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Refer to instruction manual for detailed assistance and examples.

**Deadlines:** Incumbent elected and appointed officials – by April 15.  
 Candidates and others – within two weeks of becoming a candidate or being newly appointed to a position.

**SEND REPORT TO PUBLIC DISCLOSURE COMMISSION**

| DOLLAR CODE | AMOUNT               |
|-------------|----------------------|
| A           | \$1 to \$3,999       |
| B           | \$4,000 to \$19,999  |
| C           | \$20,000 to \$39,999 |
| D           | \$40,000 to \$99,999 |
| E           | \$100,000 or more    |

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Last Name First Middle Initial

Sweet, Penny C.

Names of immediate family members, including registered domestic partner. If there is no reportable information to disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse or registered domestic partner. See F-1 manual for details.

Mailing Address (Use PO Box or Work Address) \*

700 20<sup>th</sup> Ave. W.

City County Zip + 4  
 Kirkland King 98033

Filing Status (Check only one box.)

- An elected or state appointed official filing annual report
- Final report as an elected official. Term expired: \_\_\_\_\_
- Candidate running in an election: month November year 2009
- Newly appointed to an elective office
- Newly appointed to a state appointive office
- Professional staff of the Governor's Office and the Legislature

Office Held or Sought

Office title: Kirkland City Council  
 County, city, district or agency of the office, name and number: Kirkland  
 Position number: not determined  
 Term begins: January '09 ends: December '12

**1 INCOME** List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a family member, including registered domestic partner, received \$2,000 or more during the period. (Report interest and dividends in Item 3 on reverse)

| Show Self (S)<br>Spouse (SP/DP)<br>Dependent (D) | Name and Address of Employer or Source of Compensation | Occupation or How Compensation Was Earned | Amount: (Use Code) |
|--|--|---|--------------------|
| S  | Washington State Unemployment                          | Unemployed                                | B                  |
| SP   | State of Washington Legislature                        | State Legislator                          | D                  |

Check Here  if continued on attached sheet

**2 REAL ESTATE** List street address, assessor's parcel number, or legal description AND county for each parcel of Washington real estate with value of over \$10,000 in which you or a family member, including registered domestic partner, held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on F-1 supplement.)

| Property Sold or Interest Divested                                     | Assessed Value (Use Code) | Name and Address of Purchaser          | Nature and Amount (Use Code) of Payment or Consideration Received |                |                                       |         |
|--|---------------------------|--|---|----------------|---------------------------------------|---------|
| Not Applicable   |                           |  |   |                |                                       |         |
| Property Purchased or Interest Acquired                                | Assessed Value (Use Code) | Creditor's Name/Address                | Payment Terms A Monthly   | Security Given | Mortgage Amount - (Use Code) Original | Current |
| 700 20 <sup>th</sup> Ave. W<br>Kirkland, Wa 98033<br>Primary Residence | E                         | Washington Mutual Bank<br>Kirkland, WA |   |                | E                                     | E       |
| All Other Property Entirely or Partially Owned                         | Assessed Value (Use Code) | Description                            |   |                |                                       |         |
| 2451 Salal Dr.<br>Leavenworth. WA 98826                                | E                         | Entirely owned                         |   |                |                                       |         |

**3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS**

List bank and savings accounts, insurance policies, stock, bonds and other intangible property held during the reporting period.

| A. Name and address of each bank or financial institution in which you, a family member, including registered domestic partner, had an account over \$20,000 any time during the report period.  | Type of Account or Description of Asset | Asset Value (Use Code) | Income Amount (Use Code) |
|--|---|------------------------|--------------------------|
| Frontier Bank - Kirkland Ave. Kirkland WA 98033<br>Banner Bank, Kirkland Ave, Kirkland, WA 98033   | Checking/savings<br>Checking            | E<br>D                 |                          |
| B. Name and address of each insurance company where you, a family member, including registered domestic partner, had a policy with a cash or loan value over \$20,000 during the period.   |   |                        |                          |
| C. Name and address of each company, association, government agency, etc. in which you, a family member, including registered domestic partner, owned or had a financial interest worth over \$2,000. Include stocks, bonds, ownership, retirement plan, IRA, notes, and other intangible property. If you, your spouse, registered domestic partner and/or dependents had decision making authority regarding individual assets/investments list each asset or investment, the value and any income amount. EXAMPLE: If you self-directed an investment account identify each stock or other asset in that account. |   |                        |                          |
| Solomon, Smith Barney<br>411 108 <sup>th</sup> N.E.<br>Bellevue, WA 98004  | Stocks                                  | E                      |                          |

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Check here  if continued on attached sheet.

**4 CREDITORS** List each creditor you or a family member, including registered domestic partner, owed \$2,000 or more any time during the period. Don't include retail charge accounts, credit cards, or mortgages or real estate reported in Item 2.

| Creditor's Name and Address   | Terms of Payment | Security Given | Original | Present |
|---|------------------|----------------|----------|---------|
| Check here <input type="checkbox"/> if continued on attached sheet. |                  |                |          |         |

**5** All filers answer questions A thru D below. If the answer is YES to any of these questions, the F-1 Supplement must also be completed as part of this report. If all answers are NO and you are a candidate for state or local office, an appointee to a vacant elective office, or a state executive officer filing your initial report, no F-1 Supplement is required.

Incumbent elected officials and state executive officers filing an annual financial affairs report also must answer question E. An F-1 Supplement is required of these officeholders unless all answers to questions A thru E are NO.

- A. At any time during the reporting period were you, your spouse, registered domestic partner or dependents (1) an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity or (2) a partner or member of any limited partnership, limited liability partnership, limited liability company or similar entity including but not limited to a professional limited liability company? X If yes, complete Supplement, Part A.
- B. Did you, your spouse, registered domestic partner or dependents have an ownership of 10% or more in any company, corporation, partnership, joint venture or other business at any time during the reporting period? X If yes, complete Supplement, Part A.
- C. Did you, your spouse, registered domestic partner or dependents own a business at any time during the reporting period? X If yes, complete Supplement, Part A.
- D. Did you, your spouse, registered domestic partner or dependents prepare, promote or oppose state legislation, rules, rates or standards for compensation or deferred compensation (other than pay for a currently-held public office) at any time during the reporting period?      If yes, complete Supplement, Part B.
- E. Only for Persons Filing Annual Report. Regarding the receipt of items not provided or paid for by your governmental agency during the previous calendar year: 1) Did you, your spouse, registered domestic partner or dependents (or any combination thereof) accept a gift of food or beverages costing over \$50 per occasion?      or 2) Did any source other than your governmental agency provide or pay in whole or in part for you, your spouse, registered domestic partner and/or dependents to travel or to attend a seminar or other training?      If yes to either or both questions, complete Supplement, Part C.

**ALL FILERS EXCEPT CANDIDATES.** Check the appropriate box.

- I hold a state elected office, am an executive state officer or professional staff. I have read and am familiar with RCW 42.52.180 regarding the use of public resources in campaigns.
- I hold a local elected office. I have read and am familiar with RCW 42.17.130 regarding the use of public facilities in campaigns.

\*CANDIDATES: Do not use public agency addresses or telephone numbers for contact information.

**CERTIFICATION:** I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge

Penny Sweet 3/31/2009  
Signature Date

Contact Telephone: (425 ) \*765-5576

Email: pennysweet@verizon.net (work) \*

Email: \_\_\_\_\_ (Home) Optional

5a. Wholly owned Burgundy, Inc  
Dbas The Grape Choice  
7 Lakeshore Plaza  
Kirkland WA 98033 Appropriate code - E

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5b See above answer a

5c See above answer a