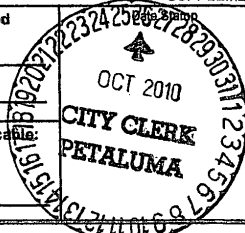


Supplemental Independent Expenditure Report
Government Code Section 84203.5

SEE INSTRUCTIONS ON REVERSE

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

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

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 94952

OPTIONAL: FAX / E-MAIL ADDRESS _____

Treasurer (if recipient committee)

NAME OF TREASURER _____

MAILING ADDRESS _____

CITY STATE ZIP CODE AREA CODE/PHONE _____

OPTIONAL: FAX / E-MAIL ADDRESS _____

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE <u>JIMMY WALKING BEAR</u>	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE <u>School Board Petaluma, CA</u>	CHECK ONE	
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	SUPPORT <input checked="" type="checkbox"/>	OPPOSE <input type="checkbox"/>
	JURISDICTION	SUPPORT <input 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>ERIZANT 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>10.25</u>	<u>10.25</u>

Supplemental Independent Expenditure Report

Type or print in ink.
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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>1</u> of <u>2</u> I.D. NUMBER (if recipient com.) <u>1245542</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.) \$ 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. 94552

2) NAME OF FILING OFFICER
ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

3) 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