

1. Committee/Filer Information

Committee/Filer's Name: PETALUMA TOMORROW

I.D. Number (If recipient committee): 1245542

2. Name of Candidate or Measure Supported or Opposed

Name of Candidate: DAVID GLASS

Name of Ballot Measure: COUNCILMAN PETALUMA, CA

2008 Calendar Year

3. Independent Expenditures Made

<table>
<thead>
<tr>
<th>Date</th>
<th>Name and Address of Payee</th>
<th>Description of Expenditure</th>
<th>Amount</th>
<th>Cumulative to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/14/08</td>
<td>SONYA TAYLOR 306 LOMITAS LN. SANTA ROSA, CA 95404</td>
<td>Flyer Artwork</td>
<td>125.00</td>
<td>125.00</td>
</tr>
<tr>
<td>10/15/08</td>
<td>SONOMA COUNTY CONSERVATION ACTION 540 PASIFIC AVE SANTA ROSA, CA 95404</td>
<td>Walking Brochures</td>
<td>140.00</td>
<td>140.00</td>
</tr>
<tr>
<td>11/10/08</td>
<td>SANTA ROSA PRINTING CO. 575 ROSE ST SANTA ROSA, CA 95401</td>
<td>Flyer Printing</td>
<td>1087.02</td>
<td>1087.02</td>
</tr>
</tbody>
</table>
Supplemental Independent Expenditure Report

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Petaluma Tomorrow

4. Summary
1. Total independent expenditures of $100 or more made this period. (Part 3.)................................. $1352.02
2. Total independent expenditures under $100 made this period. (Not itemized.)................................. $0
3. Total independent expenditures made this period (Add Lines 1 + 2.)............................................... TOTAL $1352.02

5. Filing Officers Enter the name and address of each filing officer with whom the filer's most recent campaign statements (Form 460, 460 or 461) have been filed.

1) NAME OF FILING OFFICER: William R. Phillips
   ADDRESS:  
   CITY: Petaluma
   STATE: Ca.
   ZIP CODE: 94952

2) NAME OF FILING OFFICER
   ADDRESS:  
   CITY:  
   STATE:  
   ZIP CODE:  

3) NAME OF FILING OFFICER
   ADDRESS:  
   CITY:  
   STATE:  
   ZIP CODE:  

4) NAME OF FILING OFFICER
   ADDRESS:  
   CITY:  
   STATE:  
   ZIP CODE:  

6. Verification

I have used all reasonable diligence in preparing and reviewing 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 10/18/08

By: William R. Phillips
   SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on DATE

By:  
   SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, STATE MEASURE PROponent OR RESPONSIBLE OFFICER OF SPONSOR

Executed on DATE

By:  
   SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, STATE MEASURE PROponent

Executed on DATE

By:  
   SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, STATE MEASURE PROponent

FFPC Form 465 (Jan/01)
FFPC Toll-Free Helpline: 866/ASK-FPPC