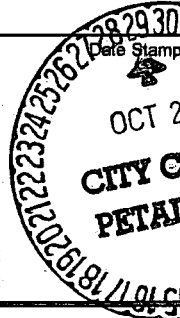


**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.



Statement covers period
from 10/17/2010
through 10/28/2010

Date of election if applicable:
(Month, Day, Year)
NOV. 2, 2010

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
(Also Complete Part 5)
- General Purpose Committee
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee
- Ballot Measure Committee
 - Primarily Formed
 - Controlled
 - Sponsored
(Also Complete Part 6)
 - Primarily Formed Candidate/
Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain below)

3. Committee Information

I.D. NUMBER
1309018

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
PETALUMANS FOR CLEAN WATER &
FISCAL RESPONSIBILITY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
PETALUMA CA 94952

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE
PETALUMA CA 94953

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
LESLIE WEITING

MAILING ADDRESS

CITY STATE
PETALUMA CA

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the certifying under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/29/2010
Date

Executed on _____
Date

Executed on _____
Date

Executed on _____
Date

By [Signature]
Signature of Treasurer or Assistant Treasurer

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

MEASURE U

BALLOT NO. OR LETTER

U

JURISDICTION

CITY OF PE

Identify the controlling officeholder, candidate

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPON

OFFICE SOUGHT OR HELD

7. Primarily Formed Committee *List name which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFF
NAME OF OFFICEHOLDER OR CANDIDATE	OFF
NAME OF OFFICEHOLDER OR CANDIDATE	OFF
NAME OF OFFICEHOLDER OR CANDIDATE	OFF

Attach continuation sh

Campaign Disclosure Statement Summary Page

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

Statement covers period
from 10/17/20
through 10/28/20

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

PETALUMANS FOR CLEAN WATER & FISCAL RESPONSIBILITY

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ <u>5,355</u>	\$ <u>12,381</u>
2. Loans Received	Schedule B, Line 3	<u>1,000</u>	<u>1,000</u>
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ <u>6,355</u>	\$ <u>13,381</u>
4. Nonmonetary Contributions	Schedule C, Line 3	<u>2,500</u>	
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ <u>8,855</u>	\$ <u>15,881</u>

Calendar Year
Running in
General Election

20. Contributions
Received

21. Expenditures
Made

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ <u>6,806</u>	\$ <u>15,561</u>
7. Loans Made	Schedule H, Line 3	<u>0</u>	
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ <u>6,806</u>	\$ <u>15,561</u>
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3		
10. Nonmonetary Adjustment	Schedule C, Line 3	<u>2,500</u>	
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ <u>9,306</u>	\$ <u>18,061</u>

Expenditures
Candidates

22. Contributions

Date of Election
(mm/dd/yyyy)

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ <u>513</u>
13. Cash Receipts	Column A, Line 3 above	<u>6,355</u>
14. Miscellaneous Increases to Cash	Schedule I, Line 4	
15. Cash Payments	Column A, Line 8 above	<u>6,806</u>
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>62</u>

If this is a termination statement, Line 16 must be zero.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ 1,000

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$ _____
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ _____

*Since January 1, 2000, the date of election must be different from a

**Schedule A
Monetary Contributions Received**

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

Statement covers
from 10/17/2010
through 10/28/2010

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

PETALUMA NS FOR CLEAN WATER & FISCAL RESPONSIBILITY

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CURR. YEAR
10/18 2010	NORTHERN CALIFORNIA CARPENTERS REGIONAL COUNCIL ISSUES OAKLAND, CA 94621	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000	
10/18 2010	PHIL BEFEREV PETALUMA, CA 94952	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	COGNITIVE DEVICES SOFTWARE ENG.	200	
10/18/25 2010	PHIL BEFEREV PETALUMA, CA 94952	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	COGNITIVE DEVICES SOFTWARE ENG.	100	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			

SUBTOTAL \$ 5,300

Schedule A Summary

- Amount received this period – contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 5,300
- Amount received this period – unitemized contributions of less than \$100 \$ 55
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 5,355

**Schedule B – Part 1
Loans Received**

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

Statement covers p
from 10/17/20
through 10/28/

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

PETALUMA'S FOR CLEAN WATER & FISCAL RESPONSIBILITY

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	IN PAID
<u>WILLIAM R. PHILLIPS TRUST</u> <u>PETALUMA, CA 94952</u> † <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ <u>1,000</u>	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	<u>\$ 1,000</u> DATE DUE _____	\$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	\$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	\$ _____
		SUBTOTALS \$ <u>1,000</u>		\$	\$ <u>1,000</u>	\$

Schedule B Summary

1. Loans received this period \$ 1,000
(Total Column (b) plus unitemized loans less than \$100.)
2. Loans paid or forgiven this period \$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.) **NET \$** 1,000
Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

† Contributor Codes
 IND – Individual COM – Recipient Committee (other than PTY or SCC) OTH – Other PTY – Political Party SCC – Small Contributor Committee

**Schedule C
Nonmonetary Contributions Received**

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

Statement covers
from 10/17/10
through 10/28

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

PETALUMANS FOR CLEAN WATER & FISCAL RESPONSIBILITY

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE
10/25 2010	DESIGN MOTIF PETALUMA, CA 94952	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		WEB; FILE COMP LIT	2,500
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 2,500

Schedule C Summary

- Amount received this period – nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.) \$ 2,500
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 0
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** 2,500

**Schedule E
Payments Made**

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

Statement covers
from 10/17
through 10/2

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

PETALUMANS FOR CLEAN WATER & FISCAL RESPONSIBILITY

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | | | | |
|-----|---|-----|---|-----|----------------------|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contribu |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign worke |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtir |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse trav |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information techn |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT
MY CAMPAIGN STORE JEFFERSONVILLE, IN 47130	CMP		
PACIFIC PRINT RESOURCES EMERYVILLE, CA 94608	LIT;	POS	
PACIFIC PRINT RESOURCES EMERYVILLE, CA 94608	LIT		

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)
2. Unitemized payments made this period of under \$100
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)