

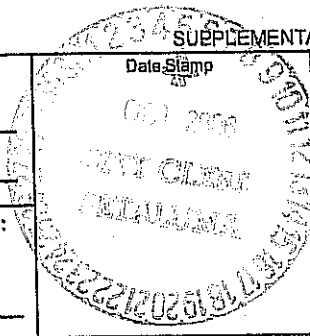
Supplemental Independent Expenditure Report
 Government Code Section 84203.5)

SEE INSTRUCTIONS ON REVERSE

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

Amendment (Explain Below)

Report covers period
 from 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)

COMMITTEE/FILER'S NAME

PETALUMA TOMORROW
 STREET ADDRESS (NO P.O. BOX)
 [REDACTED]
 CITY STATE ZIP CODE AREA CODE/PHONE
PETALUMA, CA. 94954 [REDACTED]
 OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer (if recipient committee)

NAME OF TREASURER

WILLIAM R. PHILLIPS
 MAILING ADDRESS
 [REDACTED]
 CITY STATE ZIP CODE AREA CODE/PHONE
PETALUMA, CA. 94952 [REDACTED]
 OPTIONAL: FAX/E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE

TERESA BARRIETT
 NAME OF BALLOT MEASURE

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

COUNCILWOMAN, PETALUMA, CA.

BALLOT NO./LETTER

JURISDICTION

CHECK ONE

SUPPORT OPPOSE

SUPPORT OPPOSE

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)
9/21/06	SANTA ROSA PRINTING Co. [REDACTED] SANTA ROSA, CA 95701	PRINTING FLYER	50.00	50.00

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 465
	Page <u>2</u> of <u>2</u>
I.D. NUMBER (if recipient com.)	

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
 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 10/4/06
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