Recipient Committee
Campaign Statement
Cover Page

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.
   - Officeholder, Candidate Controlled Committee
   - State Candidate Election Committee
   - Recall
   - General Purpose Committee
   - Sponsored
   - Small Contributor Committee
   - Political Party/Central Committee

2. Type of Statement:
   - Preelection Statement
   - Semi-annual Statement
   - Termination Statement
   - Amendment (Explain below)
   - Quarterly Statement
   - Special Odd-Year Report

3. Committee Information
   - COMMITTEE NAME (OR CANDIDATE’S NAME IF NO COMMITTEE)
     Petaluma Tomorrow
   - STATE FOR ADDRESS
     Petaluma
   - STREET ADDRESS (NO P.O. BOX)
     Petaluma
   - CITY
     Petaluma
   - ZIP CODE
     94952
   - Mailing Address (If different) No. and street or P.O. Box
     Petaluma
   - CITY
     Petaluma
   - STATE
     CA
   - ZIP CODE
     94952
   - AREA CODE/PHONE
     707
   - Mailing Address
     Petaluma
     CA
     94952
   - CITY
     Petaluma
   - STATE
     CA
   - ZIP CODE
     94952
   - Area Code/Phone
     707
   - Optional: Fax / E-mail Address
     Optional: Fax / E-mail Address

4. Verification
   I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 July 27, 2020
   Date
   Executed on July 27, 2020
   Date
   Executed on
   Date
   Executed on
   Date

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

   FPPC Form 460 (Jan/2016))
   FPPC Advice: advice@fppc.ca.gov (866/275-3772)
   www.fppc.ca.gov
## Contributions Received

1. Monetary Contributions ........................................ Schedule A, Line 3 $ 0 ___________ $ 0 ________
2. Loans Received .................................................... Schedule B, Line 3 $ 0 ___________ $ 0 ________
3. SUBTOTAL CASH CONTRIBUTIONS ............................ Add Lines 1 + 2 $ 0 ___________ $ 0 ________
4. Nonmonetary Contributions .................................... Schedule C, Line 3 $ 0 ___________ $ 0 ________
5. TOTAL CONTRIBUTIONS RECEIVED .......................... Add Lines 3 + 4 $ 0 ___________ $ 0 ________

## Expenditures Made

6. Payments Made .................................................. Schedule E, Line 4 $ 0 ___________ $ 0 ________
7. Loans Made ........................................................ Schedule H, Line 3 0 ___________ 0 ________
8. SUBTOTAL CASH PAYMENTS ................................. Add Lines 6 + 7 $ 0 ___________ $ 0 ________
9. Accrued Expenses (Unpaid Bills) ............................. Schedule F, Line 3 $ 0 ___________ $ 0 ________
10. Nonmonetary Adjustment ...................................... Schedule C, Line 3 0 ___________ 0 ________
11. TOTAL EXPENDITURES MADE ................................. Add Lines 8 + 9 + 10 $ 0 ___________ $ 0 ________

## Current Cash Statement

12. Beginning Cash Balance ........................................ Previous Summary Page, Line 16 $ 1741
13. Cash Receipts ..................................................... Column A, Line 3 above 0 ___________ 0 ________
14. Miscellaneous Increases to Cash ............................. Schedule I, Line 4 0 ___________ 0 ________
15. Cash Payments ................................................... Column A, Line 8 above 0 ___________ 0 ________
16. ENDING CASH BALANCE ............................... Add Lines 12 + 13 + 14, then subtract Line 15 $ 1741

If this is a termination statement, Line 16 must be zero.

## Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED .............................. Schedule B, Part 2 $ 0 ___________ 0 ________
18. Cash Equivalents ............................................... See instructions on reverse $ 0 ___________ 0 ________
19. Outstanding Debts ............................................... Add Line 2 + Line 9 in Column B above $ 0 ___________ 0 ________

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

20. Contributions Received $ ___________ $ ___________
21. Expenditures Made $ ___________ $ ___________

## Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

<table>
<thead>
<tr>
<th>Date of Election (mm/dd/yy)</th>
<th>Total to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$ ___________</td>
</tr>
</tbody>
</table>

*Amounts in this section may be different from amounts reported in Column B.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).