Recipient Committee
Campaign Statement
Cover Page

Statement covers period
September 25, 2016
from
through
October 22, 2016
November 8, 2016
Date of election if applicable:
(Month, Day, Year)
OCT 26 2016
CITY CLERK

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.
   - [ ] Officeholder, Candidate Controlled Committee
   - [x] State Candidate Election Committee
     (Also Complete Part 5)
   - [ ] Recall
   - [ ] Primarily Formed Ballot Measure Committee
     (Also Complete Part 6)
   - [ ] General Purpose Committee
     - [ ] Sponsored
     - [ ] Small Contributor Committee
     (Also Complete Part 7)
   - [ ] Primarily Formed Candidate/Officeholder Committee

2. Type of Statement:
   - [x] Prelection Statement
   - [ ] Semi-annual Statement
   - [ ] Quarterly Statement
   - [ ] Termination Statement
     (Also file a Form 410 Termination)
   - [ ] Special Odd-Year Report
   - [x] Amendment (Explain below)

3. Committee Information
   - I.D. NUMBER
     - 1245541
   - COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTED)
     Petaluma Tomorrow
   - STREET ADDRESS (NO P.O. BOX)
   - CITY
     Petaluma
   - STATE
     CA
   - ZIP CODE
     94952
   - Mailing Address
     Petaluma
     CA
     94952
   - Mailing Address (if different) No. and street or P.O. Box
   - CITY
     Petaluma
   - STATE
     CA
   - ZIP CODE
     94952
   - OPTIONAL: FAX/EMAIL 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 attached schedules 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 10/26/2016
   - Date
   - By
     - Signature of Treasurer or Authorized Treasurer
   - Executed on
   - Date
   - By
     - Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
   - Executed on
   - Date
   - By
     - Signature of Controlling Officerholder, Candidate, State Measure Proponent
   - Executed on
   - Date
   - By
     - Signature of Controlling Officerholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
## Contributions Received

1. Monetary Contributions: Schedule A, Line 3 $0 $0 1925
2. Loans Received: Schedule B, Line 3 $0 $0 $0
3. Subtotal Cash Contributions: Add Lines 1 + 2 $0 $0 $0
4. Nonmonetary Contributions: Schedule C, Line 3 $0 $0 $0
5. Total Contributions Received: Add Lines 3 + 4 $0 $0 $0

## Expenditures Made

6. Payments Made: Schedule E, Line 4 $0 $0 $1821
7. Loans Made: Schedule H, Line 3 $0 $0 $0
8. Subtotal Cash Payments: Add Lines 6 + 7 $0 $0 $1821
9. Accrued Expenses (Unpaid Bills): Schedule F, Line 3 $0 $0 $0
10. Nonmonetary Expenses Adjustment: Schedule C, Line 3 $0 $0 $0
11. Total Expenditures Made: Add Lines 8 + 9 + 10 $0 $0 $1821

## Current Cash Statement

12. Beginning Cash Balance: Previous Summary Page, Line 16 $2096
13. Cash Receipts: Column A, Line 3 above $0
14. Miscellaneous Increases to Cash: Schedule I, Line 4 $0
15. Cash Payments: Column A, Line 8 above $0
16. Ending Cash Balance: Add Lines 12 + 13 + 14, then subtract Line 15 $2096

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

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents: See Instructions on reverse $0
19. Outstanding Debts: Add Line 2 + Line 9 in Column B above $0