Cunnlamant	al Indopondent	Type or print in ink.				SUPPLEMENT	AL INDEPENDENT EXP	ENDITURE			
Supplemental Independent Expenditure Report Government Code Section 84203.5) SEE INSTRUCTIONS ON REVERSE		Amounts may be rounded to whole dollars.		Report covers period from 1104 through 63000		Date Stamp	CALIFORNIA FORM	165			
		Amendment (Explain I	Below)				Page 1 of 4				
				Date of election if ap (Month, Day, Ye		2014 2 . 2 %:	5 n For Official Use O	nly			
1. Committee	/Filer Information	I.D. NUMBER (If recipient committee)	Treasurer (If	recipient com	mittee)					
COMMITTEE/FILER	'S NAME			NAME OF TREASUR	ER						
Headl	ands Reserve 1	LC									
STREET ADDRESS	(NO P.O. BOX)			MAILING ADDRESS							
2484	9 Der Prado			CITY		STATE ZIP CODE	AREA CODE/F	PHONE			
DACA	Point CA 9262	ZIP CODE AREA CODE/PHI 9 949 4888 800	ONE								
OPTIONAL: FAX/E		7 449 4085 800		OPTIONAL: FAX / E-MAIL ADDRESS							
2. Name of Ca	andidate or Measure S	upported or Opposed					CHE	CK ONE			
NAME OF CANDIDA				OFFICE SOUGHT OR HELD	ot Ci	ry Council	SUPPOR	OPPOSE			
JUC Snyder NAME OF BALLOT MEASURE				Dana Por	nt a		SUPPOR	OPPOSE			
3. Independe	nt Expenditures Made	Attach additional information on app	ropriately i	labeled continuation sheet	ts.		CUMULATIVE TO D	ATE			
DATE		DRESS OF PAYEE		DESCRIPTION OF EXPER	NDITURE	AMOUNT	CALENDAR YEA (JAN. 1 - DEC. 3	R			
4/26/04	Team Californ 400 capital m Sacramento	110 104 SK 1560 1A 9 5 814		Slate mail	er	350.00					
4/26/04	California Vote 20705 S. Wesk Torrance CA 905 10 # 595004	DI	3	ate mailer		500.00					
4/26/04	Parents Ballot 20705 S. Wesk	Guide #200	Slo	ute mailer	-	300.00					

0	-1 !	Type or print in ink.		SUPPLEMENTAL INDEPENDENT EXPENDITURE							
Supplement Expenditure (Government Code Se		Amounts may be rounded to whole dollars.		from 11104 through 6130104		Date Stamp	CALIFORN FORM	IA 🗸	65		
SEE INSTRUCTIONS O	N REVERSE	Amendment (Explain	Below)				Page 2 of		4		
			,	Date of election if ap	plicable:			ial Use On	ly		
				(Month, Day, Ye							
			···	11/2/0	9						
1. Committee	/Filer Information	I.D. NUMBER (If recipient committee	*)	Treasurer (#	recipient commit	tee)					
COMMITTEE/FILER				NAME OF TREASUR	<u> </u>						
Hendl	ands Reserve	110									
STREET ADDRESS	(NO P.O. BOX)	cu		MAILING ADDRESS							
	9 Del Prudo			CITY		STATE ZIP CODE	AREA	CODE/PH	HONE		
Dana	Point CA 9262	ZIP CODE AREA CODE/PH	ONE								
OPTIONAL: FAX/E		7 (((60 - 60 - 60 - 60 - 60 - 60 - 60		OPTIONAL: FAX/E-	MAIL ADDRESS						
2. Name of Ca	andidate or Measure S	Supported or Opposed							K ONE		
NAME OF CANDIDA				OFFICE SOUGHT OR HELD	nt Ci	hy council		SUPPORT	OPPOSE		
Joe Snyder NAME OF BALLOT MEASURE			BALLOT NO./LETTER	JURISDICTION	19 00011-011		SUPPORT	OPPOSE			
3. Independe	nt Expenditures Made	Attach additional information on app	ropriately	labeled continuation sheet	s.		CUMULAT				
DATE		DRESS OF PAYEE	<u> </u>	DESCRIPTION OF EXPEN	NDITURE	AMOUNT		DAR YEAR - DEC. 31			
4/26/04	Tomance CH 90	mance CA 90501		Slate mailer		400.00					
4/26/04	NPCEC 2103 Narcisus marina del Rec 10#588002	Court 1 CA 90291	SI	late mails,		600.00					
5/3/04	Democratic VO 340 No. myers 91506 10#5956	St. Burbank CA	Slo	le mailer		180.00					

