1. Committee/Filer Information

**COMMITTEE/FILER'S NAME**

PETALUMA TOMORROW

**STREET ADDRESS (NO P.O. BOX)**

PETALUMA

**CITY**

PETALUMA

**STATE**

CA

**ZIP CODE**

94954

**TELEPHONE NUMBER**

Mailing address:

**STREET ADDRESS (NO P.O. BOX)**

PETALUMA

**CITY**

PETALUMA

**STATE**

CA

**ZIP CODE**

94952

2. Name of Candidate or Measure Supported or Opposed

**NAME OF CANDIDATE**

PAMELA TOLLIATT

**NAME OF BALLOT MEASURE**

MAYOR OF PETALUMA

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>10/6/06</td>
<td>Dragonfly Graphics</td>
<td>Doorhanger Artwork</td>
<td>45.00</td>
</tr>
<tr>
<td>10/11/06</td>
<td>SANTA ROSA PRINTING CO</td>
<td>Doorhanger Printng</td>
<td>570.86</td>
</tr>
<tr>
<td>10/13/06</td>
<td>Guy Commerce</td>
<td>Precinct Lists</td>
<td>21.40</td>
</tr>
</tbody>
</table>
Supplemental Independent Expenditure Report

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

BETALUMA TOMORROW

4. Summary

1. Total independent expenditures of $100 or more made this period. (Pert 3.) .................................................. $ 570.68
2. Total independent expenditures under $100 made this period. (Not itemized.) .......................................................... $ 64.40
3. Total Independent expenditures made this period (Add Lines 1 + 2.) ................................................................. TOTAL $ 637.78

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 BETALUMA STATE CA ZIP CODE 94952

2) NAME OF FILING OFFICER

3) NAME OF FILING OFFICER

4) NAME OF FILING OFFICER

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 Simon R. Phillips
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on DATE

By SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROONENT, OR RESPONSIBLE OFFICER OF SPONSOR

Executed on DATE

By SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROONENT

Executed on DATE

By SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROONENT

FPPC Form 465 (Jan/01)
FPPC Toll-Free Helpline: 800/ASK-FPPC