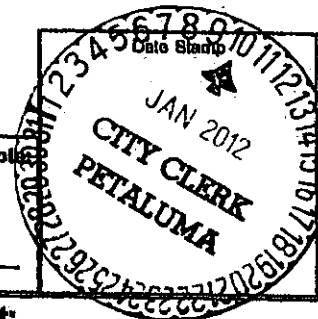


**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.



COVER PAGE
CALIFORNIA 460
2001/02
FORM
Page 1 of 10
For Official Use Only

Statement covers period
from 7/1/2011
through 12/31/2011

Date of election if applicable
(Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

Offsholder, Candidate Controlled Committee
 State Candidate Election Committee
 Recall
(Also Complete Part 6)

General Purpose Committee
 Sponsored
 Small Contributor Committee
 Political Party/Central Committee

Primarily Formed Ballot Measure Committee
 Controlled
 Sponsored
(Also Complete Part 6)

Primarily Formed Candidate/Offsholder Committee
(Also Complete Part 7)

2. Type of Statement:

Preelection Statement
 Semi-annual Statement
 Termination Statement
(Also file a Form 410 Termination)
 Amendment (Explain below)

Quarterly Statement
 Special Odd-Year Report
 Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER _____

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
PETALUMA TOMORROW

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
PETALUMA CA 94952 [REDACTED]

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
[REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS _____

Treasurer(s) WILLIAM R. PHILLIPS

NAME OF TREASURER _____

MAILING ADDRESS
PETALUMA CA 94952 [REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
[REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY _____

MAILING ADDRESS _____

CITY STATE ZIP CODE AREA CODE/PHONE _____

OPTIONAL: FAX / E-MAIL ADDRESS _____

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 1/10/2012
Date

Executed on _____
Date

Executed on _____
Date

Executed on _____
Date

By William R. Phillips
Signature of Treasurer or Assistant Treasurer

By _____
Signature of Controlling Offsholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Offsholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Offsholder, Candidate, State Measure Proponent

Campaign Disclosure Statement
Summary Page

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

SUMMARY PAGE

Statement covers period from <u>7/1/2011</u>	CALIFORNIA FORM 460
through <u>12/31/2011</u>	
Page <u>2</u> of <u>6</u>	
I.D. NUMBER <u>1245542</u>	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

PETALUMA TOMORROW

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ <u>1175.00</u>	\$ <u>3162.61</u>
2. Loans Received Schedule B, Line 3	<u>0.00</u>	<u>0.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>1175.00</u>	\$ <u>3162.61</u>
4. Nonmonetary Contributions Schedule C, Line 3	<u>0.00</u>	<u>0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>1175.00</u>	\$ <u>3162.00</u>

Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made Schedule E, Line 4	\$ <u>693.62</u>	\$ <u>1946.95</u>
7. Loans Made Schedule H, Line 3	<u>0.00</u>	<u>0.00</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>693.62</u>	\$ <u>1946.95</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	<u>0.00</u>	<u>0.00</u>
10. Nonmonetary Adjustment Schedule G, Line 3	<u>0.00</u>	<u>0.00</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>693.62</u>	\$ <u>1946.95</u>

Expenditure Limit Summary for State
Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
<u>1/1</u>	\$ _____
<u>1/1</u>	\$ _____
<u>1/1</u>	\$ _____
<u>1/1</u>	\$ _____
<u>1/1</u>	\$ _____
<u>1/1</u>	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 10	\$ <u>2326.25</u>
13. Cash Receipts Column A, Line 3 above	<u>1175.00</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	<u>0.00</u>
15. Cash Payments Column A, Line 8 above	<u>693.62</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>2807.63</u>

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ _____

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ _____
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ _____

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>7/1/2011</u> through <u>12/31/2011</u>	CALIFORNIA FORM 460
Page <u>3</u> of <u>6</u>	I.D. NUMBER <u>1245542</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Petaluma Tomorrow

