

**Recipient Committee  
Campaign Statement  
Cover Page**

Date Stamp <b>RECEIVED</b> JAN 31 2018 CITY CLERK	<b>CALIFORNIA FORM 460</b>
	Page <u>1</u> of <u>5</u>
	For Official Use Only

Statement covers period from <u>July 1, 2017</u> through <u>December 31, 2017</u>	Date of election if applicable: (Month, Day, Year) _____
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SEE INSTRUCTIONS ON REVERSE

<p><b>1. Type of Recipient Committee:</b> All Committees – Complete Parts 1, 2, 3, and 4.</p> <p><input type="checkbox"/> Officeholder, Candidate Controlled Committee  <input type="radio"/> State Candidate Election Committee  <input type="radio"/> Recall  <small>(Also Complete Part 5)</small></p> <p><input checked="" type="checkbox"/> General Purpose Committee  <input type="radio"/> Sponsored  <input type="radio"/> Small Contributor Committee  <input type="radio"/> Political Party/Central Committee</p> <p><input type="checkbox"/> Primarily Formed Ballot Measure Committee  <input type="radio"/> Controlled  <input type="radio"/> Sponsored  <small>(Also Complete Part 6)</small></p> <p><input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee  <small>(Also Complete Part 7)</small></p>	<p><b>2. Type of Statement:</b></p> <p><input type="checkbox"/> Preelection Statement  <input checked="" type="checkbox"/> Semi-annual Statement  <input type="checkbox"/> Termination Statement  <small>(Also file a Form 410 Termination)</small>  <input type="checkbox"/> Amendment (Explain below)</p> <p>_____</p> <p><input type="checkbox"/> Quarterly Statement  <input type="checkbox"/> Special Odd-Year Report</p>
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<p><b>3. Committee Information</b></p> <p>I.D. NUMBER <u>1245542</u></p> <p>COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) <u>Petaluma Tomorrow</u></p> <p>STREET ADDRESS (NO P.O. BOX) _____</p> <table border="0"> <tr> <td>CITY <u>Petaluma</u></td> <td>STATE <u>CA</u></td> <td>ZIP CODE <u>94952</u></td> <td>AREA CODE/PHONE _____</td> </tr> </table> <p>MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX _____</p> <table border="0"> <tr> <td>CITY _____</td> <td>STATE _____</td> <td>ZIP CODE _____</td> <td>AREA CODE/PHONE _____</td> </tr> </table> <p>OPTIONAL: FAX / E-MAIL ADDRESS _____</p>	CITY <u>Petaluma</u>	STATE <u>CA</u>	ZIP CODE <u>94952</u>	AREA CODE/PHONE _____	CITY _____	STATE _____	ZIP CODE _____	AREA CODE/PHONE _____	<p><b>Treasurer(s)</b></p> <p>NAME OF TREASURER <u>Gregory S. Reisinger</u></p> <p>MAILING ADDRESS _____</p> <table border="0"> <tr> <td>CITY <u>Petaluma</u></td> <td>STATE <u>CA</u></td> <td>ZIP CODE <u>94952</u></td> <td>AREA CODE/PHONE _____</td> </tr> </table> <p>NAME OF ASSISTANT TREASURER, IF ANY _____</p> <p>MAILING ADDRESS _____</p> <table border="0"> <tr> <td>CITY _____</td> <td>STATE _____</td> <td>ZIP CODE _____</td> <td>AREA CODE/PHONE _____</td> </tr> </table> <p>OPTIONAL: FAX / E-MAIL ADDRESS _____</p>	CITY <u>Petaluma</u>	STATE <u>CA</u>	ZIP CODE <u>94952</u>	AREA CODE/PHONE _____	CITY _____	STATE _____	ZIP CODE _____	AREA CODE/PHONE _____
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**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 <u>1/29/18</u> Date	By <u>Gregory S. Reisinger</u> 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

