Statement of Organization
Recipient Committee

STATEMENT OF ORGANIZATION

Type or print in ink

Date Stamp: Received 12-21-09

CALIFORNIA FORM 410

For Official Use Only

Statement Type

☐ **Initial** Not yet qualified ☐ or

_____/_____/_____ Date qualified as committee

☐ **Amendment** List I.D. number:

_____

_____/_____/_____ Date qualified as committee (If applicable)

☒ **Termination – See Part 5** List I.D. number:

1320080

12 / 31 / 09 Date of Termination

1. Committee Information

NAME OF COMMITTEE
Buddy DeBruyn for Council 2009

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sausalito	CA	94965	(415) 331-0803

MAILING ADDRESS (IF DIFFERENT)
P. O. Box 3047, Sausalito, CA 94966 (Terminated 12/31/09)

OPTIONAL: FAX / E-MAIL ADDRESS
buddyforcouncil@gmail.com

COUNTY OF DOMICILE	COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
Marin	

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Peter Van Meter

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sausalito	CA	94965	(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

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 12/21/09 (DATE) By _____ (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on 12/21/09 (DATE) By R. W DeBruyn (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)