

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84218.5)

Type or print in ink.

COVER PAGE

Date Stamp	CALIFORNIA 200703 FORM 460
<b>RECEIVED</b>	Page <u>1</u> of <u>7</u>
JAN 29 2014	For Official Use Only
CITY CLERK	

Statement covers period from <u>7/1/2013</u> through <u>12/31/2013</u>	Date of election if applicable: (Month, Day, Year)
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SEE INSTRUCTIONS ON REVERSE

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

- |  |   |
|--|---|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee    | <input type="checkbox"/> Primarily Formed Ballot Measure Committee  |
| <input type="checkbox"/> State Candidate Election Committee              | <input type="checkbox"/> Controlled   |
| <input type="checkbox"/> Recall<br><small>(Also Complete Part 6)</small> | <input type="checkbox"/> Sponsored<br><small>(Also Complete Part 6)</small>   |
| <input checked="" type="checkbox"/> General Purpose Committee            | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><small>(Also Complete Part 7)</small> |
| <input type="checkbox"/> Sponsored                                       |   |
| <input type="checkbox"/> Small Contributor Committee                     |   |
| <input type="checkbox"/> Political Party/Central Committee               |   |

**2. Type of Statement:**

- |   |  |
|---|--|
| <input type="checkbox"/> Pre-election Statement   | <input type="checkbox"/> Quarterly Statement                                   |
| <input checked="" type="checkbox"/> Semi-annual Statement   | <input type="checkbox"/> Special Odd-Year Report                               |
| <input type="checkbox"/> Termination Statement<br><small>(Also file a Form 410 Termination)</small> | <input type="checkbox"/> Supplemental Pre-election Statement - Attach Form 485 |
| <input type="checkbox"/> Amendment (Explain below)  |  |

**3. Committee Information**

I.D. NUMBER

1245542

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

Petaluma Tomorrow  
STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Petaluma CA 94952  
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER

William R. Phillips  
MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Petaluma CA 94952  
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 1/29/2014  
Date

By William R. Phillips  
Signature of Treasurer or Assistant Treasurer

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, 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>7/1/2013</u>	<b>CALIFORNIA FORM 460</b>
through <u>12/31/2013</u>	
Page <u>2</u> of <u>1</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>2050.00</u>	\$ <u>3250.00</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>2050.00</u>	\$ <u>3250.00</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>2050.00</u>	\$ <u>3250.00</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>1065.00</u>	\$ <u>2033.11</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>1065.00</u>	\$ <u>2033.11</u>
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	<u>0.00</u>	<u>0.00</u>
10. Nonmonetary Adjustment ..... Schedule C, Line 3	<u>0.00</u>	<u>0.00</u>
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>1065.00</u>	\$ <u>2033.11</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
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____

**Current Cash Statement**

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ <u>3012.09</u>
13. Cash Receipts ..... Column A, Line 3 above	<u>2050.00</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	<u>0.00</u>
15. Cash Payments ..... Column A, Line 8 above	<u>1065.00</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>3997.09</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>7/1/2013</u> through <u>12/31/2013</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>3</u> of <u>7</u>
	I.D. NUMBER <u>1845542</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)
8/6/13	TERESA MAHONEY PETALUMA, CA. 94952	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	125.00	125.00	
8/31/13	PAMELA TORLIATT PETALUMA, CA. 94952	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SUPERIOR SYSTEMS CFO	100.00	-	
9/14/13	PAMELA TORLIATT PETALUMA, CA 94952	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SUPERIOR SYSTEMS CFO	50.00	150.00	
7/4/13	JONNA NORQUIST PETALUMA, CA 94952	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	KAISER PERMANENTE MEDICAL GROUP PHYSICIAN	100.00	100.00	
10/16/13	MARJORIE HELM PETALUMA, CA. 94952	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	COACHING & CONSULTING PRACTICE OWNER	100.00	100.00	
SUBTOTAL \$				<u>475.00</u>	<u>475.00</u>	

**Schedule A Summary**

- Amount received this period – contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 1075.00
- Amount received this period – unitemized contributions of less than \$100 ..... \$ 915.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL \$ 2050.00

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

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2013</u> through <u>12/31/2013</u>	CALIFORNIA FORM <b>460</b>
	Page <u>4</u> of <u>7</u>
	I.D. NUMBER <u>1245542</u>

