

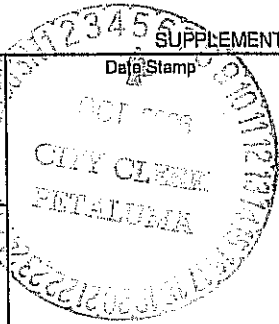
Supplemental Independent Expenditure Report
(Government Code Section 84203.5)

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

SEE INSTRUCTIONS ON REVERSE

Amendment (Explain Below)

Report covers period
from 01/01/06
through 9/30/06
Date of election if applicable:
(Month, Day, Year)
11/07/06



SUPPLEMENTAL INDEPENDENT EXPENDITURE
CALIFORNIA FORM 465
Page 1 of 2
For Official Use Only

1. Committee/Filer Information

I.D. NUMBER (if recipient committee)
1245542

Treasurer (if recipient committee)
NAME OF TREASURER
William R. Phillips

COMMITTEE/FILER'S NAME
PETALUMA TOMORROW
STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
PETALUMA CA 94954 _____
OPTIONAL: FAX/E-MAIL ADDRESS

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

NAME OF CANDIDATE <u>PAMELA TORLIATT</u>	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE <u>MAYOR PETALUMA, CA.</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>09/30/06</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.)	\$ <u>0.00</u>
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$ <u>50.00</u>
3. Total independent expenditures made this period (Add Lines 1 + 2.)	TOTAL \$ <u>50.00</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 10/4/06
DATE

By William R. Phillips
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT