

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.

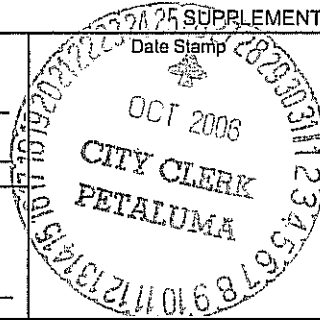
Amendment (Explain Below)

Report covers period

from 1/1/06
through 10/21/06

Date of election if applicable:
(Month, Day, Year)

11/7/06



SUPPLEMENTAL INDEPENDENT EXPENDITURE
CALIFORNIA FORM 465

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For Official Use Only

1. Committee/Filer Information

I.D. NUMBER (if recipient committee)

COMMITTEE/FILER'S NAME

Petalumans for Responsible Planning

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE

Petaluma CA 94952 [REDACTED]

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

CHECK ONE

NAME OF CANDIDATE

David Rabbitt

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

Councilmember, City of Petaluma

SUPPORT OPPOSE

NAME OF BALLOT MEASURE

BALLOT NO./LETTER

JURISDICTION

SUPPORT OPPOSE

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>10/13/06</u>	<u>Susan Jaderstrom</u> [REDACTED] <u>Petaluma CA 94952</u>	<u>stamps, photocopies - reimbursement</u>	<u>\$23</u>	<u>\$23</u>

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NAME OF FILER Petalumans for Responsible Planning

I.D. NUMBER (If recipient com.)

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	<u>23</u>
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$	<u>0</u>
3. Total independent expenditures made this period (Add Lines 1 + 2.)	TOTAL \$	<u>23</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 Claire Cooper, City Clerk
 ADDRESS (NO. AND STREET) 11 English St.
 CITY Petaluma STATE CA ZIP CODE 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 10-25-06
DATE

By [Signature]
SIGNATURE OF FILER, 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