### 1. Committee/Filer Information

- **Committee/Filer's Name**: Petaluma Tomorrow
- **Street Address (No P.O. Box)**: Petaluma, CA 94952

### 2. Name of Candidate or Measure Supported or Opposed

- **Name of Candidate/Measure Supported or Opposed**: Nancy Walking Bear
- **Office Sought or Held and District, if Applicable**: School Board Petaluma, CA
- **Ballot No., Letter, Jurisdiction**: Support

### 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>9/30/10</td>
<td>ERRANT ART SANTA ROSA, CA 95404</td>
<td>Art &amp; Printing</td>
<td>$16.25</td>
</tr>
<tr>
<td>10/6/10</td>
<td>POLITICAL DATA INC. BURBANK, CA 91507</td>
<td>Walking Lists</td>
<td>$16.25</td>
</tr>
</tbody>
</table>

**Supplemental Independent Expenditure Report**

Government Code Section 84203.5

*Note: Amounts may be rounded to whole dollars.*
Supplemental Independent Expenditure Report

Type or print in ink. Amounts may be rounded to whole dollars.

NAME OF FILER: Petaluma 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.) $ 0

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 file’s most recent campaign statements (Form 460, 460 or 461) have been filed.

1) NAME OF FILING OFFICER

WILLIAM PHILLIPS

ADDRESS

NO. AND STREET

PETALUMA, CA 94952

CITY

STATE

ZIP CODE

3) NAME OF FILING OFFICER

ADDRESS

NO. AND STREET

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 10/30/10

DATE

By Signature of Treasurer or Assistant Treasurer

Executed on

DATE

By Signature of Controlling Officer, Candidate, State Measure Proponent, or Responsible Officer of Sponsor

Executed on

DATE

By Signature of Controlling Officer, Candidate, State Measure Proponent

FPPC Form 465 (Jan91)
FPPC Toll-Free Helpline: 866/ASK-FPPC