

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>10/1/08</u> through <u>10/15/08</u>	Date Stamp <u>OCT 23 2008</u>	CALIFORNIA FORM 465
Date of election if applicable: (Month, Day, Year)	Page <u>1</u> of <u>2</u>	
City Clerk City of Petaluma		For Official Use Only

1. Committee/Filer Information

I.D. NUMBER (if recipient committee)

1245542

Treasurer (if recipient committee)

NAME OF TREASURER

WILLIAM R. PHILLIPS

COMMITTEE/FILER'S NAME

PETALUMA TOMORROW

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

PETALUMA CA 94952

OPTIONAL: FAX / E-MAIL ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

PETALUMA CA 94952

OPTIONAL: FAX / E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE

DAVID GLASS

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

COUNCILMAN, PETALUMA, CA.

SUPPORT

OPPOSE

NAME OF BALLOT MEASURE

BALLOT NO./LETTER

JURISDICTION

SUPPORT

OPPOSE

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)
<u>10/14/08</u>	<u>SONIA TAYLOR 306 LOMITAS LN. SANTA ROSA, CA 95404</u>	<u>FLYER ARTWORK</u>	<u>125.00</u>	<u>125.00</u>
<u>10/15/08</u>	<u>SONOMA COUNTY CONSERVATION ACTION 540 PACIFIC AVE. SANTA ROSA, CA. 95404</u>	<u>WALKING BANDS</u>	<u>140.00</u>	<u>140.00</u>
<u>11/10/08</u>	<u>SANTA ROSA PRINTING CO. 515 CROSS ST. SANTA ROSA, CA 95401</u>	<u>FLYER PRINTING</u>	<u>1087.02</u>	<u>1087.02</u>

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from <u>10/1/08</u> through <u>10/18/08</u>	CALIFORNIA FORM 465
	Page <u>2</u> of <u>2</u>
I.D. NUMBER (If recipient com.) <u>1245542</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Petaluma Tomorrow

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$ <u>1352.02</u>
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$ <u>-</u>
3. Total independent expenditures made this period (Add Lines 1 + 2.)	TOTAL \$ <u>1352.02</u>

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
WILLIAM R. PHILLIPS

ADDRESS (NO. AND STREET)
[REDACTED]

CITY STATE ZIP CODE
Petaluma Ca. 94952

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 10/22/08
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By William R. Phillips
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