

Supplemental Independent Expenditure Report

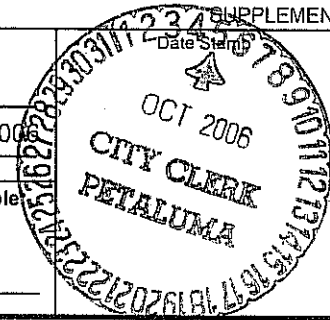
(Government Code Section 84203.5)

SEE INSTRUCTIONS ON REVERSE

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

Amendment (Explain Below)

Report covers period
from July 1, 2006
through September 30, 2006
Date of election if applicable
(Month, Day, Year)
November 7, 2006



CALIFORNIA FORM 465

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For Official Use Only

1. Committee/Filer Information

I.D. NUMBER (If recipient committee)
911196

COMMITTEE/FILER'S NAME

Sonoma County Conservation Action PAC (SCCA PAC)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Santa Rosa CA 95404 [REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer (If recipient committee)

NAME OF TREASURER

Bill Kortum

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Santa Rosa CA 95404 [REDACTED]

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	
		SUPPORT	OPPOSE
Pam Torliatt	Mayor Petaluma	X	
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	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)
9/25/06	Sonia Taylor [REDACTED] Santa Rosa, CA 95404	LIT	\$ 32.40	\$ 32.40
9/22/06	Santa Rosa Printing [REDACTED] Santa Rosa, CA 95401	LIT	\$ 66.64	\$ 66.64

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from <u>July 1, 2006</u> through <u>September 30, 2006</u>	CALIFORNIA FORM 465
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Sonoma County Conservation Action PAC (SCCA PAC)

4. Summary

1. Total independent expenditures of \$ ²⁵ 100 or more made this period. (Part 3.)	\$ <u>99.04</u>
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$ <u>2.67</u>
3. Total independent expenditures made this period (Add Lines 1 + 2.)	TOTAL \$ <u>101.71</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
Bill Kortum (Treasurer)

ADDRESS (NO. AND STREET)
[REDACTED]

CITY STATE ZIP CODE
Santa Rosa CA 95404

3) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

2) NAME OF FILING OFFICER
Craig Litwin (Assistant Treasurer)

ADDRESS (NO. AND STREET)
[REDACTED]

CITY STATE ZIP CODE
Santa Rosa CA 95404

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 10/05/06
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By 
SIGNATURE OF FILER, 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