

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

RECEIVED

CALIFORNIA FORM 460

Page 1 of 14

For Official Use Only

OCT 19 2009

CITY OF SAUSALITO

Date of election if applicable:

(Month, Day, Year)

November 3, 2009

Statement covers period

from September 20, 2009

through October 17, 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)

Sausalito

STATE CA ZIP CODE 94965

AREA CODE/PHONE (415) 332-0803

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

P. O. Box 3047

STATE CA ZIP CODE 94966

AREA CODE/PHONE

CITY Sausalito

OPTIONAL: FAX / E-MAIL ADDRESS

buddyforcouncil@gmail.com

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 10/19/09

Day

Executed on 10/19/09

Date

Executed on _____

Date

Executed on _____

Date

Signature of Treasurer or Assistant Treasurer

Buddy DeBruyn

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

Signature of Controlling Officerholder, Candidate, State Measure Proponent

Signature of Controlling Officerholder, Candidate, State Measure Proponent

Signature of Controlling Officerholder, Candidate, State Measure Proponent

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA
FORM **460**

Page 2 of 14

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
----------------------	--------------	---------------------------------------------------------------------

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

CALIFORNIA
FORM **460**

Statement covers period
September 20, 2009

Page 3 of 14

from
October 17, 2009
through

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Buddy DeBruyn for Council 2009

I.D. NUMBER
1320080

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 7,258.00	\$ 16,956.00
2. Loans Received	Schedule B, Line 3	
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 7,258.00	\$ 16,956.00
4. Nonmonetary Contributions	Schedule C, Line 3 250.00	732.28
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 7,508.00	\$ 17,688.28

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 \$ _____

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 11,642.96	\$ 12,754.79
7. Loans Made	Schedule H, Line 3	
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 11,642.96	\$ 12,754.79
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 103.91	(361.78)
10. Nonmonetary Adjustment	Schedule C, Line 3 250.00	732.28
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 11,996.87	\$ 13,125.29

Expenditure Limit Summary for State Candidates

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

Date of Election _____ Total to Date _____
(mm/dd/yy) _____ \$ _____
_____ \$ _____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 8,586.67
13. Cash Receipts	Column A, Line 3 above 7,258.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4
15. Cash Payments	Column A, Line 8 above 11,642.96
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 4,201.71

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

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).

17. LOAN GUARANTEES RECEIVED

Schedule B, Part 2 \$ _____

Cash Equivalents and Outstanding Debts

18. Cash Equivalents

19. Outstanding Debts

See instructions on reverse

Add Line 2 + Line 9 in Column B above \$ _____

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period
from September 20, 2009
through October 17, 2009

