**Supplemental Independent Expenditure Report**

**Government Code Section 84203.5**

SEE INSTRUCTIONS ON REVERSE

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

- **Amendment**: (Explain Below)
- **Report covers period from 01/01/06 through 03/31/06**
- **Date of election if applicable**: (Month, Day, Year) 11/07/06

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### 1. Committee/Filer Information

<table>
<thead>
<tr>
<th>COMMITTEE/FILER'S NAME</th>
<th>I.D. NUMBER (if recipient committee)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PETALUMA TOMORROW</td>
<td></td>
</tr>
</tbody>
</table>

**STREET ADDRESS (NO P.O. BOX)**

<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>94954</td>
<td></td>
</tr>
</tbody>
</table>

**MAILING ADDRESS**

<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>94954</td>
<td></td>
</tr>
</tbody>
</table>

**OPTIONAL: FAX/E-MAIL ADDRESS**

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

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE</th>
<th>NAME OF BALLOT MEASURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>TERESA BARTLETT</td>
<td>COUNCILWOMAN PETALUMA, CA.</td>
</tr>
</tbody>
</table>

**OFFICE Sought OR HELD AND DISTRICT, IF APPLICABLE**

**BALLOT NO./LETTER**

**JURISDICTION**

**CHECK ONE**

- SUPPORT
- OPPOSE

---

### 3. Independent Expenditures Made

**Attach additional information on appropriately labeled continuation sheets.**

<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>9/21/06</td>
<td>SANTA ROSA PRINTING CO.</td>
<td>PRINTER FLYER</td>
<td>50.00</td>
</tr>
</tbody>
</table>

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**CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)**

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**FFPC Form 465 (Jan/01)**

**FFPC Toll-Free Helpline: 866/ASK-FFPC**
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.) ............................................................. $ 0.00
2. Total independent expenditures under $100 made this period. (Not itemized.) ......................................................... $ 50.00
3. Total independent expenditures made this period (Add Lines 1 + 2.) ................................................................. TOTAL $ 50.00

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)

PETALUMA, CA. 94952

CITY STATE ZIP CODE

2) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

3) 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 10/4/06

DATE

By: WILLIAM R. PHILLIPS

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROONENT, OR RESPONSIBLE OFFICER OF SPONSOR

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROONENT

FPPC Form 465 (Jan/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC