

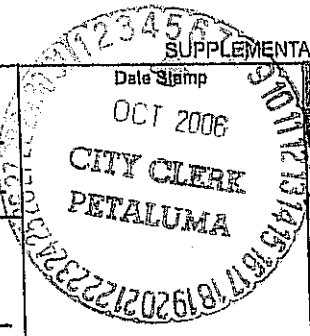
**Supplemental Independent Expenditure Report**  
Government Code Section 84203.5)

SEE INSTRUCTIONS ON REVERSE

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

Amendment (Explain Below)

Report covers period from <u>01/01/06</u> through <u>9/30/06</u>	Date Stamp <u>OCT 2006</u>	SUPPLEMENTAL INDEPENDENT EXPENDITURE <b>CALIFORNIA FORM 465</b>
Date of election if applicable: (Month, Day, Year) <u>11/7/06</u>		
For Official Use Only Page <u>1</u> of <u>2</u>		



**1. Committee/Filer Information**

I.D. NUMBER (if recipient committee)

Treasurer (if recipient committee)

COMMITTEE/FILER'S NAME

NAME OF TREASURER

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

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

CITY STATE ZIP CODE AREA CODE/PHONE

PETALUMA, CA. 94954  
OPTIONAL: FAX/E-MAIL ADDRESS

OPTIONAL: FAX/E-MAIL ADDRESS

**2. Name of Candidate or Measure Supported or Opposed**

NAME OF CANDIDATE <u>SPENCE BURTON</u>	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE <u>COUNCILMAN, PETALUMA</u>	CHECK ONE	
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	SUPPORT <input checked="" type="checkbox"/> OPPOSE <input type="checkbox"/>
			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>9/21/06</u>	<u>SANTA ROSA PRINTING CO</u> <u>SANTA ROSA, CA 95401</u>	<u>PRINTING FLYER</u>	<u>50.00</u>	<u>50.00</u>

**Supplemental Independent Expenditure Report**

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from <u>01/01/06</u> through <u>9/30/06</u>	CALIFORNIA FORM <b>465</b>
	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.)..... \$ 0.00
- 2. Total Independent expenditures under \$100 made this period. (Not itemized.) ..... \$ 50.00
- 3. Total Independent expenditures made this period (Add Lines 1 + 2.) ..... TOTAL \$ 50.00

**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 10/4/06  
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