

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp RECEIVED JAN 28 2013 CITY CLERK	CALIFORNIA 2001/02 FORN 460
	Page <u>1</u> of <u>6</u> For Official Use Only

Statement covers period from <u>10/21/2012</u> through <u>12/31/2012</u>	Date of election if applicable: (Month, Day, Year)
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SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

<input type="checkbox"/> Officerholder, Candidate Controlled Committee <input type="radio"/> State Candidate Election Committee <input type="radio"/> Recall <i>(Also Complete Part 6)</i>	<input type="checkbox"/> Primarily Formed Ballot Measure Committee <input type="radio"/> Controlled <input type="radio"/> Sponsored <i>(Also Complete Part 6)</i>
<input checked="" type="checkbox"/> General Purpose Committee <input type="radio"/> Sponsored <input type="radio"/> Small Contributor Committee <input type="radio"/> Political Party/Central Committee	<input type="checkbox"/> Primarily Formed Candidate/Officerholder Committee <i>(Also Complete Part 7)</i>

2. Type of Statement:

<input type="checkbox"/> Pre-election Statement	<input type="checkbox"/> Quarterly Statement
<input checked="" type="checkbox"/> Semi-annual Statement	<input type="checkbox"/> Special Odd-Year Report
<input type="checkbox"/> Termination Statement <i>(Also file a Form 410 Termination)</i>	<input type="checkbox"/> Supplemental Pre-election Statement - Attach Form 485
<input type="checkbox"/> Amendment (Explain below)	

3. Committee Information

I.D. NUMBER 1245542

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Petaluma Tomorrow

STREET ADDRESS (NO P.O. BOX)
Petaluma Tomorrow

CITY Petaluma STATE CA ZIP CODE 94952 AREA CODE/PHONE _____

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX _____

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

OPTIONAL: FAX / E-MAIL ADDRESS _____

Treasurer(s)

NAME OF TREASURER
William R. Phillips

MAILING ADDRESS _____

CITY Petaluma STATE CA ZIP CODE 94952 AREA CODE/PHONE _____

NAME OF ASSISTANT TREASURER, IF ANY _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

OPTIONAL: FAX / E-MAIL 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 <u>1/28/2013</u> Date	By <u>William R. Phillips</u> Signature of Treasurer or Assistant Treasurer
Executed on _____ Date	By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer or 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

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>10/21/2012</u> through <u>12/31/2012</u>	CALIFORNIA FORM 460
Page <u>2</u> of <u>6</u>	I.D. NUMBER <u>1245542</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Petaluma Tomorrow

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ <u>1195.00</u>	\$ <u>4751.06</u>
2. Loans Received Schedule B, Line 3	<u>—</u>	<u>—</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>1195.00</u>	\$ <u>4751.06</u>
4. Nonmonetary Contributions Schedule C, Line 3	<u>—</u>	<u>—</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>1195.00</u>	\$ <u>4751.06</u>

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A	Column B
6. Payments Made Schedule E, Line 4	\$ <u>2702.62</u>	\$ <u>5178.49</u>
7. Loans Made Schedule H, Line 3	<u>—</u>	<u>—</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>2702.62</u>	\$ <u>5178.49</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	<u>—</u>	<u>—</u>
10. Nonmonetary Adjustment Schedule C, Line 3	<u>—</u>	<u>—</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>2702.62</u>	\$ <u>5178.49</u>

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>3787.82</u>
13. Cash Receipts Column A, Line 3 above	<u>1195.00</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	<u>—</u>
15. Cash Payments Column A, Line 8 above	<u>2702.62</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>2280.20</u>

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ —

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ _____
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ _____

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Petaluma Tomorrow

Statement covers period
from 10/21/2012
through 12/31/2012

CALIFORNIA
FORM **460**

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I.D. NUMBER

1245542

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/24/12	MIKE KRAUS PETALUMA, CA. 94952	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BIO MARIN PHARMACEUTICALS ENVIRONMENTAL SAFETY MANAGER	100.00	100.00	
11/26/12	WILLIAM R. PHILLIPS PETALUMA, CA. 94952	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	500.00	755.00	
12/7/12	GREG RESINGER PETALUMA, CA. 94952	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CA. PUBLIC UTILITIES COMMISSION REGULATORY ANALYST	200.00	550.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$ 800.00

Schedule A Summary

- Amount received this period – contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 800.00
- Amount received this period – unitemized contributions of less than \$100 \$ 395.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 1195.00

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

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

SCHEDULE D

Statement covers period from <u>10/31/2012</u> through <u>12/31/2012</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE
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Petaluma Tomorrow

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
<u>11/5/12</u>	<u>SONOMA COUNTY CONSERVATION ACTION</u>	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	<u>FUNDRAISER</u>	<u>200.00</u>	<u>450.00</u>	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				<u>200.00</u>		

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ 200.00
- Unitemized contributions and independent expenditures made this period of under \$100 \$ -
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) TOTAL \$ 200.00

**Schedule E
Payments Made**

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

SCHEDULEE

Statement covers period from <u>10/21/2012</u>	CALIFORNIA FORM 460
through <u>12/31/2012</u>	
Page <u>5</u> of <u>6</u>	I.D. NUMBER <u>1245542</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Petaluma Tomorrow

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND Independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>SONIA TAYLOR ERRANT ART</u> <u>SANTA ROSA, CA 95404</u>	<u>LIT</u>		<u>1822.62</u>
<u>SONOMA COUNTY CONSERVATION ACTION</u> <u>SANTAROSA, CA, 95404</u>	<u>FND</u>		<u>200.00</u>
<u>CITY OF PETALUMA</u> <u>PETALUMA, CA. 94952</u>		<u>FINE, ORDINANCE No. 2198N.C.S</u>	<u>500.00</u>

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 2522.62

Schedule E Summary

- | | |
|--|-------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ <u>2622.62</u> |
| 2. Unitemized payments made this period of under \$100 | \$ <u>80.00</u> |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$ _____ |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ <u>2702.62</u> |

**Schedule E
(Continuation Sheet)
Payments Made**

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

SCHEDULE E (CONT.)

Statement covers period from <u>10/21/2012</u> through <u>12/31/2012</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

PETALUMA TOMORROW

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|--|--|--|
| OMP campaign paraphernalia/misc. | MBR member communications | RAO radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>FRIENDS OF SKOLENBERGER PARIK</u> <u>PETALUMA, CA 94952</u>	<u>FND</u>		<u>100.00</u>

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 100.00