**Supplemental Independent Expenditure Report**

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

<table>
<thead>
<tr>
<th>Report covers period</th>
<th>Date Stamp</th>
<th>CALIFORNIA FORM 465</th>
</tr>
</thead>
<tbody>
<tr>
<td>from 01/01/06 through 9/30/06</td>
<td>11/07/06</td>
<td>465</td>
</tr>
</tbody>
</table>

**Date of election if applicable (Month, Day, Year):** 11/07/06

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**1. Committee/Filer Information**

<table>
<thead>
<tr>
<th>I.D. NUMBER (If recipient committee)</th>
<th>1245542</th>
</tr>
</thead>
</table>

**COMMITTEE/FILER'S NAME:** PETALUMA TOMORROW

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

**CITY:** PETALUMA

**STATE:** CA

**ZIP CODE:** 94954

**AREA CODE/PHONE:**

**MAILING ADDRESS:**

**CITY:** PETALUMA

**STATE:** CA

**ZIP CODE:** 94952

**AREA CODE/PHONE:**

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

---

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

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAMELA TOLLIAIT</td>
<td>MAYOR, PETALUMA, CA.</td>
</tr>
</tbody>
</table>

**NAME OF BALLOT MEASURE:**

**BALLOT NO./LETTER:**

**JURISDICTION:** PETALUMA, CA.

**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>9/4/06</td>
<td>SANTA ROSA PRINTING CO.</td>
<td>PRINTING FLYER</td>
<td>$0.00 $0.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DATE</th>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>DESCRIPTION OF EXPENDITURE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

**CUMULATIVE TO DATE**

**CALENDAR YEAR (JAN. 1 - DEC. 31):**

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FPPC Form 465 (Jan/01)

FPPC Toll-Free Helpline: 866/ASK-FPPC
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
CITY PETALUMA, CA. 94952

2) NAME OF FILING OFFICER
ADDRESS
CITY

3) NAME OF FILING OFFICER
ADDRESS
CITY

4) NAME OF FILING OFFICER
ADDRESS
CITY

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 12/4/06

By William R. Phillips
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on

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

Executed on

By
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROponent

Executed on

By
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROponent