

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

COVER PAGE

CALIFORNIA
FORM

RECEIVED
SEP 18 2009
CITY OF SAUSALITO

Page 1 of 13

For Official Use Only

Type or print in ink.

Date of election if applicable:

(Month, Day, Year)

November 3, 2009

Statement covers period

from January 1, 2009

through September 19, 2009

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 (Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored (Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1320080

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Buddy DeBruyn for Council 2009

Treasurer(s)

NAME OF TREASURER

Peter Van Meter

MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Sausalito CA 94965 (415) 332-0803

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

P. O. Box 3047

CITY STATE ZIP CODE AREA CODE/PHONE

Sausalito CA 94965

OPTIONAL: FAX / E-MAIL ADDRESS

buddyforcouncil@gmail.com

CITY STATE ZIP CODE AREA CODE/PHONE

Sausalito CA 94965 (415) 332-2974

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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 9/21/09 Date

By [Signature] Signature of Treasurer or Assistant Treasurer

Executed on 9/21/09 Date

By [Signature] Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ Date

By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent

Executed on _____ Date

By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent

Type or print in ink.

COVER PAGE - PART 2

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Rene "Buddy" DeBruyn

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Sausalito City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
[REDACTED] Sausalito, CA 94965

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period from <u>January 1, 2009</u> through <u>September 19, 2009</u>	CALIFORNIA FORM 460
Page <u>3</u> of <u>13</u>	I.D. NUMBER <u>1320080</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Buddy DeBruyn for Council 2009

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 9,698.00	\$ 9,698.00
2. Loans Received Schedule B, Line 3		
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 9,698.00	\$ 9,698.00
4. Nonmonetary Contributions Schedule C, Line 3	482.28	482.28
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 10,180.28	\$ 10,180.28

Expenditures Made

6. Payments Made Schedule E, Line 4	\$ 1,111.33	\$ 1,111.13
7. Loans Made Schedule H, Line 3		
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 1,111.33	\$ 1,111.33
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	2,782.19	2,782.19
10. Nonmonetary Adjustment Schedule C, Line 3	482.28	482.28
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 4,375.80	\$ 4,375.80

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 0
13. Cash Receipts Column A, Line 3 above	9,698.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	
15. Cash Payments Column A, Line 8 above	1,111.33
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 8,586.67

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

17. LOAN GUARANTEES RECEIVED

Schedule B, Part 2	\$
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$

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

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$	\$
21. Expenditures Made	\$	\$

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	Total to Date
Date of Election (mm/dd/yy)	
/ /	\$
/ /	\$

*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).

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

CALIFORNIA
FORM **460**

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Statement covers period
from January 1, 2009
through September 19, 2009

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Buddy DeBruyn for Council 2009

I.D. NUMBER

1320080

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	See Attachment Sheets	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
				SUBTOTAL \$		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 8,149
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 1,549
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 9,698

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

**FPPC Form 460
Schedule A Attachment Sheet
Monetary Contributions Received**

Statement Covers Period
From January 1, 2009
Through September 19, 2009

Name of Filer: Buddy DeBruyn for Council 2009

ID 1320080

Date Received	Name of Contributor		Address of Contributor	Code	Occupation	Employer	Amounts Received		
	First	Last					Period	Cumulative	Per Election
7/27/09	Peter	Van Meter	[REDACTED] Sausalito, CA 94965	IND	Trainer	Menke & Assoc.	\$ 250.00	\$ 250.00	\$ 250.00
8/5/09	Monica	Finnegan	[REDACTED] Sausalito, CA 94965	IND	Self Employed	Urban Real Estate Advisors LLC	\$ 250.00	\$ 250.00	\$ 250.00
8/14/09	Steve	Bogel	[REDACTED] Sausalito, CA 94965	IND	None		\$ 100.00	\$ 100.00	\$ 100.00
"	Linda	Ojeda	[REDACTED] Sausalito, CA 94965	IND	Author	Self	\$ 100.00	\$ 100.00	\$ 100.00
8/24/09	Ken	Elkington	[REDACTED] Sausalito, CA 94965	IND	None		\$ 250.00	\$ 250.00	\$ 250.00
"	Shirley	Elkington	[REDACTED] Sausalito, CA 94965	IND	None		\$ 250.00	\$ 250.00	\$ 250.00
8/27/09	Pat	Ronzone	[REDACTED] Sausalito, CA 94965	IND	Graphic Artist	Self	\$ 100.00	\$ 100.00	\$ 100.00
"	Paradise Properties		[REDACTED] Sausalito, CA 94965	OTH			\$ 150.00	\$ 150.00	\$ 150.00
8/31/09	Jeffrey	Kissel	[REDACTED] Honolulu, HI 96816	IND	Administrator	Hawaii Gas	\$ 250.00	\$ 250.00	\$ 250.00
"	Lucy	Alderman	[REDACTED] Sausalito, CA 94965	IND	None		\$ 200.00	\$ 200.00	\$ 200.00
"	Sally	Calef	[REDACTED] Sausalito, CA 94965	IND	LTC Insurance Agent	Self	\$ 100.00	\$ 100.00	\$ 100.00
"	Fritz	Bullmann	[REDACTED] San Francisco, CA 94133	IND	None		\$ 100.00	\$ 100.00	\$ 100.00
9/2/09	David	Levinson	[REDACTED] Sausalito, CA 94965	IND	CPA, CFP	Self	\$ 100.00	\$ 100.00	\$ 100.00
9/4/09	Michael	Rex	[REDACTED] San Anselmo, CA 94960	IND	Architect	Michael Rex & Assoc.	\$ 100.00	\$ 100.00	\$ 100.00
"	Karen	Cleary	[REDACTED] Sausalito, CA 94965	IND	None		\$ 100.00	\$ 100.00	\$ 100.00
Subtotal								\$ 2,400.00	

**FPPC Form 460
Schedule A Attachment Sheet
Monetary Contributions Received**

Statement Covers Period
From January 1, 2009
Through September 19, 2009

Name of Filer: Buddy DeBruyn for Council 2009

ID 1320080

<u>Date Received</u>	<u>Name of Contributor</u>		<u>Address of Contributor</u>	<u>Code</u>	<u>Occupation</u>	<u>Employer</u>	<u>Amounts Received</u>	
	<u>First</u>	<u>Last</u>					<u>Period</u>	<u>Cumulative Per Election</u>
9/10/09	Tim	Shortt	[REDACTED] Sausalito, CA 94965	IND	Northern California Regional Director	Wells Fargo	\$ 250.00	\$ 250.00
"	Jim	McKibben	[REDACTED] Sausalito, CA 94965	IND	Principal	JDM Associates	\$ 100.00	\$ 100.00
"	Michelle	Cambron	[REDACTED] Sausalito, CA 94965	IND	None		\$ 100.00	\$ 100.00
"	Herb	Weiner	[REDACTED] Sausalito, CA 94965	IND	None		\$ 250.00	\$ 250.00
"	Leo	Koulos	[REDACTED] Sausalito, CA 94965	IND	None		\$ 250.00	\$ 250.00
"	Jim	Gabbert	[REDACTED] San Francisco, CA 94109	IND	Business Owner	Next Century Enterprises	\$ 250.00	\$ 250.00
"	Tim	Nausen	[REDACTED] Sausalito, CA 94965	IND	Principal	Next Century Enterprises	\$ 250.00	\$ 250.00
"	Larry	Mindel	[REDACTED] Sausalito, CA 94965	IND	Restaurateur	Il Fornaio	\$ 250.00	\$ 250.00
"	Clark	Warden	[REDACTED] Sausalito, CA 94965	IND	None		\$ 250.00	\$ 250.00
"	Harrison	Holdings, LLC	[REDACTED] Sausalito, CA 94965	OTH			\$ 250.00	\$ 250.00
"	Marinda	Lobo	[REDACTED] Sausalito, CA 94965	IND	None		\$ 250.00	\$ 250.00
"	Ponneval	Sausalito Holdings, Inc.	[REDACTED] Sausalito, CA 94965	OTH			\$ 250.00	\$ 250.00
"	Orlando	Lobo	[REDACTED] Sausalito, CA 94965	IND	Investor	Self	\$ 250.00	\$ 250.00
"	Bruce	Huff	[REDACTED] Sausalito, CA 94965	IND	Property Manager	Kimber Management, LLC	\$ 250.00	\$ 250.00
"	Kim	Huff	[REDACTED] Sausalito, CA 94965	IND	Graphic Designer	Kimber Communications	\$ 250.00	\$ 250.00
		Subtotal	[REDACTED] Novato, CA 94645				\$ 3,450.00	

