

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.

Amendment (Explain Below)

| | | |
|--|--|--|
| Report covers period from <u>9/30/10</u> through <u>10/30/10</u> | | SUPPLEMENTAL INDEPENDENT EXPENDITURE CALIFORNIA FORM 465 |
| Date of election if applicable (Month, Day, Year) <u>11/2/10</u> | | Page <u>1</u> of <u>2</u> For Official Use Only |

1. Committee/Filer Information

I.D. NUMBER (if recipient committee) 1245542

COMMITTEE/FILER'S NAME
PETALUMA TOMORROW

STREET ADDRESS (NO P.O. BOX)

CITY PETALUMA STATE CA. ZIP CODE 94952 AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer (if recipient committee)

NAME OF TREASURER
WILLIAM R. PHILLIPS

MAILING ADDRESS

CITY PETALUMA, CA. STATE CA. ZIP CODE 94952 AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

| | | | |
|--|--|--------------|---|
| NAME OF CANDIDATE <u>SHERI CHELBOWSKI</u> | OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE <u>SCHOOL BOARD, PETALUMA, CA</u> | CHECK ONE | |
| NAME OF BALLOT MEASURE | BALLOT NO./LETTER | JURISDICTION | SUPPORT <input checked="" type="checkbox"/> OPPOSE <input type="checkbox"/> |

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>10/6/10</u> | <u>ERRANT ART SANTA ROSA, CA. 95404</u> | <u>ART PRINTING</u> | <u>110.05</u> | <u>110.05</u> |
| <u>10/6/10</u> | <u>POLITICAL DATA INC. BURBANK, CA. 91502</u> | <u>WALKING LISTS</u> | <u>16.25</u> | <u>126.30</u> |
| | | | | |

Supplemental Independent Expenditure Report

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

| | |
|--|--|
| Report covers period from <u>9/30/10</u> through <u>10/30/10</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.) \$ 126.30
- 2. Total Independent expenditures under \$100 made this period. (Not Itemized.) \$ -
- 3. Total Independent expenditures made this period (Add Lines 1 + 2.) **TOTAL** \$ 126.30

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)
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 10/30/10
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