1. **Committee/Filer Information**

   **COMMITTEE/FILER'S NAME**: Petaluma Tomorrow  
   **STREET ADDRESS (NO P.O. BOX)**:  
   **CITY**: Petaluma  
   **STATE**: CA  
   **ZIP CODE**: 94954  
   **MAILING ADDRESS**:  
   **CITY**:  
   **STATE**:  
   **ZIP CODE**:  
   **AREA CODE/PHONE**:  
   **FAX/E-MAIL ADDRESS**:  

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

   **NAME OF CANDIDATE**: Spence Burton  
   **NAME OF BALLOT MEASURE**:  
   **OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE**: Councilman Petaluma  
   **SUPPORT**  
   **OPPOSE**

3. **Independent Expenditures Made**

   **DATE**: 9/21/06  
   **NAME AND ADDRESS OF PAYEE**: Santa Rosa Printing Co  
   **SANTA ROSA, CA 95401**  
   **DESCRIPTION OF EXPENDURE**: Printing Flyer  
   **AMOUNT**: 50.00  
   **CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)**: 50.00
Supplemental Independent Expenditure Report

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Pecaluma 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: [redacted]
CITY: Pecaluma, CA 94952

2) NAME OF FILING OFFICER: [redacted]
ADDRESS: [redacted]
CITY: [redacted]

3) NAME OF FILING OFFICER: [redacted]
ADDRESS: [redacted]
CITY: [redacted]

4) NAME OF FILING OFFICER: [redacted]
ADDRESS: [redacted]
CITY: [redacted]

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
By William R. Phillips
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

Executed on
By
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROONENT

Executed on
By
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROONENT

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