

**Statement of Organization
Recipient Committee**

Type or print in ink

Statement Type Initial

Not yet qualified or

Amendment
List I.D. number: # _____

Termination -- See Part 5
List I.D. number: # _____

Date qualified as committee _____

Date qualified as committee (if applicable) _____

Date of Termination _____

Date Stamp
Received 7/27/09

CALIFORNIA 410 FORM

For Official Use Only

STATEMENT OF ORGANIZATION

1. Committee Information

NAME OF COMMITTEE
Buddy DeBruyn for Council 2009

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY *Sausalito* STATE *CA* ZIP CODE *94965* AREA CODE/PHONE *(415) 332-0803*

MAILING ADDRESS (IF DIFFERENT)
P.O. Box 3047 Sausalito CA 94966

OPTIONAL: FAX / E-MAIL ADDRESS
sausalito1@comcast.net

COUNTY OF DOMICILE
Marin

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Peter Van Meter

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY *Sausalito* STATE *CA* ZIP CODE *94965* AREA CODE/PHONE *(415) 332-2974*

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing 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 7/27/09 DATE

By *R. De Bruyn* SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 7/27/09 DATE

By _____ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _____ DATE

By _____ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _____ DATE

By _____ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

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COMMITTEE NAME

Buddy De Bruyn for Council 2009

I.D. NUMBER

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROponent	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
<i>Rene "Buddy" De Bruyn</i>	<i>Sansalito City Council</i>	<i>2009</i>	<input checked="" type="checkbox"/> Non-Partisan <input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION <i>Westamerica Bank</i>	AREA CODE/PHONE <i>(415) 289-0200</i>	BANK ACCOUNT NUMBER <i>0506976042</i>
ADDRESS <i>1 Harbor Drive</i>	CITY <i>Sansalito</i>	STATE <i>CA</i>
		ZIP CODE <i>94965</i>

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)		CHECK ONE	
	SUPPORT	OPPOSE	SUPPORT	OPPOSE

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I.D. NUMBER

COMMITTEE NAME

Buddy De Bruyn for Council 2009

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

- CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

Small Contributor Committee

_____ Date qualified

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has eased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditures in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.