CALIFORNIA
FORM **460**

Page 4 of 14

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

1. Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 6325.00

2. Amount received this period - unitemized monetary contributions of less than \$100 \$ 933.00

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 7,258.00

*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 September 20, 2009
Through October 17, 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</u>	<u>Per Election</u>	
9/21/09	Albert	Ron	[REDACTED] Sausalito, CA 94965	IND	Attorney	Self	\$ 100.00	\$ 100.00	\$ 100.00	
"	Lowe	Susan	[REDACTED] Sausalito, CA 94965	IND	None		\$ 250.00	\$ 250.00	\$ 250.00	
9/25/09	Anolik	Alexander	[REDACTED] Sausalito, CA 94965	IND	Attorney	Self	\$ 100.00	\$ 100.00	\$ 100.00	
9/28/09	Tome	Yoshi	[REDACTED] San Rafael, CA 94903	IND	Restaurateur	Sushi Ran	\$ 250.00	\$ 250.00	\$ 250.00	
"	Tome	Suzie Bucholtz	[REDACTED] San Rafael, CA 94903	IND	Artist	Self	\$ 250.00	\$ 250.00	\$ 250.00	
9/29/09	Nakamura	Victor	[REDACTED] Sausalito, CA 94965	IND	Manager	Sausalito Shipyard & Marina	\$ 250.00	\$ 250.00	\$ 250.00	
"	Linder	Michael	[REDACTED] Sausalito, CA 94965	IND	Shipyard Owner	Bayside Boat Works	\$ 200.00	\$ 200.00	\$ 200.00	
"	Kavalaris	Carol	[REDACTED] Sausalito, CA 94965	IND	Business Owner	Self	\$ 250.00	\$ 250.00	\$ 250.00	
"	Ziegler	Bill	[REDACTED] Sausalito, CA 94965	IND	Attorney	Seiler, Epstein, Ziegler & Applegate	\$ 250.00	\$ 250.00	\$ 250.00	
"	Charles Stewart,	Architect	[REDACTED] Sausalito, CA 94965	OTH			\$ 250.00	\$ 250.00	\$ 250.00	
"	Stoneking	Keith	[REDACTED] Sausalito, CA 94965	IND	CPA/Mediator	Stoneking CPA & Mediation	\$ 100.00	\$ 100.00	\$ 100.00	
10/4/09	Popp	Cheryl	[REDACTED] Sausalito, CA 94965	IND	Marketing Consultant	Popp Inc	\$ 100.00	\$ 100.00	\$ 100.00	
"	Graham	Margaret	[REDACTED] Sausalito, CA 94965	IND	None		\$ 250.00	\$ 250.00	\$ 250.00	
"	Lehmkuhl	Carol	[REDACTED] Sausalito, CA 94965	IND	None		\$ 250.00	\$ 250.00	\$ 250.00	
"	Roe	Susan	[REDACTED] Sausalito, CA 94965	IND	Legal Administrator	Gordon & Rees	\$ 150.00	\$ 200.00	\$ 200.00	
Subtotal								\$ 3,000.00		

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

Statement Covers Period
From September 20, 2009
Through October 17, 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>	
10/4/09	Sealey	Peter	[REDACTED] Sausalito, CA 94965	IND	None		\$ 250.00	\$ 250.00	
"	Sealey	Elizabeth	[REDACTED] Sausalito, CA 94965	IND	None		\$ 250.00	\$ 250.00	
10/6/09	Taylor	Jerry	[REDACTED] Sausalito, CA 94965	IND	Finance Manager	Talalpais Community Services District	\$ 100.00	\$ 100.00	
"	Ruby	Chuck	[REDACTED] Sausalito, CA 94965	IND	None		\$ 100.00	\$ 100.00	
10/8/09	Phillipp	John	[REDACTED] Sausalito, Ca 94965	IND	Consultant	Self	\$ 150.00	\$ 250.00	
"	Johnson	Pete	[REDACTED] Sausalito, CA 94965	IND	Architect	Self	\$ 250.00	\$ 250.00	
10/13/09	Lloyd	Doug	[REDACTED] Sausalito, CA 94965	IND	Business Executive	Inheritance Funding, Inc.	\$ 200.00	\$ 200.00	
"	Conley	Richard	[REDACTED] Santa Cruz, CA 95060	IND	None		\$ 250.00	\$ 250.00	
"	Suckle	David	[REDACTED] Sausalito, CA 94965	IND	None		\$ 200.00	\$ 200.00	
"	Decker	John	[REDACTED] Sausalito, CA 94965	IND	None		\$ 125.00	\$ 125.00	
"	Madden	Jim	[REDACTED] Sausalito, CA 94965	IND	Marina Owner	Sausalito Yacht Harbor	\$ 250.00	\$ 250.00	
"	Sausalito Yacht Harbor		[REDACTED] Sausalito, CA 94965	OTH			\$ 250.00	\$ 250.00	
10/15/09	Maureen McCoy, O.D.		[REDACTED] Sausalito, CA 94965	OTH			\$ 100.00	\$ 100.00	
"	Fraser	Steve	[REDACTED] Sausalito, CA 94965	IND	Attorney	Self	\$ 100.00	\$ 100.00	
"	Schwartz	Jack	[REDACTED] Kentfield, CA 94904	IND	Real Estate	Paradise Properties	\$ 250.00	\$ 250.00	
Subtotal								\$ 2,825.00	