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
<u>6/17/11</u>	<u>THERESA MAHONEY</u> [REDACTED] <u>Petaluma, CA 94952</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>RETIRED</u>	<u>100.00</u>	<u>100.00</u>	
<u>8/3/11</u>	<u>DONNA NORQUIST</u> [REDACTED] <u>Petaluma, CA 94952</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>Kaiser Permanente Medical Group Physician</u>	<u>100.00</u>	<u>100.00</u>	
<u>9/21/11</u>	<u>GREGORY REISINGER</u> [REDACTED] <u>Petaluma, CA 94952</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>CA. PUBLIC UTILITIES COMMISSION REGULATORY ANALYST</u>	<u>200.00</u>	<u>200.00</u>	
<u>10/24/11</u>	<u>MIKE KRAUS</u> [REDACTED] <u>Petaluma, CA 94952</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>BIOMARIN PHARMACEUTICAL ENVIRONMENTAL & SAFETY MANAGER</u>	<u>100.00</u>	<u>100.00</u>	
<u>12/26/11</u>	<u>TERESA BARRETT</u> [REDACTED] <u>Petaluma, CA 94952</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>RETIRED</u>	<u>100.00</u>	<u>100.00</u>	
SUBTOTAL \$						

Schedule A Summary

- Amount received this period – contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 600.00
- Amount received this period – unitemized contributions of less than \$100 \$ 575.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 1175.00

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

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

SCHEDULED

Statement covers period from <u>7/1/2011</u> through <u>12/31/2011</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>6</u>
I.D. NUMBER <u>1245542</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Petaluma Tomorrow

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
<u>12/12/11</u>	<u>SOLANO COUNTY CONSERVATION ACTION</u> <u>SANTA ROSA, CA. 95404</u> <u>FPPC No. 91196</u> <input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	<u>FUNDRAISER</u>	<u>125.00</u>	<u>125.00</u>	
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
				SUBTOTAL \$ <u>125.00</u>	<u>125.00</u>	

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ 125.00
- Unitemized contributions and independent expenditures made this period of under \$100 \$ 0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$** 125.00

**Schedule E
Payments Made**

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

SCHEDULEE

Statement covers period from <u>7/1/2011</u> through <u>12/31/2011</u>	CALIFORNIA FORM 460
Page <u>5</u> of <u>6</u>	I.D. NUMBER <u>1245542</u>

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Petaluma Tomorrow

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|--|--|--|
| CMP: campaign paraphernalia/misc. | MBR: member communications | RAD: radio airtime and production costs |
| CNS: campaign consultants | MTG: meetings and appearances | RFD: returned contributions |
| CTB: contribution (explain nonmonetary)* | OFC: office expenses | SAL: campaign workers' salaries |
| CVC: civic donations | PET: petition circulating | TEL: t.v. or cable airtime and production costs |
| FL: candidate filing/ballot fees | PHO: phone banks | TRC: candidate travel, lodging, and meals |
| FND: fundraising events | POL: polling and survey research | TRS: staff/spouse travel, lodging, and meals |
| IND: independent expenditure supporting/opposing others (explain)* | POS: postage, delivery and messenger services | TSF: transfer between committees of the same candidate/sponsor |
| LEG: legal defense | PRO: professional services (legal, accounting) | VOT: voter registration |
| LIT: campaign literature and mailings | PRT: print ads | WEB: information technology costs (Internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CATALOG.COM [REDACTED] OKLAHOMA CITY, OK. 73134	MBR		116.85
DEVIN CASTLES [REDACTED] PETALUMA, CA 94952	MBR		200.00
WILLIAM R. PHILLIPS [REDACTED] PETALUMA, CA. 94952	OFC		174.87

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 491.72

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ <u>616.72</u>
2. Unitemized payments made this period of under \$100	\$ <u>76.90</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ <u>0.00</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ <u>693.62</u>

**Schedule E
(Continuation Sheet)
Payments Made**

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

SCHEDULE E (CONT.)

Statement covers period from <u>7/1/2011</u> through <u>12/31/2011</u>	CALIFORNIA FORM 460
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I.D. NUMBER	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|--|--|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| ND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
SONOMA COUNTY CONSERVATION ACTION [REDACTED] SANTA ROSA, CA. 94952 FPPC No. 91196	FND		125.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 125.00