Statement of Organization
Recipient Committee

Statement Type  ☐ Initial
Not yet qualified ☐ or
☐ Amendment
List I.D. number:
# 1245542
08/10/2002
Date qualified as committee
☐ Termination – See Part 5
List I.D. number:
#
Date of Termination

1. Committee Information
NAME OF COMMITTEE
Petaluma Tomorrow
STREET ADDRESS (NO P.O. BOX)
824 Blossom Court
CITY Petaluma
STATE CA
ZIP CODE 94952
AREA CODE/PHONE 707/766-8694
MAILING ADDRESS (IF DIFFERENT)
CITY Petaluma
STATE CA
ZIP CODE 94952
AREA CODE/PHONE 707/766-8694
OPTIONAL: FAX / E-MAIL ADDRESS
COUNTY OF DOMICILE SONOMA
COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers
NAME OF TREASURER
WILLIAM R. PHILLIPS
STREET ADDRESS (NO P.O. BOX)
824 Blossom Court
CITY Petaluma
STATE CA
ZIP CODE 94952
AREA CODE/PHONE 707/766-8694
NAME OF ASSISTANT TREASURER, IF ANY
STREET ADDRESS (NO P.O. BOX)
CITY
STATE
ZIP CODE
AREA CODE/PHONE
NAME OF PRINCIPAL OFFICER(S)
STREET ADDRESS (NO P.O. BOX)
CITY
STATE
ZIP CODE
AREA CODE/PHONE

3. Verification
I have used all reasonable diligence in preparing 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 11/23/2011
By
William R. Phillips
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on
DATE
By
SIGNATURE OF CONTROLLING OFFICER, HOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on
DATE
By
SIGNATURE OF CONTROLLING OFFICER, HOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on
DATE
By
SIGNATURE OF CONTROLLING OFFICER, HOLDER, CANDIDATE, OR STATE MEASURE PROponent

FPKC Form 410 (April/2011)
FPKC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
4. Type of Committee  Complete the applicable sections.

**Controlled Committee**
- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check “non-partisan.”
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Non-Partisan</td>
</tr>
</tbody>
</table>

- List the financial institution where the campaign bank account is located (controlled “candidate election” committees only)

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
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<tbody>
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</table>

**Primarily Financial Committee** Primarily formed to support or oppose specific candidates or measures in a single election. List below:

<table>
<thead>
<tr>
<th>CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

FPPC Form 410 (April 2011)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME: PETALUMA TOMORROW

ID. NUMBER: 1245542

4. Type of Committee (Continued)

☐ General Purpose Committee

☐ City Committee ☐ County Committee ☐ State Committee

Provide brief description of activity:

Citizens Advocacy Group working for open government, responsible development and sustainable watershed management.

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STATE

ZIP CODE

☐ Small Contributor Committee

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.

- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.

- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511-89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

FPPC Form 410 (April 2011)
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