Recipient Committee
Campaign Statement
Cover Page
(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

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

2. Type of Statement:
   - [ ] Preelection Statement
   - [ ] Semi-annual Statement
   - [ ] Termination Statement
      (Also file a Form 410 Termination)
   - [ ] Amendment (Explain below)
   - [ ] Inclusion of Mailer on Schedule D

3. Committee Information
   - I.D. NUMBER: 1245541
   - COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE):
     Petaluma Tomorrow
   - STREET ADDRESS (NO P.O. BOX):
   - CITY: Petaluma
   - STATE: CA
   - ZIP CODE: 94952
   - MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX:
   - CITY: Petaluma
   - STATE: CA
   - ZIP CODE: 94952
   - NAME OF TREASURER:
     Gregory S. Reisinger
   - MAILING ADDRESS:
     Petaluma
     CA
     94952
   - NAME OF ASSISTANT TREASURER, IF ANY:
   - MAILING ADDRESS:
   - CITY:
   - STATE:
   - ZIP CODE:
   - AREA CODE/PHONE:

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 10/20/2014
   By ____________________________
   Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

   Executed on 10/20/2014
   By ____________________________
   Signature of Co-Treasurer or Assistant Treasurer

   Executed on 10/20/2014
   By ____________________________
   Signature of Co-Treasurer or Assistant Treasurer

   Executed on 10/20/2014
   By ____________________________
   Signature of Co-Treasurer or Assistant Treasurer

   Executed on 10/20/2014
   By ____________________________
   Signature of Co-Treasurer or Assistant Treasurer

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California
Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Petuluma Tomorrow

<table>
<thead>
<tr>
<th>DATE</th>
<th>NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE</th>
<th>TYPE OF PAYMENT</th>
<th>DESCRIPTION (IF REQUIRED)</th>
<th>AMOUNT THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/7/14</td>
<td>Janice Cader Thompson for Council #1370360</td>
<td>☑ Monetary Contribution</td>
<td>$100</td>
<td>$100</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Support ☑ Oppose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/14/14</td>
<td>Oppose Mike Harris, Oppose Measure Q Support David Glass</td>
<td>☐ Monetary Contribution</td>
<td>Mailer</td>
<td>$3661</td>
<td>$3661</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Support ☑ Oppose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SUBTOTAL $ 3761

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) .......................................................... $ 3761

2. Unitemized contributions and independent expenditures made this period of under $100 .......................................................... $

3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) .......... TOTAL $ 3761

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)