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

Statement Covers Period
From September 20, 2009
Through October 17, 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</u>
10/15/09	Mardin	Joy	[REDACTED] Kentfield, CA 94904	IND	Administrator	Rose Roven	\$ 250.00	\$ 250.00
10/16/09	CREPAC (Marin ADR)		[REDACTED] Los Angeles, CA 90020	COM			\$ 250.00	\$ 250.00
	BORPAC-Candidate Support ID #8900106							

Subtotal

\$ 500.00

**Schedule C
Nonmonetary Contributions Received**

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

Statement covers period
from September 20, 2009
through October 17, 2009

Page 8 of 14
I.D. NUMBER
1320080

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Buddy DeBruyn for Council 2009

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)	PERELECTION 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.) \$ 250.00
- 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 \$** 250.00

*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 September 20, 2009
Through October 17, 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>
9/9/09	Sausalito	Yacht Club	[REDACTED] Sausalito, CA 94965	OTH	Club		Room Rental	\$ 250.00	\$ 250.00

Subtotal

\$ 250.00

Schedule E Payments Made

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

Statement covers period from <u>September 20, 2009</u>		CALIFORNIA FORM 460
through <u>October 17, 2009</u>		
SEE INSTRUCTIONS ON REVERSE		Page <u>10</u> of <u>14</u>
NAME OF FILER Buddy DeBruyn for Council 2009		I.D. NUMBER 1320080

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 |
| FIL | 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) |

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

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

SUBTOTAL \$

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 11,547.06
- Unitemized payments made this period of under \$100 \$ 95.90
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ _____
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 11,642.96

**FPPC Form 460
Schedule E Attachment Sheet
Payments Made**

Statement Covers Period
From September 20, 2009
Through October 17, 2009

Name of Filer: Buddy DeBruyn for Council 2009

ID 1320080

Name of Payee		Address of Payee			State	Zip	Code	Description	Amount Paid
First	Last	Street	City						
Indie Politics		██████████	San Rafael	CA	94901	LIT		\$ 3,960.30	
Subvendor:	(Information coming)								
	\$750.00								
Subvendor:	(Information coming)								
	\$1,700.00								
Subvendor:	(Information coming)								
	\$1,357.30								
Subtotal								\$ 3,960.30	

**Schedule F
Accrued Expenses (Unpaid Bills)**

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

CALIFORNIA FORM 460

Page 13 of 14

Statement covers period
from September 20, 2009
through October 17, 2009

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Buddy DeBruyn for Council 2009

I.D. NUMBER
1320080

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.
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
LT campaign literature and mailings
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
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 staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

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
See Attachment Sheet					

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

SUBTOTALS \$ \$ \$ \$

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 \$** 103.91
- 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 \$** 465.69
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** (361.78)
May be a negative number.

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

Statement Covers Period
From September 20, 2009
Through October 17, 2009

Name of Filer: Buddy DeBruyn for Council 2009

ID 1320080

Name of Creditor <u>First</u> <u>Last</u>	Address of Creditor			<u>State</u>	<u>Zip</u>	<u>Code</u>	<u>Description</u>	Beginning <u>Balance</u>	Amount This Period		Closing <u>Balance</u>
	<u>Street</u>	<u>City</u>							<u>Incurred</u>	<u>Paid</u>	
Joanne's Print Shop Button Store	██████████ (Internet)	Sausalito	CA	94965	CMP CMP			\$ -	\$ -	\$ 239.80	\$ -
Subtotal								\$ -	\$ 103.91	\$ 239.80	\$ 103.91



FAIR POLITICAL PRACTICES COMMISSION

428 J Street • Suite 620 • Sacramento, CA 95814-2329
(916) 322-5660 • Fax (916) 322-0886

September 21, 2009

Peter Van Meter
Treasurer
Buddy De Bruyn for Council 2009
PO Box 3047
Sausalito, CA 94965

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