FPPC Form 460
Schedule A Attachment Sheet
Monetary Contributions Received

Statement Covers Period
 From January 1, 2009
 Through September 19, 2009

Name of Filer: Buddy DeBruyn for Council 2009

ID 1320080

Date Received	Name of Contributor		Address of Contributor	Code	Occupation	Employer	Amounts Received	
	First	Last					Period	Cumulative Per Election
"	Anthony	Marterie	[REDACTED] Sausalito, CA 94965	IND	Investor	Self	\$ 250.00	\$ 250.00
"	Harry	Chapman	[REDACTED] Sausalito, CA 94965	IND	Management Consult	Bay Area Consulting Group LLC	\$ 100.00	\$ 100.00
"	Tony	Cameron	[REDACTED] Sausalito, CA 94965	IND	Financial Advisor	Wells Fargo Advisors	\$ 250.00	\$ 250.00
9/15/09	Neil	Johnson	[REDACTED] Sausalito, CA 94965	IND	Administrator	Westcore Properties, LLC	\$ 250.00	\$ 250.00
"	Ann	Arnott	[REDACTED] Sausalito, CA 94965	IND	None		\$ 100.00	\$ 100.00
"	Leonard	Kaprielian	[REDACTED] Sausalito, CA 94965	IND	None		\$ 200.00	\$ 200.00
"	Steve	Willis	[REDACTED] Sausalito, CA 94965	IND	Interim Police Chief	City of Seaside	\$ 200.00	\$ 200.00
"	John	Philipp	[REDACTED] Sausalito, CA 94965	IND	Consultant	Self	\$ 100.00	\$ 100.00
"	Craig	Severance	[REDACTED] Sausalito, CA 94965	IND	Transportable Real Estate	Veristeel, Inc.	\$ 250.00	\$ 250.00
9/16/09	Tom	Campagna	[REDACTED] Sausalito, CA 94965	IND	Real Estate Broker	On-Site Realty	\$ 100.00	\$ 100.00
"	Ron	De Benedictus	[REDACTED] Sausalito, CA 94965	IND	None		\$ 150.00	\$ 150.00
9/18/09	Fritz	Warren	[REDACTED] Sausalito, CA 94966	IND	None		\$ 249.00	\$ 249.00
"	Alice	May	[REDACTED] Sausalito, CA 94965	IND	None		\$ 100.00	\$ 100.00

Subtotal \$ 2,299.00

Schedule C Nonmonetary Contributions Received

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

SCHEDULE C

CALIFORNIA
FORM **460**

Statement covers period
from January 1, 2009
through September 19, 2009

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Buddy DeBruyn for Council 2009

I.D. NUMBER
1320080

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
	See Attachment Sheet	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 482.28
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ _____
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** 482.28

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

FPPC Form 460
 Schedule C Attachment Sheet
 Nonmonetary Contributions Received

Statement Covers Period
 From January 1, 2009
 Through September 19, 2009

Name of Filer: Buddy DeBruyn for Council 2009

ID 1320080

<u>Date Received</u>	<u>Name of Contributor</u>		<u>Address of Contributor</u>	<u>Code</u>	<u>Occupation</u>	<u>Employer</u>	<u>Description of Goods or Services</u>	<u>Amounts Received</u>	
	<u>First</u>	<u>Last</u>						<u>Fair Market Value</u>	<u>Cumulative Per Election</u>
8/26/09	Merv	Regan	[REDACTED] Sausalito, CA 94965	IND	Public Relations	Innovative Marketing	Signs and buttons	\$ 249.00	\$ 249.00
9/10/09	Balloon Delights		[REDACTED] Larkspur, CA 94939	OTH	Decorations		Banners and balloons	\$ 233.28	\$ 233.28

Subtotal

\$ 482.28

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

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Buddy DeBruyn for Council 2009

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings | <ul style="list-style-type: none"> MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads | <ul style="list-style-type: none"> RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staffs/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor VOT voter registration WEB information technology costs (internet, e-mail) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

See Attachment Sheet

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 1,000.00
2. Unitemized payments made this period of under \$100	\$ 111.33
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 1,111.33

Schedule F Accrued Expenses (Unpaid Bills)

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

CALIFORNIA
FORM **460**

Page 12 of 13

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Buddy DeBruyn for Council 2009

I.D. NUMBER

1320080

Statement covers period
from January 1, 2009
through September 19, 2009

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

See Attachment Sheet

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
SUBTOTALS \$					

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** 2,782.19
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** _____
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 2,782.19
May be a negative number

**FPPC Form 460
Schedule F Attachment Sheet
Accrued Expenses (Unpaid Bills)**

Statement Covers Period
From January 1, 2009
Through September 19, 2009

Name of Filer: Buddy DeBruyn for Council 2009

ID 1320080

<u>First</u>	<u>Last</u>	<u>Name of Creditor</u>	<u>Street</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	<u>Code</u>	<u>Description</u>	<u>Beginning Balance</u>	<u>Amount This Period</u>		<u>Closing Balance</u>
										<u>Incurred</u>	<u>Paid</u>	
		Innovative Marketing	[REDACTED]	Sausalito	CA	94965	CMP		\$ -	\$ 2,316.50	\$ -	\$ 2,316.50
		Joanne's Print Shop	[REDACTED]	Sausalito	CA	94965	CMP		\$ -	\$ 239.80	\$ -	\$ 239.80
		Subtotal							\$ -	\$ 2,556.30	\$ -	\$ 2,556.30

September 21, 2009

Peter Van Meter
Treasurer
Buddy De Bruyn for Council 2009
PO Box 3047
Sausalito, CA 94966

RE: Computer Generated Approval

Dear: Mr. Van Meter,

The Fair Political Practices Commission has reviewed the computer-generated statement, Form 460, Schedules A, C, E and F, Attachment Sheets and has determined that the format complies with the requirements of the Political Reform Act.

On or before January 31, 2010, you should contact the Commission to ensure that the statements listed above comply with changes that may be incorporated to the Political Reform Act or Commission regulations during 2009.

If you have any questions, please call me at (916) 324-3722.

Sincerely,

Rene Robertson
Staff Services Analyst
Technical Assistance Division