

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 CALIFORNIA FORM 465
Date of election if applicable: (Month, Day, Year) <u>11/7/06</u>		
CITY CLERK PETALUMA		Page <u>1</u> of <u>2</u>
		For Official Use Only

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

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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

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

CHECK ONE

SPENCE BURTON
NAME OF BALLOT MEASURE

COUNCILMAN, PETALUMA

SUPPORT OPPOSE

BALLOT NO./LETTER JURISDICTION

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)
<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>

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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.) <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