NAME OF FILER

Petaluma Tomatoes

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)
10/1/13	ELYSE ROSALES PETALUMA, CA. 94952	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EARLY LEARNING INSTITUTE MANAGER	100.00	100.00	
10/21/13	MICHAEL KRAUS PETALUMA, CA. 94952	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BIO MARIN PHARMACEUTICALS ENVIRONMENTAL SAFETY MANAGER	100.00	100.00	
11/6/13	CAROLINE TORLIATT PETALUMA, CA 94952	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	100.00	100.00	
11/10/13	GREGORY RESINGER PETALUMA, CA. 94952	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CA. PUBLIC UTILITIES COMMISSION REGULATORY ANALYST	200.00	200.00	
12/4/13	MICHAEL NEAL PETALUMA, CA 94954	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MCLUNG AUDIO/VISUAL LIGHTING VICE PRESIDENT	100.00	100.00	
SUBTOTAL \$				600.00		

\*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.

SCHEDULE D

Statement covers period from <u>7/1/2013</u>	CALIFORNIA FORN 460
through <u>12/31/2013</u>	
Page <u>5</u> of <u>7</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)
10/31/13	SONOMA COUNTY CONSERVATION ACTION	<input checked="" type="checkbox"/> Monetary Contribution	FUND RAISER	250.00	250.00	
	SANTA ROSA, CA. 95404 FPPC # 91196	<input type="checkbox"/> Nonmonetary Contribution				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Independent Expenditure				
		<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				
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose				
SUBTOTAL \$					250.00	250.00

**Schedule D Summary**

1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)	\$ <u>250.00</u>
2. Unitemized contributions and independent expenditures made this period of under \$100	\$ <u>0.00</u>
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	TOTAL \$ <u>250.00</u>

**Schedule E  
Payments Made**

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

SCHEDULEE

Statement covers period from <u>7/1/2012</u> through <u>12/31/2013</u>	CALIFORNIA FORM <b>460</b>
Page <u>6</u> of <u>7</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                              | PRF 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
<u>FRIENDS OF SHOLENBERGER PARK</u> <u>Petaluma, CA. 94952</u>	<u>CTB</u>	<u>FUND RAISER</u>	<u>500.00</u>
<u>CATALOG.COM</u> <u>OKLAHOMA CITY, OKL. 73134</u>	<u>WEB</u>		<u>215.00</u>
<u>SONOMA COUNTY CONSERVATION ACTION</u> <u>SANTA ROSA, CA 95404</u> <u>FPPC# 91196</u>	<u>CTB</u>	<u>FUND RAISER</u>	<u>250.00</u>

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

**SUBTOTAL \$** 965.00

**Schedule E Summary**

- |  |                                |
|--|--------------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)   | \$ <u>1065.00</u>              |
| 2. Unitemized payments made this period of under \$100   | \$ <u>0.00</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.) | <b>TOTAL \$</b> <u>1065.00</u> |

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

SCHEDULE E (CONT.)

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

Statement covers period from <u>11/2013</u> through <u>12/31/2013</u>	CALIFORNIA FORM <b>460</b>
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	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.

- |   |  |  |
|---|--|--|
| <b>OMP</b> campaign paraphernalia/misc.                                 | <b>MBR</b> member communications                     | <b>RAD</b> radio airtime and production costs                        |
| <b>CNS</b> campaign consultants   | <b>MTG</b> meetings and appearances                  | <b>RFD</b> returned contributions                                    |
| <b>CTB</b> contribution (explain nonmonetary)*                          | <b>OFC</b> office expenses                           | <b>SAL</b> campaign workers' salaries                                |
| <b>CVC</b> civic donations  | <b>PET</b> petition circulating                      | <b>TEL</b> t.v. or cable airtime and production costs                |
| <b>FL</b> candidate filing/ballot fees                                  | <b>PHO</b> phone banks                               | <b>TRC</b> candidate travel, lodging, and meals                      |
| <b>FND</b> fundraising events   | <b>POL</b> polling and survey research               | <b>TRS</b> staff/spouse travel, lodging, and meals                   |
| <b>ND</b> independent expenditure supporting/opposing others (explain)* | <b>POS</b> postage, delivery and messenger services  | <b>TSF</b> transfer between committees of the same candidate/sponsor |
| <b>LEG</b> legal defense  | <b>PRO</b> professional services (legal, accounting) | <b>VOT</b> voter registration  |
| <b>LIT</b> campaign literature and mailings                             | <b>PRT</b> print ads                                 | <b>WEB</b> 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
<u>LAFERTY PATRICK C/O LAFERTY MODEL PETALUMA, CA. 94954</u>	<u>CTB</u>	<u>FUNDRAISER</u>	<u>100.00</u>

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

**SUBTOTAL \$ 100.00**