

Supplemental Independent Expenditure Report

Government Code Section 84203.6)

SEE INSTRUCTIONS ON REVERSE

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from <u>10/1/08</u> through <u>10/18/08</u>	Date Stamp <u>OCT 23 2008</u>	CALIFORNIA FORM 465 Page <u>1</u> of <u>2</u> For Official Use Only
Date of election if applicable: (Month, Day, Year) <u>City of Petaluma</u>		

Amendment (Explain Below)

1. Committee/Filer Information

COMMITTEE/FILER'S NAME

Petaluma Tomorrow

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Petaluma CA 94952

OPTIONAL: FAX / E-MAIL ADDRESS

I.D. NUMBER (if recipient committee)

Treasurer (if recipient committee)

NAME OF TREASURER

William R Phillips

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Petaluma CA 94952

OPTIONAL: FAX / E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE

Tiffany Renee

NAME OF BALLOT MEASURE

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

COUNCILWOMAN, PETALUMA CA

BALLOT NO./LETTER

JURISDICTION

CHECK ONE

SUPPORT

OPPOSE

SUPPORT

OPPOSE

3. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
10/14/08	<u>Sonia Taylor</u> <u>Santa Rosa CA 95404</u>	<u>Flyer Airwork</u>	<u>125.00</u>	<u>125.00</u>
10/15/08	<u>Sonoma County Conservation Action</u> <u>Santa Rosa, CA 95404</u>	<u>Walking Papers</u>	<u>140.00</u>	<u>140.00</u>
10/16/08	<u>Santa Rosa Printing Co.</u> <u>Santa Rosa, CA. 95401</u>	<u>Flyer Printing</u>	<u>1087.02</u>	<u>1087.02</u>

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NAME OF FILER

Petaluma Tomorrow

Report covers period

from 10/1/08
through 10/12/08

CALIFORNIA
FORM **465**

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I.D. NUMBER (if recipient com.)

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)
[REDACTED]
CITY STATE ZIP CODE
Petaluma CA. 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 10/27/08 DATE
Executed on _____ DATE
Executed on _____ DATE
Executed on _____ DATE

By William R. Phillips SIGNATURE OF TREASURER OR ASSISTANT TREASURER
By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent, OR RESPONSIBLE OFFICER OF SPONSOR
By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent
By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent