### Committee/Filer Information

- **Committee/Filer's Name:** Petaluma Tomorrow
- **Address:** Petaluma, CA, 94952
- **Telephone:**
  - City and Area Code: Petaluma, CA, 94952
  - Optional: Fax/Email Address

### Treasurer Information

- **Name of Treasurer:** William R. Phillips
- **Mailing Address:**
  - City: Petaluma
  - State: CA
  - Zip Code: 94952

### Name of Candidate or Measure Supported or Opposed

- **Name of Candidate:**
- **Name of Ballot Measure:** Wastewater Rate Roll Back
- **Jurisdiction:** Petaluma

### 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>CAO AIA TT Art</td>
<td>Art &amp; Painting</td>
<td>110.05</td>
<td>110.05</td>
</tr>
<tr>
<td></td>
<td>Santa Rosa, CA, 95404</td>
<td></td>
<td></td>
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<tr>
<td>10/6/10</td>
<td>Political Data Enc</td>
<td>Walking Lists</td>
<td>16.25</td>
<td>16.25</td>
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<tr>
<td></td>
<td>Berkeley, CA, 91502</td>
<td></td>
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</tr>
</tbody>
</table>
Supplemental Independent Expenditure Report

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: PETATUMA TOMORROW

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

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 ............................................................... STATE 78000
   ZIP CODE

2) NAME OF FILING OFFICER
   PETATUMA ............................................................... CA 94652

   ADDRESS (NO. AND STREET) .........................................................
   CITY ............................................................... STATE 78000
   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
   DATE

   By ............................................................... SIGNATURE OF TREASURER OR ASSISTANT TREASURER

   Executed on ........................................ DATE
   By ............................................................... SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROPOSER, OR RESPONSIBLE OFFICER OF SPONSOR

   Executed on ........................................ DATE
   By ............................................................... SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROPOSER

   Executed on ........................................ DATE
   By ............................................................... SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROPOSER

FPPC Form 466 (Jan/01)
FPPC Toll-Free Helpline: 888-ASK-FPPC