy A201				312.50	9524.00	
111-1-1	Baacko State ma	rganta CA 92688	00	ampaign signs		212.30	1321.00	

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

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 from 7 1 04 through 9 30 04		SUPPLEMENTA Date Stamp		465 7
				Date of election if ap (Month, Day, Ye	ar)		For Official Use	Only
1. Committee	/Filer Information	I.D. NUMBER (If recipient committee))	Treasurer (#	recipient comm	ittee)		
COMMITTEE/FILE	R'S NAME	····		NAME OF TREASUR	ER			
Hea STREET ADDRESS	dlands Reserve	LLC		MAILING ADDRESS				
CITY	STATE	ZIP CODE AREA CODE/PHO	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 Su	pported or Opposed					СН	IECK ONE
NAME OF CANDIDATE APRIL O CONTUR NAME OF BALLOT MEASURE				DAMA FOLGE	AND DISTRIC	y council	SUPPO	
3. Independe	nt Expenditures Made A	ttach additional information on appr	ropriately	labeled continuation sheet	s.	10000	CUMULATIVE TO	DATE
DATE	NAME AND ADDR			DESCRIPTION OF EXPER	NDITURE	AMOUNT	CALENDAR YE (JAN. 1 - DEC.	
524,717 7121,8120 9129	Mine CA 92604		Q	consulting		4733.33	14,257.33	
Probolsky Resourch 23276 South Pointe Dr Ste 206 laguna Hills CAG2653		voter survey		4316.67	67 18,574.00			

Supplemental Independent **Expenditure Report**

SEE INSTRUCTIONS ON REVERSE

2) NAME OF FILING OFFICER

(NO. AND STREET)

STATE

ZIP CODE

ADDRESS

Verification

CITY

Type or print in ink. Amounts may be rounded to whole dollars.

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period	CALIFORNIA ACE				
from 7/1/04	FORM 405				
through 9/30/04	Page7 of7_				
	I.D. NUMBER (If recipient com.)				

(NO. AND STREET)

STATE

ZIP CODE

NAME OF FILER Headlands Reserve LLC 4. Summary 1. Total independent expenditures of \$100 or more made this period. (Part 3.) 2. Total independent expenditures under \$100 made this period. (Not itemized.) 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. 3) NAME OF FILING OFFICER 1) NAME OF FILING OFFICER ADDRESS (NO. AND STREET) ADDRESS (NO. AND STREET) CITY STATE CITY ZIP CODE STATE ZIP CODE

4) NAME OF FILING OFFICER

ADDRESS

CITY

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 DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER Executed on SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR DATE Executed on. DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT Executed on _ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT