Supplemental Independent Expenditure Report
Government Code Section 84300.5
SEE INSTRUCTIONS ON REVERSE

1. Committee/Filer Information

<table>
<thead>
<tr>
<th>ID NUMBER (if recipient committee)</th>
<th>124 55 42</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>COMMITTEE/FILER'S NAME</th>
<th>Petaluma Tomorrow</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>STREET ADDRESS (NO P.O. BOX)</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>AREA CODE/PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Petaluma</td>
<td>CA</td>
<td>94952</td>
<td></td>
</tr>
</tbody>
</table>

2. Name of Candidate or Measure Supported or Opposed

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/MESURE</th>
<th>David Glass</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE</th>
<th>Mayor, City of Petaluma</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>BALLOT NO. LETTER</th>
<th>inerary</th>
</tr>
</thead>
</table>

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>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/6/10</td>
<td>GRAFT ART SHEET SANTA ROSA, CA. 95404</td>
<td>ART &amp; PRINTING</td>
<td>220.11</td>
<td>220.11</td>
</tr>
<tr>
<td>10/6/10</td>
<td>POLITICAL DATA INC PETALUMA, CA. 94952</td>
<td>WALKING LISTS</td>
<td>3250</td>
<td>3250</td>
</tr>
</tbody>
</table>

PPFC Form 465 (Jan/91)
PPFC Toll-Free Helpline: 866/WASK-PPFC
Supplemental Independent Expenditure Report

4. Summary

1. Total independent expenditures of $100 or more made this period (Part 3) ...................................................... $ 252.61
2. Total independent expenditures under $100 made this period. (Not itemized.) ...................................................... $ —
3. Total independent expenditures made this period (Add Lines 1 + 2) ................................................................. TOTAL $ 252.61

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 481) 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 10/30/10

By ____________________________
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on ____________________

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

Executed on ____________________

By ____________________________
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROPOSET

Executed on ____________________

By ____________________________
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROPOSET

FPPC Form 460 (Jan/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC