Supplemental Independent Expenditure Report
Government Code Section 84233.6)

1. Committee/Filer Information

COMMITTEE/FILER'S NAME:
Petaluma Tomorrow

STREET ADDRESS (NO P.O. BOX):

CITY:
Petaluma

STATE:
CA

ZIP CODE:
94952

AREA CODE/PHONE:

OPTIONAL: FAX/E-MAIL ADDRESS:

I.D. NUMBER (if recipient committee):

Treasurer (if recipient committee)

NAME OF TREASURER:
William R. Phillips

MAILING ADDRESS:

CITY:
Petaluma

STATE:
CA

ZIP CODE:
94952

OPTIONAL: FAX/E-MAIL ADDRESS:

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE:
Tiffany Jensen

NAME OF BALLOT MEASURE:

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE:
COUNCILWOMAN, Petaluma, CA

SUPPORT

OPPOSE

3. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

<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 CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/14/08</td>
<td>Sonia Taylor</td>
<td>Flyer Artwork</td>
<td>125.00</td>
<td>125.00</td>
</tr>
<tr>
<td></td>
<td>Santa Rosa CA 95404</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/15/08</td>
<td>Sonoma County Conservation Action</td>
<td>Walking Papers</td>
<td>140.00</td>
<td>140.00</td>
</tr>
<tr>
<td></td>
<td>Santa Rosa, CA 95404</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/16/08</td>
<td>Santa Rosa Printing Co.</td>
<td>Flyer Printing</td>
<td>1087.02</td>
<td>1087.02</td>
</tr>
<tr>
<td></td>
<td>Santa Rosa, CA 95404</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Supplemental Independent Expenditure Report

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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.) .................................................. $
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 450, 460 or 461) have been filed.

1) NAME OF FILING OFFICER

WILLIAM R. PHILLIPS

ADDRESS (NO. AND STREET)

CITY PETALUMA STATE CA ZIP CODE 94952

2) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY

STATE ZIP CODE

3) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY

STATE ZIP CODE

4) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

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 10/12/08

DATE

Executed on

DATE

Executed on

DATE

Executed on

DATE

By

WILLIAM R. PHILLIPS

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By

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

By

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