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE

Statement covers period  
from July 1, 2017  
through December 31, 2017

CALIFORNIA  
FORM **460**

Page 5 of 5

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Petaluma Tomorrow

I.D. NUMBER  
1245542

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

- |  |   |   |
|--|---|---|
| MP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| NS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| TB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| VC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| IL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| ND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| ID independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| EG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| IT 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 Oklahoma City, OK 73134	WEB		\$270
Christopher Fisher Petaluma, CA 94952	MBR	Preparation of communication with members	\$200

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

**SUBTOTAL \$ 470**

**Schedule E Summary**

Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 470
Unitemized payments made this period of under \$100	\$ 192
Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$
Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	<b>TOTAL \$ 662</b>

**Campaign Disclosure Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>July 1, 2017</u>	<b>CALIFORNIA FORM 460</b>
through <u>December 31, 2017</u>	
Page <u>2</u> of <u>5</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
Monetary Contributions..... Schedule A, Line 3	\$ <u>1540</u>	\$ <u>4460</u>
Loans Received..... Schedule B, Line 3	\$ <u>0</u>	\$ <u>0</u>
<b>SUBTOTAL CASH CONTRIBUTIONS</b> ..... Add Lines 1 + 2	\$ <u>1540</u>	\$ <u>4460</u>
Nonmonetary Contributions..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
<b>TOTAL CONTRIBUTIONS RECEIVED</b> .....Add Lines 3 + 4	\$ <u>1540</u>	\$ <u>4460</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
Payments Made..... Schedule E, Line 4	\$ <u>662</u>	\$ <u>3313</u>
Loans Made..... Schedule H, Line 3	\$ <u>0</u>	\$ <u>0</u>
<b>SUBTOTAL CASH PAYMENTS</b> ..... Add Lines 6 + 7	\$ <u>662</u>	\$ <u>3313</u>
Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	\$ <u>0</u>	\$ <u>0</u>
20. Nonmonetary Adjustment..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
<b>1. TOTAL EXPENDITURES MADE</b> ..... Add Lines 8 + 9 + 10	\$ <u>662</u>	\$ <u>3313</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**

2. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ <u>2256</u>
3. Cash Receipts..... Column A, Line 3 above	\$ <u>1540</u>
4. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$ <u>0</u>
5. Cash Payments..... Column A, Line 8 above	\$ <u>662</u>
<b>6. ENDING CASH BALANCE</b> .....Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>3134</u>
<i>If this is a termination statement, Line 16 must be zero.</i>	
7. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ <u>0</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).

\*Amounts in this section may be different from amounts reported in Column B.

**Cash Equivalents and Outstanding Debts**

8. Cash Equivalents..... See instructions on reverse	\$ <u>0</u>
9. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ <u>0</u>

**chedule A  
lonetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE

Statement covers period from <u>July 1, 2017</u> through <u>December 31, 2017</u>	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Petaluma Tomorrow

I.D. NUMBER

1245542

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)
7/15/17	Outwest Garage Petaluma, CA 94952	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100	\$100	
7/24/17	Devin Castles Washington, DC 20002	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Web Designer Self employed	\$400	\$400	
8/11/17	Peter Dunlap Petaluma, CA 94952	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Psychologist Peter T. Dunlap, Psy.D.	\$100	\$100	
8/11/17	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	Chief Financial Officer Superior Systems	\$200	\$200	
9/26/17	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	\$125	

**SUBTOTAL \$ 925**

**chedule A Summary**

Amount received this period – itemized monetary contributions.

(Include all Schedule A subtotals.) .....\$ 1125

Amount received this period – unitemized monetary contributions of less than \$100 .....\$ 415

Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....**TOTAL \$ 1540**

**\*Contributor Codes**

- IND – Individual
- COM – Recipient Committee  
(other than PTY or SCC)
- OTH – Other (e.g., business entity)
- PTY – Political Party
- SCC – Small Contributor Committee

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

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CON

Statement covers period from <u>July 1, 2017</u> through <u>December 31, 2017</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>4</u> of <u>5</u>

NAME OF FILER <u>Petaluma Tomorrow</u>	I.D. NUMBER <u>1245542</u>
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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)
12/29/2017	Carolyn 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	\$200	\$200	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>				<b>200</b>		

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee