1. Committee/Filer Information

COMMITTEE/FILER’S NAME: PETALUMA TOMORROW

ID NUMBER: 1245542

Treasurer (if recipient committee)
NAME OF TREASURER: WILLIAM P. PHILLIPS

MAILING ADDRESS: PETALUMA, CA 94952

CITY: PETALUMA
STATE: CA
ZIP CODE: 94952
AREA CODE/PHONE: 

OPTIONAL: FAX/E-MAIL ADDRESS:

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE: JAYSON DAVIES
NAME OF BALLOT MEASURE: CITY COUNCIL, 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>
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<tbody>
<tr>
<td>10/4/10</td>
<td>FIZZ ART</td>
<td>ART &amp; PRINTING</td>
<td>22.11</td>
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<tr>
<td></td>
<td>SANTA ROSA, CA 95404</td>
<td></td>
<td>220.11</td>
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<tr>
<td>10/6/10</td>
<td>POLITICAL DATA EXE</td>
<td>WALKING COSTS</td>
<td>32.50</td>
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<td></td>
<td>BURBANK, CA 91502</td>
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<td>32.50</td>
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</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) $ 752.61
2. Total independent expenditures under $100 made this period. (Not itemized.) $ -
3. Total independent expenditures made this period (Add Lines 1 + 2) TOTAL $ 752.61

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 R. PHILLIPS
  ADDRESS
  CITY PETALUMA
  STATE CA
  ZIP CODE 94952

3) NAME OF FILING OFFICER

  ADDRESS
  CITY
  STATE
  ZIP CODE

2) NAME OF FILING OFFICER

  ADDRESS
  CITY
  STATE
  ZIP CODE

4) NAME OF FILING OFFICER

  ADDRESS
  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

By SIGNEDATURE OF TREASURER OR TREASURER

Executed on DATE

By SIGNEDATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROponent, OR RESPONSIBLE OFFICER OF SPONSOR

Executed on DATE

By SIGNEDATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROponent

Executed on DATE

FPPC Form 466 (Jan/01)
FPPC Toll-Free Hotline: 866/ASK-FPPC