

Supplemental Independent Expenditure Report
Government Code Section 84203.6)

Type or print in ink.
Amounts may be rounded to
whole dollars.

SUPPLEMENTAL INDEPENDENT EXPENDITURE

SEE INSTRUCTIONS ON REVERSE

Amendment (Explain Below)

Report covers period from <u>9/30/10</u> through <u>10/30/10</u>	Date Stamp 19 20 21 22 23 24 25 26 27 28 29 30 31 OCT 2010 CITY CLERK PETALUMA	CALIFORNIA FORM 465 Page <u>1</u> of <u>2</u> For Official Use Only
Date of election if applicable: (Month, Day, Year) <u>11/2/10</u>		

1. Committee/Filer Information

I.D. NUMBER (if recipient committee)
1245542

Treasurer (if recipient committee)

COMMITTEE/FILER'S NAME

NAME OF TREASURER

PETALUMA TOMORROW
STREET ADDRESS (NO P.O. BOX)

WILLIAM R. PHILLIPS
MAILING ADDRESS

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	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE	SUPPORT	OPPOSE
NAME OF BALLOT MEASURE	BALLOT NO./LETTER JURISDICTION	SUPPORT	OPPOSE
<u>MEASURE WASTEWATER RATE Roll Back</u>	<u>4 PETALUMA</u>		<input checked="" type="checkbox"/>

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>10/6/10</u>	<u>CRONANT 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>

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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>126.30</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>126.30</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)
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