Recipient Committee Campaign Statement Cover Page			Date Stamp	COVER PAGE CALIFORNIA FORM Page 1 of 4
	Statement covers period January 1, 2018	Date of election if applicable: (Month, Day, Year)	SEP 27 2018	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	June 30, 2018		<u>CITY CLERK</u>	
1. Type of Recipient Committee: All Committees - Con	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
O State Candidate Election Committee     O Recall     (Also Complete Part 5)     (Also Complete	Primarily Formed Ballot Measure Committee Controlled Sponsored Nso Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Nso Complete Part 7)	<ul> <li>Preelection Statement</li> <li>Semi-annual Statemen</li> <li>Termination Statement (Also file a Form 410 Te</li> <li>Amendment (Explain be</li> </ul>	t 🗌 Spe	rterly Statement cial Odd-Year Report
3. Committee Information	NUMBER 1245542	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Petaluma Tomorrow		NAME OF TREASURER Gregory S. Reisinger MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		сіту Petaluma	STATE ZIP CO CA 9495	
CITY STATE ZIP COL Petaluma CA 94952		NAME OF ASSISTANT TREASUREI	R, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
CITY STATE ZIP COL	DE AREA CODE/PHONE	CITY	STATE ZIP CO	DDE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRES	S	

## 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 the and correct.

Executed on <u>1/13/20/8</u>	
Executed on <u>8/23/20/8</u>	
Executed on	
Executed on	

foreg	joing is bue and correct.
By _	Bregory D. Seisinger
-	Signature of Asistant Treasurer
Ву _	Signature of Controlling Officenolder, Candidate State Measure Proponent or Responsible Officer of Sponsor
Ву _	Signature of Controlling Officeholder, Candidate, State Measure Proponent
Ву _	Signature of Controlling Officeholder, Candidate, State Measure Proponent

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Campaign Disclosure Statement	Amounts may be rounded		SUMMARY PAGE			
Summary Page	to whole dollars.	Sta from	atement covers period January 1, 2018	CALIFORNIA 460		
SEE INSTRUCTIÓNS ON REVERSE		throug	June 30, 2018	2 4 Page of		
NAME OF FILER Petaluma Tomorrow				I.D. NUMBER 1245542		
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE		nmary for Candidates ne State Primary and		
1. Monetary Contributions       Schedule A, Line 3         2. Loans Received       Schedule B, Line 3         3. SUBTOTAL CASH CONTRIBUTIONS       Add Lines 1 + 2         4. Nonmonetary Contributions       Schedule C, Line 3         5. TOTAL CONTRIBUTIONS RECEIVED       Add Lines 3 + 4	\$	\$0 \$0 \$0 \$500	20. Contributions Received \$ 21. Expenditures Made \$	through 6/30 7/1 to Date\$ \$\$ Summany for State		
6. Payments Made	\$ <u> 0 </u> 67 0 <u> 0 </u> 0 <u> 0 </u> 0 <u> 0 </u>	\$ <u>67</u> 0 \$ <u>67</u> 0 <u>0</u> \$ <u>67</u> \$	Candidates 22. Cumulat	Summary for State ive Expenditures Made* o Voluntary Expenditure Limit) Total to Date \$		
Current Cash Statement         12. Beginning Cash Balance       Previous Summary Page, Line 16         13. Cash Receipts       Column A, Line 3 above         14. Miscellaneous Increases to Cash       Schedule I, Line 4         15. Cash Payments       Column A, Line 8 above         16. ENDING CASH BALANCE       Add Lines 12 + 13 + 14, then subtract Line 15         If this is a termination statement, Line 16 must be zero.         17. LOAN GUARANTEES RECEIVED       Schedule B, Part 2         Cash Equivalents       See instructions on reverse         18. Cash Equivalents       See instructions on reverse         19. Outstanding Debts       Add Line 2 + Line 9 in Column B above	\$ 500 0 67 3567 \$ 0 0 0 0 0 0 0 0 0	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).	reported in Column B.	FPPC Form 460 (Jan/2016)		

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Schedule	Α		nts may be rounded				SCHEDULE A	
Monetary Contributions Received		to whole dollars.		Statement covers period January 1, 2018 from			CALIFORNIA 460	
				June	30, 2018	Page	3 4	
SEE INSTRUCTIO NAME OF FILER Petaluma						1.D. NUME 1245542	BER	
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 CALENDAR Y (JAN. 1 - DEC	/EAR	PER ELECTION TO DATE (IF REQUIRED)	
4/17/18	Marjorie Helm Petaluma, CA 94952	<ul> <li>☑ IND</li> <li>□ COM</li> <li>□ OTH</li> <li>□ PTY</li> <li>□ SCC</li> </ul>	Retired	\$200	\$2	200		
5/3/18	Larry Modell Petaluma, CA 94954		Software Designer American Ag Credit	\$100	\$1	00		
5/4/18	Andrew Packard Petaluma, CA 94952	■ IND □ COM □ OTH □ PTY □ SCC	Attorney Law Offices of Andrew L Packard	\$200	\$2	200		
		□ IND □ COM □ OTH □ PTY □ SCC						
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
			SUBTOTAL	500				
1. Amount red	A Summary ceived this period – itemized monetary contributions. Schedule A subtotals.)		<b>₽</b>	500	IND -	tributor Cod – Individual I – Recipient	Committee	
	ceived this period – unitemized monetary contribution			0		- Other (e.g	n PTY or SCC) ., business entity)	
3. Total mone	tary contributions received this period. 1 and 2. Enter here and on the Summary Page, Colu			500		– Political Pa – Small Cor	arty htributor Committee	

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		SCH			
Schedule E	Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA		
Payments Made		January 1, 2018	FORM 40U		
SEE INSTRUCTIONS ON REVERSE		June 30, 2018	Page of		
NAME OF FILER			I.D. NUMBER		
Petaluma Tomorrow			1245542		
<b>CODES:</b> If one of the following codes accurately describ CMP campaign paraphernalia/misc.	es the payment, you may enter the code. Oth MBR member communications		costs		
		RAD radio airtime and production	costs		
CNS campaign consultants CTB contribution (explain nonmonetary)*	MTG meetings and appearances OFC office expenses	RFD returned contributions SAL campaign workers' salaries			
CVC civic donations	PET petition circulating	SAL campaign workers' salaries TEL t.v. or cable airtime and proc			
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, an			
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging,			
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services		s 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	s (internet, e-mail)		

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
		,	

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

## Schedule E Summary

\_\_\_\_\_

1. Itemized payments made this period. (Include all Schedule E subtotals.)\$	0
2. Unitemized payments made this period of under \$100 \$	67
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.)	67

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SUBTOTAL \$