Supplemental Independent 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 FORM	465		
SEE INSTRUCTIONS O	N REVERSE	Amendment (Explain E	n Below)	through 6 30 0	1_		Page 3	4		
				Date of election if appl (Month, Day, Year			For Official Use	Onfy		
1. Committee	/Filer Information	I.D. NUMBER (If recipient committee))	Treasurer (If re	cipient commi	ttee)				
COMMITTEE/FILER	'S NAME			NAME OF TREASURE	R					
Llead	lands Reserve Li	P								
STREET ADDRESS				MAILING ADDRESS						
2481	19 Del Prado			CITY		STATE ZIP CODE	AREA CODE	PHONE		
CITY	STATE 7	AREA CODE/PHO	ONE	CITT		STATE ZIF CODE	, AREA CODE	FTIONE		
OPTIONAL: FAX/E	a Point CA 926	029 94948888	<u>00</u>	OPTIONAL: FAX/E-M	AIL ADDRESS					
OFTIONAL. TAXTE	PIAIL ADDRESS									
2. Name of Ca	andidate or Measure Su	pported or Opposed					Cŀ	IECK ONE		
NAME OF CANDIDA				OFFICE SOUGHT OR HELD	L C. L.	· Commail	SUPPO	ORT OPPOSE		
JOE Snyder				Dana Point City Council			SUPPO			
HANE OF BACEOTT	WENGONE .			DALEST NO.JEET Z.K	or control					
3. Independe	nt Expenditures Made A	ttach additional information on app	ropriately	labeled continuation sheets			CUMULATIVE TO	DATE		
DATE	NAME AND ADDR	ESS OF PAYEE		DESCRIPTION OF EXPEND		AMOUNT	CALENDAR YI	EAR		
5/3/04	Cutizens for 60 340 No mues s+ 91506 ID#5990	ens for 600d Government omues st. Burbank CA S ID#599010		Slak mailer		400.00	10.11. 1 525	-		
5/24/04	Cutiens for 60 340 No muers st 91506 ID#5990 Voter Guide State 6285 E. Spring st Long Beach CA 10#598032	Maul Ste 202 90808	Slo	late mailer		600.00				
	10#598032									

Supplemental Independent Expenditure Report

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

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

SEE INSTRUCTIONS ON REVERSE			through	6/30/04	Page	1 of 4
NAME OF FILER					I.D. NUMBEI	R (If Recipient Com.)
 Summary Total independent expenditures made of \$100 or r Total independent expenditures under \$100 made Total independent expenditures made this period (this period. (Not itemized.)				. \$	330.00 330.00
1) NAME OF FILING OFFICER Shown Street City Clerk ADDRESS (NO. AND STREET)	n filing officer with whom the mo	st recent campaign state 3) NAME OF FILING OFFI		e been filed.		
33282 Colden Lantern Dana Point CA 92629	ATE ZIP CODE	ADDRESS		(NO. AND STREET)	STATE	ZIP CODE
2) NAME OF FILING OFFICER ADDRESS (NO. AND STREET)		4) NAME OF FILING OFFI	CICER	(NO. AND STREET)		
CITY STA	ATE ZIP CODE	CITY			STATE	ZIP CODE
I have used all reasonable diligence in preparing and reviunder penalty of perjury under the laws of the State of Ca Executed on DATE Executed on DATE Executed on	ByBySIGNATURE OF CONTROLLING		RER OR ASSIST	'ANT TREASURER PROPONENT, OR RESPONSIB	LE OFFICER OF	
DATE		JRE OF CONTROLLING OFFICEHOL	LDER, CANDIDA	ATE, STATE MEASURE PROPONE	NT	