### Committee/Filer Information

- **Committee/Filer's Name:** PETALUMA TOMORROW
- **Street Address:** PETALUMA, CA. 94952
- **City:** PETALUMA
- **State:** CA
- **ZIP Code:** 94952
- **Treasurer:** WILLIAM R. PULLIUS
- **Treasurer's Address:** PETALUMA, CA. 94952
- **Optional Fax/E-Mail Address:** PETALUMA, CA. 94952

### Name of Candidate or Measure Supported or Opposed

- **Name of Candidate:** SHERI CHELBOWSKI
- **Office Sought or Held:** SCHOOL BOARD, PETALUMA, CA
- **Ballot Measure:** PETALUMA

### Independent Expenditures Made

<table>
<thead>
<tr>
<th>Date</th>
<th>Payee</th>
<th>Description of Expenditure</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/6/10</td>
<td>FERRANT ART, SANTA ROSA, CA. 94404</td>
<td>ART &amp; PRINTING</td>
<td>110.05</td>
</tr>
<tr>
<td>10/6/10</td>
<td>POLITICAL DATA INC., PEMBANK, CA. 94952</td>
<td>WALKING LISTS</td>
<td>16.25</td>
</tr>
</tbody>
</table>

FPPC Form 466 (Jan/01)
FPPC Toll-Free Helpline: 888ASK-FPPC
Supplemental Independent Expenditure Report

NAME OF FILER
PETALUMA TOMORROW

4. Summary

1. Total independent expenditures of $100 or more made this period. (Part I.) $126.30
2. Total independent expenditures under $100 made this period. (Not itemized.) $0
3. Total independent expenditures made this period (Add Lines 1 + 2.) TOTAL $126.30

5. Filing Officers

1) NAME OF FILING OFFICER
WILLIAM R. PHILLIPS
ADDRESS
471 1ST STREET
CITY
PETALUMA STATE CA ZIP CODE 94952

3) NAME OF FILING OFFICER
ADDRESS
CITY
STATE ZIP CODE

2) 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 12/30/10
DATE

By
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on
DATE

Executed on
DATE

Executed on
DATE

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

By
SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, STATE MEASURE PROPOSER

By
SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, STATE MEASURE PROPOSER

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