

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

<p><b>RECEIVED</b> OCT 31 2014 <u>CITY CLERK</u></p>	<p><b>CALIFORNIA FORM 460</b></p>
	<p>Page <u>1</u> of <u>2</u> For Official Use Only</p>

<p>Statement covers period from <u>October 1, 2014</u>  through <u>October 18, 2014</u></p>	<p>Date of election if applicable: (Month, Day, Year)  <u>November 4, 2014</u></p>
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SEE INSTRUCTIONS ON REVERSE

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

- |   |  |
|---|--|
| <p><input type="checkbox"/> Officeholder, Candidate Controlled Committee<br/> <input type="radio"/> State Candidate Election Committee<br/> <input type="radio"/> Recall<br/> <small>(Also Complete Part 5)</small></p> <p><input checked="" type="checkbox"/> General Purpose Committee<br/> <input type="radio"/> Sponsored<br/> <input type="radio"/> Small Contributor Committee<br/> <input type="radio"/> Political Party/Central Committee</p> | <p><input type="checkbox"/> Primarily Formed Ballot Measure Committee<br/> <input type="radio"/> Controlled<br/> <input type="radio"/> Sponsored<br/> <small>(Also Complete Part 6)</small></p> <p><input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br/> <small>(Also Complete Part 7)</small></p> |
|---|--|

**2. Type of Statement:**

- |  |  |
|--|--|
| <p><input checked="" type="checkbox"/> Preelection Statement<br/> <input type="checkbox"/> Semi-annual Statement<br/> <input type="checkbox"/> Termination Statement<br/> <small>(Also file a Form 410 Termination)</small><br/> <input checked="" type="checkbox"/> Amendment (Explain below)<br/> <u>Inclusion of Mailer on Schedule D</u></p> | <p><input type="checkbox"/> Quarterly Statement<br/> <input type="checkbox"/> Special Odd-Year Report<br/> <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495</p> |
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**3. Committee Information**

I.D. NUMBER  
1245541

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

Petaluma Tomorrow

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Petaluma</u>	<u>CA</u>	<u>94952</u>	

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

Gregory S. Reisinger

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Petaluma</u>	<u>CA</u>	<u>94952</u>	

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 10/30/2014  
Date

Executed on 10/30/2014  
Date

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

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

By Gregory S. Reisinger  
Signature of Treasurer or Assistant Treasurer

By Augustine P. Reisinger  
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

**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>October 1, 2014</u> through <u>October 18, 2014</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>2</u> of <u>2</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER <u>Petaluma Tomorrow</u>	I.D. NUMBER <u>1245541</u>
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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)
10/7/2014	Janice Cader Thompson for Council #1370300  <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$100	\$100	
10/14/14	Oppose Mike Harris, Oppose Measure Q Support David Glass  <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	\$3661	\$3661	
	  <input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
<b>SUBTOTAL \$</b>				<b>3761</b>		

**Schedule D Summary**

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) ..... \$ 3761
- Unitemized contributions and independent expenditures made this period of under \$100 ..... \$ \_\_\_\_\_
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL \$** 3761