### 1. Committee/Filer Information

- **Committee/Filer's Name:** PETALUMA TOMORROW
- **Mailing Address:** PETALUMA, CA 94952

### 2. Name of Candidate or Measure Supported or Opposed

- **Name of Candidate:** SPENCE BURTON
- **Office Sought or Held and District, If Applicable:** COUNCILMAN, PETALUMA, CA

### 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>
</tr>
</thead>
<tbody>
<tr>
<td>10/1/06</td>
<td>Dragonfly Graphics</td>
<td>Doorhanger Artwork</td>
<td>$45.00</td>
</tr>
<tr>
<td>10/1/06</td>
<td>Santa Rosa Printing Co</td>
<td>Doorhanger Printing</td>
<td>$50.88</td>
</tr>
<tr>
<td>10/1/06</td>
<td>Guy Connor, CEO</td>
<td>Precinct Lists</td>
<td>$21.46</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.) .......................................................... $ 570.85
2. Total independent expenditures under $100 made this period. (Not itemized.) .......................................................... $ 66.40
3. Total independent expenditures made this period (Add Lines 1 + 2.) .......................................................... TOTAL $ 637.25

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 A. 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 10/22/06

DATE

By SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on

DATE

By

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

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROponent

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROponent