

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 <u>1/1/04</u> through <u>12/31/04</u>	Date Stamp _____ _____	CALIFORNIA FORM 465 Page <u>1</u> of <u>2</u> For Official Use Only
Date of election if applicable: (Month, Day, Year) <u>11/2/04</u>		

1. Committee/Filer Information

COMMITTEE/FILER'S NAME
Willows Investment Group

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

I.D. NUMBER (If recipient committee)

Treasurer (If recipient committee)

NAME OF TREASURER

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE April O'Connor	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE Dana Point City Council	CHECK ONE	
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	SUPPORT <input checked="" type="checkbox"/> OPPOSE <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE <input 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)
11/8	The Greensburgh Group 245 Fischer Ave C-3 Costa Mesa CA 92626	mailing list	325.22	325.22
11/8	Probolsky Research 23276 South Point Dr. Suite 206 Laguna Hills CA 92653	POL	2633.33	2633.33

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period		CALIFORNIA FORM 465
from	1/1/04	
through	12/31/04	Page <u>2</u> of <u>2</u>
NAME OF FILER		I.D. NUMBER (If recipient com.)

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4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	2958.55
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$	
3. Total independent expenditures made this period (Add Lines 1 + 2.)	TOTAL	\$ 2958.55

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
Cathy Catlett, Asst City Clerk

ADDRESS (NO. AND STREET)
33282 Golden Lantern

CITY STATE ZIP CODE
Dana Point CA 92629

3) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

2) 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

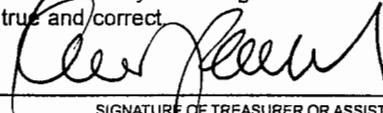
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1.31.05
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By 
SIGNATURE 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