

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

Report covers period from <u>10/01/06</u> through <u>10/21/06</u> Date of election if applicable: (Month, Day, Year) <u>11/07/06</u>		CALIFORNIA FORM 465 Page <u>1</u> of <u>2</u> For Official Use Only
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Amendment (Explain Below)

1. Committee/Filer Information

I.D. NUMBER (If recipient committee)

COMMITTEE/FILER'S NAME

PETALUMA TOMORROW

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

PETALUMA

CA

94954

AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer (If recipient committee)

NAME OF TREASURER

WILLIAM R. PHILLIPS

MAILING 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

TERESA BARRETT

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

COUNCILWOMAN, PETALUMA CA

SUPPORT

OPPOSE

SUPPORT

OPPOSE

NAME OF BALLOT MEASURE

BALLOT NO./LETTER

JURISDICTION

3. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

CUMULATIVE TO DATE
CALENDAR YEAR
(JAN. 1 - DEC. 31)

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
<u>10/06/06</u>	<u>DRAGONFLY GRAPHICS</u>	<u>DOORHANGER NETWORK</u>	<u>45.00</u>	
<u>10/11/06</u>	<u>SANTA ROSA PRINTING CO.</u>	<u>DOORHANGER PRINTING</u>	<u>570.88</u>	<u>620.88</u>
<u>10/13/06</u>	<u>GUY CONNER, CRSC</u>	<u>PRECINCT LISTS</u>	<u>21.40</u>	

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	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>570.88</u>
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$ <u>66.40</u>
3. Total independent expenditures made this period (Add Lines 1 + 2.)	TOTAL \$ <u>637.28</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 10/22/06
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